Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

For	calenda	ar plan year 2017 or f	scal plan year beginning 01/01/2017	,	and ending 1	2/31/2017						
Α	This ret	urn/report is for:	x a single-employer plan		, , , ,	n (not multiemployer) (Filers checking this box must attact ployer information in accordance with the form instructions						
		a one-participant plan a foreign plan										
В٦	Γhis retu	ırn/report is	the first return/report	the final return/report								
			an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)						
С	Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program						
			special extension (enter description	on)		Ц						
Pa	art II	Basic Plan Info	ormation—enter all requested inform	nation								
1a	Name		·			1b Three-digit						
		CORP. 401(K) PLAN				plan number						
						(PN) ▶	002					
						1c Effective dat	e of plan 1/01/2005					
2a	Plan sr	oonsor's name (emplo	oyer, if for a single-employer plan)			t	entification Number					
	Mailing	address (include roo	m, apt., suite no. and street, or P.O. Bo				3-2591371					
	•		ce, country, and ZIP or foreign postal c	ode (if foreign, see inst	ructions)	2c Sponsor's telephone number						
FPH :	SALES	CORP.				212-964-0580						
		0.7				2d Business code (see instructions)						
	ARREN YORK	NY 10007-2218	10 WARREN NEW YORK	ST NY 10007-2218		423990						
	101111,	141 10007 2210	new rotat,	141 10001 2210								
3a Plan administrator's name and address X Same as Plan Sponsor.						3b Administrator's EIN						
			_									
						3c Administrator's telephone number						
4	If the n	name and/or EIN of th	e plan sponsor or the plan name has c	hanged since the last r	eturn/report filed for	4b EIN						
			onsor's name, EIN, the plan name and	the plan number from the	he last return/report.	41						
	•	or's name				4d PN						
С	Plan N	ame										
5a	Total r	number of participants	at the beginning of the plan year			. 5a	5					
b			at the end of the plan year			. 5b						
С			account balances as of the end of the			5c						
d		,				5d(1)						
d(1) Total number of active participants at the beginning of the plan year					- · · ·							
е	Numb	er of participants who	terminated employment during the pla	an year with accrued be	enefits that were less	5d(2) 4 5e 0						
Cai			or incomplete filing of this return/re									
			ther penalties set forth in the instruction									
SB	or Sche	dule MB completed a	nd signed by an enrolled actuary, as w									
		rue, correct, and com		10/09/2018	TERRY WIEDERLIGH	IT						
SIG			I/valid electronic signature.									
		Signature of plan a	administrator	dual signing as plan administrator								

Date

Signature of employer/plan sponsor

SIGN **HERE**

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						X Yes		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							× Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No							☐ Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								ctions.)
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	l of Year	
а	Total plan assets	7a		18552			<u> </u>	1118116	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7с	9.	18552				1118116	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)	(60250					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1;	39939					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						200189	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	Certain deemed and/or corrective distributions (see instructions) 8e							
f	Administrative service providers (salaries, fees, commissions) 8f								
g	Other expenses								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							625	
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	8i						199564	
	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			2650	000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X			
f	Has the plan failed to provide any benefit when due under the plan	n? <u></u>		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X			
i	,								
							· 		

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a							
12									
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling				
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
С	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	. [Yes	No	N/A				
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	0				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No				
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration Pension Benefit Gueranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMP Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

_	u		i accordance with the instr	netious to the Form p	600-Sr.			
		rt Identification Information						
<u> </u>	or calendar plan year 2017 or	rfiscal plan year beginning 01/01			2/31/2017			
A	This return/report is for:	(Filers checking thi ccordance with the	s box must attach a form instructions.)					
_	This return/report is	a one-participant plan						
Ģ	This return/report is	the first return/report an amended return/report	the final return/report					
_		n/report (less than 12 m	nonths)					
C	Check box if filing under:	X Farm 5558	automatic extension		OFVC program	ı		
	Birrana'us ribis, vi b	special extension (enter des						
		formation—enter all requested in	information					
	Name of plan				1b Three-digit			
r FT	H SALES CORP. 401(K) PLA	.N			plan numbe (PN) ▶	002		
	•				1c Effective da			
					{	01/01/2005		
2	a Plan sponsor's name (emp	ployer, if for a single-employer plan)			2b Employer id	entification Number		
		oom, apt., suite no. and street, or P. noe, country, and ZIP or foreign pos		uctions)	<u> </u>	3-2591371		
FPH	SALES CORP.	or and any or an array por			2c Sponsor's telephone number 212-964-0580			
		•	•		2d Business co	de (see Instructions)		
	VARREN ST	10 WAR				23990		
NEV	V YORK, NY 10007-2218	NEW YC	DRK, NY 10007-2218					
32	Plan administrator's name	and address X Same as Plan Spo	onsor,		3b Administrate	or's EIN		
		-			<u> </u>			
					3C Administrate	or's telephone number		
					1			
_	1511 11 5121 51							
4	If the name and/or EIN of the this plan, enter the plan ap	the plan sponsor or the plan name to ponsor's name, EIN, the plan name	has changed since the last re and the plan number from th	turn/report filed for e last return/report.	4b EIN			
1	B Sponsor's name				Ad PN			
•	C Plan Name							
	Total number of participary	nts at the beginning of the plan year	,		5a	5		
ŧ	·	its at the end of the plan year			5b	5		
(Number of participants with	th account balances as of the end o	of the plan year (only defined	contribution plans	5c	5		
(participants at the beginning of the p			5d(1)	4		
		participants at the end of the plan y	•		5d(2)	4		
	Number of participants wh	ho terminated employment during th	he plan year with accrued bei	nefits that were less	5e	0		
Č:	than 100% vested	e or Incomplete filing of this retu	rn/renert will be seened	unless responshio ca	.1 1			
Ur SE	nder penalties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	uctions, I declare that I have i	examined this return/re	port, including, if a	oplicable, a Schedule		
	and content and con	J. Decide		TERRY	WieDe	01.211		
H			Date 10 10 10					
1 No. 1	Signature of plan	aum nictrat or	Date / D/9/18	Enter name of Individ	relq se <u>p</u> oingis leut	edministrator		
	ON RE				<u> </u>	···		
1	Signature of emp	oloyer/plan sponsor	Date	Enter name of Individ	lual signing as emp	Hoyer or plan sponsor		

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6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							No No		
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year							ned		
No. 1 mars		ne PBGC (premium filing for this p	ian yea	ſ		(See instruction	ne.)		
Pe	Financial Information	1	,							
_	Plan Assets and Liabilities	region (n. 17) Standard (n. 17)	(a) Beginning		-		(b) End of Year			
	Total plan assets	. 7a	9	18552	-		1118116			
	Total plan liabilities	7b		18552	_		4440416			
8	Income, Expenses, and Transfers for this Plan Year	7c	 		+	1118116				
	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amoun	!₹	,		(b) Total	2.7		
	(2) Participants			80250		2.321				
	(3) Others (including rollovers)	8a(3)								
ь	Other income (loss)	. 6b	1:	39939	Ī			A.,		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				200189			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	84		•••			Property of the second	期官 (1)		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	₿e			ř.	right of the second		: كــــــــــــــــــــــــــــــــــــ		
<u>f</u>	Administrative service providers (salaries, fees, commissions)	Bf								
<u>g</u>	Other expenses	8g	<u></u>							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				625				
<u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	. 8i	2000年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,19			199564				
j	Transfers to (from) the plan (see instructions)	8)				والأست		71).		
9a b	Plan Characteristics									
Pan	<u>, ii i ii </u>									
10 a	Ouring the plan year: Was there a fallure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Nengram)	Voluntary I	Fiduciary Correction	10a	Yes	No X	Amount			
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		х	-			
c	Was the plan covered by a fidelity bond?		***************************************	10c	Х		265000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					х				
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e	-	X.		-		
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х				
9	Did the plan have any participant loans? (If "Yea," enter amount a	as of year-	end.)	10g		χ				
h	If this is an individual account plan, was there a blackout period? 2520,101-3.)			10h		Х		C. (gray)		
j	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

Farm 5500-SF 2017 Page 3- 1 **Pension Funding Compliance** is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB ☐ Yes 🗓 (Form 5500) and line 11e below) 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cade or section 302 of Yes X (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the weiver, Day If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year 12b 12c C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) 6 Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Party Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? Yes Х Nο If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Yes X No control of the PBGC?. If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(6)