	rm 5500-SF	Short Form Annu	yee	OMB Nos. 1210-0110 1210-0089						
D	Pernal Revenue Service	This form is required to be file Income Security Act of 1974	(ERISA), and sections 60	057(b) and 6058(a) of the I	tirement nternal	2 018 rm is Open to				
	Benefits Security Administration Benefit Guaranty Corporation	→ Complete all entries in a	Revenue Code (the Cod	,	00-SE		Inspection			
Part I	Annual Report	Identification Information			00-3F.					
		scal plan year beginning 01/01/2	018	and ending 12	/31/2018					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a foreign plan										
B This ret	turn/report is	the first return/report	☐ the final return/report	: urn/report (less than 12 mo	unths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
Dent II	Decis Dise Info	special extension (enter descr	. ,							
Part II 1a Name SNY LEE IN		rmation—enter all requested inf	ormation		1b Three plan (PN)	number	001			
			1c Effect	tive date of 01/01/						
Mailin	 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 						cation Number			
,	INY LEE INC						one number 9777			
4720 CENTI LONG ISLA	ER BLVD ND CITY, NY 11109-56		ITER BLVD AND CITY, NY 11109-56		2d Busir	ness code (s 72241	ee instructions) 0			
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's El	N			
				-	3c Admi	nistrator's te	lephone number			
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN					
•	sor's name				4d PN					
5a Total	number of participants	at the beginning of the plan year			5a		25			
		at the end of the plan year			5b		0			
		account balances as of the end of			5c					
d(1) Tot	tal number of active par	rticipants at the beginning of the pla	an year		5d(1)		25			
• •		rticipants at the end of the plan yea			5d(2)					
than	 Rumber of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable caution. 						0			
Under pen SB or Sch	nalties of perjury and otl	her penalties set forth in the instruc nd signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/rep	ort, includi	ng, if applica				
SIGN		/valid electronic signature.	09/02/2019	SHIH LEE						
HERE	Signature of plan a	dministrator	Date	Enter name of individu	al signing	as plan admi	nistrator			
SIGN	Filed with authorized	/valid electronic signature.	09/02/2019	SHIH LEE						
HERE For Paperw	Signature of emplo	yer/plan sponsor e, see the Instructions for Form 5500	Date	Enter name of individu	al signing		or plan sponsor rm 5500-SF (2018)			
	v.171027									

10111 3300-31 (2018)		Faye Z								
6a Were all of the plan's assets during the plan year invested in elig		,					X Yes No			
 b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either line 6a or line 6b, the plan car 	y and condition	ns.)		·····	·····		X Yes 🗌 No			
C If the plan is a defined benefit plan, is it covered under the PBGC							Not determined			
If "Yes" is checked, enter the My PAA confirmation number from							(See instructions.)			
•			un jou							
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year			
a Total plan assets	7a	1	154976				0			
b Total plan liabilities	7b									
C Net plan assets (subtract line 7b from line 7a)	7c	1	54976				0			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total			
a Contributions received or receivable from:	80(1)		5616							
(1) Employers(2) Participants			5616 20040							
(2) Others (including rollovers)			20010							
b Other income (loss)			-2261							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							23395			
d Benefits paid (including direct rollovers and insurance premiums	00			_			20000			
to provide benefits)	8d	1	77314							
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses	8g		1057							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						178371			
i Net income (loss) (subtract line 8h from line 8c)	8i						-154976			
j Transfers to (from) the plan (see instructions)	···· 8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	on feature cod	es from the List of Pla	an Chai	racteri	stic Co	des in the in	structions:			
b If the plan provides welfare benefits, enter the applicable welfare	e feature code	s from the List of Pla	n Chara	acterist	ic Code	es in the inst	ructions:			
Part V Compliance Questions										
10 During the plan year:				Yes	No		Amount			
a Was there a failure to transmit to the plan any participant contril										
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	-	-	10a		x					
Program) Program) Were there any nonexempt transactions with any party-in-intere			iva		~					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		X					

U.	was the plan covered by a identity bond?	10C	^	
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	х	
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	х	
f	Has the plan failed to provide any benefit when due under the plan?	10f	Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	Х	
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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Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete rm 5500) and line 11a below)			SB			Y	es	K No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se SA?			of			Y	es	K No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			r th ay			letter ear	rulin	g
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 left of a ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/	/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		No)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the				< Ye	s	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s)

				٠							
-	rm 5500-SF	of Small Empl	оуво	OMB Nos. 1210-0110 1210-0089							
inter	INA Revenue or	This form is required to be file	B ad under	1065 of the Employee A	ollromont	2018					
Employee B	epartment of Labor kine/cs Security Administration eneft Guaranty Corporation	income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all extense is accordance with the lectwollene to the Form 5500 SF									
Part I	Annual Report	Identification Information	accoroa	anco with	10 11181	uctions to the Porm o	500-SP.				
For calend	ar plan year 2018 of h	scal plan year beginning 01/01/2	2018				2/31/2018				
A This ret	tum/report is for:	a single-employer plan	្តី 🛚 🖻	t of particlp	ating on	an (not multiamployer) aployer information in a					
8 This relu	um/report is	a one-participant plan		oreign piar)						
D the feet		the first return/report	Xihe								
		an amended return/report	∐a \$i	hort plan y	ar rolur	n/report (less than 12 л	ionihs)				
C Check t	box If filing under:	Y Form 5558	<u> </u>	tomatic exi	ension		DFVC p	maigon			
		special extension (enter desc	ription)								
Part II	Basic Plan Info	ormation-enter all requested in	formatio	n			46 74				
1a Name		ARING PLAN TRUST						a-digit number			
0							(PN)		001		
				٠			1c Ellec	live date of p 01/01/2			
2a Plan sp	ponsor's name (emple	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	0.0					•	ation Number		
City or	town, state or province	ce, country, and ZIP or foreign posi	U. Box) tal code	(if foreign,	see inst	ructions)	(EIN) 33-1158560 2c Sponsor's telephone number				
SNY LEE INC	C							846-515-9			
				•			2d Busin	iess codo (se	e Instructions)		
4720 CENTE LONG ISLAN	R BLVD VD CITY, NY 11109-5	4720 CER 619 LONG IS	NTER B	LVD ITY, NY 11	109-561	9		722410	i		
3a Plan a	dministrator's name a	Ind address X Same as Plan Spo	nsor,	<u> </u>			3b Admi	nistrator's Ell	4		
							3c Admli	nistrator's tel	ophono numbar		
4 If the r	name and/or EIN of th	e plan sponsor or the plan name h	as chan	ged since l	he last r	eturn/report filed for	4b EIN				
this pi	an, enter the plan sp	onsor's name, EIN, the plan name a	and the	plan numb	er from l	he last return/report.	4d PN				
a Spons C Plan N	or's name lame						40 PN				
5a Total r	number of participants	s at the beginning of the plan year.					5a		25		
b Totalı	number of participant	s at the end of the plan year			*********		5b		0		
C Numb	er of participants with lete this item)	account balances as of the end of	the plar	h year (only	defined	contribution plans	5c		0		
		articipants at the beginning of the p					5d(1)		25		
• •		articipants at the end of the plan ye					5d(2)		0		
e Numt Iban	ber of participants who 100% vested	o terminated employment during th	e plan y	ear with ac	crued be	enelits that were less	5e		0		
Caution: A Under peni SB or Scho	A penalty for the late aliles of periury and o	or Incomplete filling of this retur ther penallies set forth in the instru- and signed by an enrolled actuary,	n/repor	t will be as declare th	isessed at I have	untess reasonable ca examined this return/re	port, Includi	ng, if applicat	xle, a Schedule nowledge and		
SIGN		11b>				SHIN L	1975				
HERE	Signature of plan	administrator		Date 9/	2/19	Enter name of Individ	lual signing (as plan adml	listrator		
SIGN							LOF				
HERE	Signature of empl	oyer/plan sponsor		Dale 9	2/19	Enter name of Individ	lual signing (ns employer	or plan soonsor		
For Paperw	ork Reduction Act Not	ice, see the instructions for Form 550	10-SF.		1			For	m 5500-SF (2018) v.171027		

Form 5500-SF (2018)

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 6a Were all of the plan's assets during the plan year invested in eligit b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can c If the plan is a defined benefit plan, is it covered under the PBGC is the plan can be addressed with the plan can be addressed with the plan is a defined benefit plan. 	f an indepen r and condition not use For	dent qualified public a ons.) m 5500-SF and must	ccounta instea	nt (IQ d use	⊃A) Form	X Yes No 5500.						
If "Yes" is checked, enter the My PAA confirmation number from the												
Part III Financial Information												
7 Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year						
a Total plan assets	. 7a	15	64976			0						
b Total plan liabilities	. 7b											
C Net plan assets (subtract line 7b from line 7a)	et plan assets (subtract line 7b from line 7a)					0						
8 Income, Expenses, and Transfers for this Plan Year	come, Expenses, and Transfers for this Plan Year (a) A					(b) Total						
a Contributions received or receivable from: (1) Employers	8a(1)		5616									
(2) Participants) Participants											
(3) Others (including rollovers)	. 8a(3)					· · · · · · · · · · · · · · · · · · ·						
b Other income (loss)	er income (loss) 8b -226											
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	income (add lines 8a(1), 8a(2), 8a(3), and 8b)					23395						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	17	177314									
e Certain deemed and/or corrective distributions (see instructions)	8e											
f Administrative service providers (salaries, fees, commissions)	f Administrative service providers (salaries, fees, commissions) 8f											
g Other expenses	g Other expenses											
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h						178371						
I Net income (loss) (subtract line 8h from line 8c)	Net income (loss) (subtract line 8h from line 8c) 8I					-154976						
j Transfers to (from) the plan (see instructions)	8]											
Part IV Plan Characteristics												
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	n fealure co	des from the List of Pla	an Char	racteris	stic Co	des in the instructions:						
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Plar	n Chara	acterist	ic Cod	es in the instructions:						
Part V Compliance Questions												
10 During the plan year:				Yes	No	Amount						
a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		x							
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	st? (Do not i	nclude transactions	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 by fraud or dishonesty?			10d		х							
carrier, insurance service, or other organization that provides so	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.).				x							
${f f}$ Has the plan failed to provide any benefit when due under the plan	lan?		10f		х							
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	end.)	10g		Х							
h If this is an individual account plan, was there a blackout period 2520.101-3.)			10h		х							
	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											

Form 5500-SF (2018)

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Part	VI	Pension Funding Compliance					
11 	ls ti (Fo	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	edule	SB] Yes	s X No
<u>11a</u>	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		•		
12	ls f ER	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio SA?		of		Yes	s X No
		Yes, complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	gra	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver	l enter Da		of the le		uling
lf	you	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				
		r the amount contributed by the employer to the plan for this plan year	12c				
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d				
<u>e</u>	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?		X Ye	s []	No	
	łf ۲۱	es," enter the amount of any plan assets that reverted to the employer this year	13a				0
b 	We cor	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?			X Yes		No
c	lf, c	luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
	3c(1) Name of plan(s): 13c(2	EIN(s)	13	c(3) F	N(s)
				·			<u> </u>