	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0 1210-0				
	artment of the Treasury ernal Revenue Service	This form is required to be file	etirement	2018				
	Department of Labor Benefits Security Administration	Income Security Act of 1974	This Form is Open					
Pension B	Benefit Guaranty Corporation	Complete all entries in a second s	accordance with the ins	structions to the Form 5	500-SF.	Public Inspection		
Part I		t Identification Information						
For calence	dar plan year 2018 or i	iscal plan year beginning 01/01/2			2/31/2018			
A This re	eturn/report is for:	X a single-employer plan	list of participating e	plan (not multiemployer) (employer information in ac		-		
B This rot	turn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/repor					
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)			
C Check	box if filing under:	X Form 5558	automatic extension	1	DFVC p	rogram		
		special extension (enter desci	ription)					
Part II	Basic Plan Inf	ormation—enter all requested in	formation					
1a Name	•				1b Thre			
CQR INC 40	01(K) PROFIT SHARI	NG PLAN			plan (PN)	number 001		
						tive date of plan		
						01/01/2017		
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Box)		-	oyer Identification Numbe	er	
		ce, country, and ZIP or foreign post		structions)	(EIN) 47-4871655 2c Sponsor's telephone number			
					2d Duck	212-364-5192		
250 PARK A	VENUE				ZU Busir	ness code (see instruction	IS)	
7TH FLOOR NEW YORK	र					561900		
3a Plan a	administrator's name a	and address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN		
					3c Admi	nistrator's telephone num	ıber	
A 16.1				/	41			
		e plan sponsor or the plan name ha	5	•	4b EIN			
•	sor's name				4d PN			
C Plan N	Name							
5a Total	number of participant	s at the beginning of the plan year			5a		1	
b Total	number of participant	s at the end of the plan year			5b		2	
		account balances as of the end of		•	5c		2	
d(1) Tot	tal number of active pa	articipants at the beginning of the pl	an year		5d(1)		1	
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ar		5d(2)		2	
		o terminated employment during the			5e		0	
Caution: /	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca	use is estal	blished.		
Under pen SB or Sch	nalties of perjury and c edule MB completed a	ther penalties set forth in the instru- and signed by an enrolled actuary, a	ctions, I declare that I have	ve examined this return/re	port, includi	ng, if applicable, a Sched		
SIGN	true, correct, and con	nplete. d/valid electronic signature.	07/01/2019	CALLAN ROGERS				
HERE	<u> </u>	C C	Date		ual signing	as nlan administrator		
SICN	Signature of plan	d/valid electronic signature.	07/01/2019	Enter name of individ	uai siyiliriy	as pian aunimistratur		
SIGN HERE		Ū						
For Paperw		oyer/plan sponsor ce, see the Instructions for Form 5500	Date		uai signing	as employer or plan spons Form 5500-SF (2		

v.171027

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 							
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)						
Pa	Part III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year		
а	Total plan assets	7a	0		24531		

_			(a) beginning (Ji ieai			
а	Total plan assets	7a		0			24531
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c		0			24531
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		8825			
	(2) Participants	8a(2)		15688			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b		18			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					24531
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	8i					24531
j	Transfers to (from) the plan (see instructions)	8j		0			
Pa	rt IV Plan Characteristics						
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a		/oluntary F	iduciary Correction	10a	100	X	Amount
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X	
C	Was the plan covered by a fidelity bond?			10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		х	
e	 Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) 	ne or all of	the benefits under	10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year-	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х	
	If 10b was answered "Ves." sheek the bay if you either provided the				1		

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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	No	
	lf "Y	es," 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 🗙 No			
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	:(3) PN	۱(s)

Form 5500-SF	Short Form Annua	I Return/Report of Small Emplo Benefit Plan	yee	OMB Nos. 1210-0110 1210-0089						
Internal Revenue Service Department of Labor Employee Benefits Security Administration	Retirement income Security	This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).								
Pension Benefit Guaranty Corporation	Complete all entries in a	ccordance with the instructions to the Form 55	00-SF.	Inspection						
Part I Annual Report I	dentification Information									
		01/01/2018 and ending		31/2018						
A This return/report is for:	x a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) a list of participating employer information in a foreign plan	(Filers che accordance	ecking this box must attach e with the form instructions.)						
B This return/report is:	the first return/report	the final return/report								
Ī	an amended return/report	a short plan year return/report (less than 12 r	nonths)							
C Check box if filing under:	x Form 5558	automatic extension	· 🗖 :	DFVC program						
	special extension (enter descr		Ļ							
Part II Basic Plan Inform	mation enter all requested	information								
la Name of plan				ree-digit						
CQR INC 401(K) PROFI	T SHARING PLAN			n number 001.						
				ective date of plan						
2a Plan sponsor's name (employe	r, if for a single-employer plan)			/01/2017						
walling Address (include room	ant suite no and street or D O), Box) al code (if foreign, see instructions)	2b Employer Identification Number (EIN) 47-4871655							
COR INC	or and the or loreign posts	a code (il loreign, see instructions)	2c Sponsor's telephone number							
			(212) 364-5192							
250 Park Avenue 7TH FLOOR			2d Bus 563	siness code (see instructions) 1900						
US NEW YORK NY 10177										
3a Plan administrator's name and a	address 🗶 Same as Plan Spor	nsor	3b Administrator's EIN							
			3c Adn	ninistrator's telephone number						
4 If the name and/or EIN of the plat this plan, enter the plan sponsor	an sponsor or the plan name has r's name, EIN, the plan name an	s changed since the last return/report filed for d the plan number from the last return/report.	4b EIN							
a Sponsor's name			4d PN							
C Plan Name										
5a Total number of participants at t	he beginning of the plan year	*******	5a	1						
 b Total number of participants at the control of participants with according to the control of participants with according to the control of participants with according to the control of t	he end of the plan year		5b	2						
complete this item)	***************************************	e plan year (only defined contribution plans	5c	2						
d(1) Total number of active particip		year	5d(1)	1						
d(2) Total number of active particip	ants at the end of the plan year		5d(2)	2						
less than 100% vested	****	an year with accrued benefits that were	5e	0						
Caution: A penalty for the late or i	incomplete filing of this return/	report will be assessed unless reasonable cau	se is estat	blished.						
SB or Schedule MB completed and s belief, it is true, correct, and completed	penalties set forth in the instructi signed by an enrolled actuary, as	ions, I declare that I have examined this return/rep well as the electronic version of this return/report,		10 10 10 10 10						
The state of the s										

STREAM CONTRACTOR OF THE OWNER OF	7/1/19	Callan Rogers				
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	7/1/19	same GREG INGE				
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

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For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)	XYes No				
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	nd conditio	ns.)	********	X Yes No			
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forn	n 5500-SF and must instead use Fo	rm 5500.				
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?							
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	mium filing for this year		See instructions.)			
P	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End o	of Year			
а	Total plan assets	7a	0		24,531			
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	0		24,531			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) To	otal			
а	Contributions received or receivable from:							
	(1) Employers	8a(1)	8,825					

8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:			
	(1) Employers	8a(1)	8,825	
	(2) Participants	8a(2)	15,688	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	18	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		24,531
d	Benefits paid (including direct rollovers and insurance premiums			
	to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		24,531
j	Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2K 2R 3D

2A 2E 2G 2U 2K 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction					
	Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
С	Was the plan covered by a fidelity bond?	10c		x		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x		
e	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		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

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Pa	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (Form 5500 and line 11a below)	plete Sch	edule	SB		Yes X	No
_11;	and a support minimum required continuoutous for all years from Schedule SP (Form EEAA) the to						
12	is used delined contribution plan subject to the minimum funding requirements of a sufficient to the	orecetter	11a		····-		
		OF SECTION	1 302 (or		Yes X	No
а				**********	1-		
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	tions, and	l enter	the date	of the I	etter rulin	g
lfy	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Da		Yea		
b	Enter the minimum required contribution for this plan year.	<u> </u>					
c	Enter the emount contribute the state of the plan year.	*****	12b				
	Enter the amount contributed by the employer to the plan for the plan year	*****	12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of o	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		
Par	VII Plan Terminations and Transfers of Assets				110	<u> </u>	
_13a	Has a resolution to terminate the plan been adopted in any plan year?	<u> </u>					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			Yes	X	No	
b		······ (13a	-			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un control of the PBGC?	nder the	- 1		es []	K No	
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred from this plan to another plan(s), identify the	e plan(s) t	•••••				
	which assets or llabilities were transferred. (See instructions.)						
	13	Bc(2) EIN	(s)		13c	(3) PN(s)	,
		,					

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