Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part I Annual	Report Identification Information												
For calendar plan year	2018 or fiscal plan year beginning 01/01/2	2018	and ending 12/31	1/2018									
A This return/report is	a single-employer plan		an (not multiemployer) (File	_									
	a one-participant plan	a foreign plan											
B This return/report is	the first return/report	the final return/report											
	an amended return/report	a short plan year retur	ear return/report (less than 12 months)										
C Check box if filing un	nder: X Form 5558	automatic extension	xtension DFVC program										
	special extension (enter description)												
Part II Basic P	an Information—enter all requested in	formation											
1a Name of plan	<u>'</u>		1	b Three-digit									
S. E. AND K. CORPORA	'	plan number											
	1	C Effective da	ate of plan 01/01/1991										
	ne (employer, if for a single-employer plan)		2	b Employer le	dentification Number								
	clude room, apt., suite no. and street, or P.O or province, country, and ZIP or foreign pos		ructions)	(/	13-2676617								
S.E. AND K. CORPORAT			2	•	telephone number 2-962-5307								
			2	d Business c	ode (see instructions)								
200 EAST 32ND STREET	^ - 7B				531110								
NEW YORK, NY 10016													
3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN													
	2	20 Administrator's talanhana number											
			3	3c Administrator's telephone number									
	EIN of the plan sponsor or the plan name he plan sponsor's name, EIN, the plan name a		•	4b EIN									
a Sponsor's name		·		4d PN									
C Plan Name													
5a Total number of pa	rticipants at the beginning of the plan year.			5a	3								
_	rticipants at the end of the plan year			5b	3								
	ants with account balances as of the end of			5c									
d(1) Total number of	active participants at the beginning of the p	lan year	5	5d(1)	0								
d(2) Total number of	active participants at the end of the plan ye	ear		5d(2)	0								
	ants who terminated employment during th			. 5e 0									
Caution: A penalty for	the late or incomplete filing of this retur	n/report will be assessed	unless reasonable cause	is establishe	d.								
	ry and other penalties set forth in the instrunpleted and signed by an enrolled actuary, and complete.												
	uthorized/valid electronic signature.	08/02/2019	KARIN E. CHOY										
HERE Signature	of plan administrator	Date	Enter name of individual	idual signing as plan administrator									
SIGN													
HERE Signature	of employer/plan sponsor	Date	Enter name of individual	signing as em	ployer or plan sponsor								

Form 5500-SF (2018) Page **2**

	 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) 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	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?	[Yes X		Not determined e instructions.)		
Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b)	End of Ye	ear		
а	Total plan assets	7a	67	79707				54	49959		
b	Total plan liabilities	7b							0		
С	Net plan assets (subtract line 7b from line 7a)	7c	67	79707				54	49959		
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	()	0				`			
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	-4	53415							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-!	53415		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	-	76333							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	· • • • • • • • • • • • • • • • • • • •									
i	Net income (loss) (subtract line 8h from line 8c)	8i					-12	29748			
j	Transfers to (from) the plan (see instructions)	8i									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the	e instructio	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acteris	tic Cod	les in the	instruction	ns:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amou	unt		
a	Was there a failure to transmit to the plan any participant contribu 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.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c		Χ					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	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.)	10e		X							
f	Has the plan failed to provide any benefit when due under the pla	10f		X							
g	Did the plan have any participant loans? (If "Yes," enter amount a	10g		X							
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							

Form 5500-SF (2018)	Page 3 -	1

Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		B 	X Yes	s No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Ye	s X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	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 waiver. Month Day Year									
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)										
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?		Yes	X No						
	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	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to								
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)					

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For	r calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and endi	ng 12/3	31/2018						
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable	cause is establish	ed.							
A 1	Name of plan S. E. AND K. CORPORATION DEFINED BENEFIT PENSION PLAN	B Three-o		l) •	001					
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF S.E. AND K. CORPORATION	D Employe	D Employer Identification Number (EIN) 13-2676617							
E 1	Гуре of plan: 🏿 Single 📗 Multiple-A 📗 Multiple-B 📕 F Prior year plan siz	ze: X 100 or fewer	101-	-500 More th	an 500					
Р	art I Basic Information									
1	Enter the valuation date: Month 01 Day 01 Year 2018									
2	Assets:									
	a Market value		2a		679707					
	b Actuarial value		2b		679707					
3	Funding target/participant count breakdown	(1) Number of participants	(2) Ve	sted Funding Target	(3) Total Funding Target					
	a For retired participants and beneficiaries receiving payment	2		319214	319214					
	b For terminated vested participants	1		18495	18495					
	C For active participants	0		0	0					
	d Total	3		337709	337709					
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)									
	a Funding target disregarding prescribed at-risk assumptions		4a							
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans the at-risk status for fewer than five consecutive years and disregarding loading factor		4b							
5	Effective interest rate		5		5.04 %					
6	Target normal cost		6		0					
	tement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and atta accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the combination, offer my best estimate of anticipated experience under the plan.									
	SIGN HERE			08/01/201	9					
	Signature of actuary			Date						
V	/ILLIAM J CLEMANS, E.A.			17-07149)					
	Type or print name of actuary		Most	recent enrollmer	nt number					
L	ONG ISLAND EMPLOYEE BENEFITS GROUP			631-273-92						
S	0 STEWART AVE UITE 2 UNTINGTON, NY 11743	Т	elephone	number (includ	ing area code)					
	Address of the firm									
	e actuary has not fully reflected any regulation or ruling promulgated under the statute in conuctions	npleting this schedu	ıle, check	the box and see						

Schedule SB (Form 5500) 2018	Page 2 - [

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding E	Bala	ances									_
	•			-				(a) Carryover balance (b)				(b) P	Prefunding balance			
7		-	•		able adjustments (line 13 f		-				767				0	
8				•	nding requirement (line 35						0				0	
9	Amount r	emaining	g (line 7 minus line	8)							767			0		
10	Interest of	n line 9 ເ	using prior year's	actual retu	rn of <u>14.95</u> %						115				0	
11	,															
	Present value of excess contributions (line 38a from prior year)															
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.19%															
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return														0		
					ar to add to prefunding balar										0	—
d Portion of (c) to be added to prefunding balance												0				
12	Other rec	luctions i	n halances due to	elections	or deemed elections						0				0	—
											882				0	
	Part III Funding Percentages															
	14 Funding target attainment percentage															
	15 Adjusted funding target attainment percentage											15	201.27			
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current											194.46	%				
17	-											%				
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls								•			
18					ar by employer(s) and emp	oloye										
(1)	a) Date) MM-DD-Y)		(b) Amount p employer		(c) Amount paid by employees								Amount paid by employees			
		,	. ,	,	. ,		,	,		•	, , ,				•	
								1						1		
							otals ►	18(k	-			0	18(c)			0
19					uctions for small plan with					-						
	_				num required contributions						19a				0	
				-	usted to valuation date										0	
20			tions and liquidity		red contribution for current y	/ear a	adjusted to	valualio	on date.		130				0	
20	-				e prior year?										Yes X N	0
	b If line 2	20a is "Y	es," were required	quarterly	installments for the current	t yea	ır made in	a timely	/ mann	er?					Yes N	0
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table a	as ap	plicable:									
					Liquidity shortfall as of e	nd of	f quarter o				ı					_
		(1) 1s	t		(2) 2nd	_		(3	3) 3rd				((4) 4th		

	Part V Assumptions Used to Determine Funding Target and Target Normal Cost												
	art V	-	ons Used to	Determine	Funding 1a	arget and Tar	get Norma	al Cost					
21	Discount		1 ot 0 o o	mont:	2nd o	ogmont:	2,	d coamont:	1				
	a Segm	ent rates:	1st seg	3.92%	2110 8	segment: 5.52%	31	d segment: 6.29 %		N/A, full yield curve used			
	b Applic	able month (er	nter code)						21b	0			
22	Weighted	d average retire	ement age						22	65			
23	Mortality	table(s) (see	instructions) F	Prior regulation	n: 🔲 I	Prescribed - comb	oined	Prescribed	l - separat	te Substitute			
	Current regulation: X Prescribed - combined Prescribed - separate Substitute												
Pa	Part VI Miscellaneous Items												
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required												
	attachment												
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment												
26	Is the pla	n required to p	provide a Schedu	le of Active Pa	articipants? If "\	Yes," see instructi	ons regardin	g required a	ttachmen	t			
27			alternative fundir			e and see instruct	ons regardin	g	27				
P	art VII					l Contribution	s For Pri	or Years					
28	Unpaid n	ninimum requir	red contributions	for all prior yea	ars				28	0			
29		ed employer c	-	29	0								
30	Remainir	ng amount of u		30	0								
Pa	Part VIII Minimum Required Contribution For Current Year												
31	31 Target normal cost and excess assets (see instructions):												
	a Target normal cost (line 6)												
	b Excess	assets, if app	olicable, but not g	reater than line	e 31a				31b	0			
32	Amortiza	tion installmen	nts:				Outsta	anding Bala	nce	Installment			
	a Net sh	ortfall amortiza	ation installment						0	0			
	b Waive	amortization	installment						0	0			
33	If a waive (Month _					ruling letter grant			33				
34	Total fun	ding requireme	ent before reflect	ing carryover/p	orefunding balar	nces (lines 31a - 3	31b + 32a + 3	32b - 33)	34	0			
					Carryove	er balance	Prefu	ınding balan	ice	Total balance			
35			se to offset fundir	-		0			0	0			
36	Additiona	al cash require	ment (line 34 mir	nus line 35)					36	0			
37				•		ent year adjusted		`	37	0			
38			s contributions fo						l				
				•	,	,			38a	0			
	a Total (excess, if any, of line 37 over line 36)b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances								38b	0			
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)								39	0			
40									40	0			
Pa	rt IX	Pension	Funding Reli	ef Under P	ension Reli	ef Act of 2010	(See Ins	tructions)				
41	If an elec	tion was made	to use PRA 201	0 funding relie	f for this plan:								
					-				Г	2 plus 7 years 15 years			
	a Schedule elected												

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions: Options:

Male Nonannuitant:2018 Nonannuitant MaleUse optional combined mortality table for small plans:Yes

Female Nonannuitant: 2018 Nonannuitant Female Use discount rate transition: No

Male Annuitant:2018 Annuitant MaleLump sums use proposed regulations:Yes

Female Annuitant: 2018 Annuitant Female <u>Actuarial Equivalent Floor</u>

Applicable months from valuation month: 0 **Stability period:** plan year

Probability of lump sum: 100.00% Lookback months: 0

Use pre-retirement mortality: Yes Nonannuitant: 2018 Applicable

Annuitant: 2018 Applicable

1st <u>2nd</u> <u>3rd</u> <u>1st</u> 2nd <u>3rd</u> 2.48 **Current:** 3.65 4.15 4.53 **Segment rates:** 1.81 3.68 Override: 0.00 0.00 0.00 **High Quality Bond rates:** N/A N/A N/A

 Final rates:
 3.92
 5.52
 6.29

 Override:
 0.00
 0.00
 0.00

<u>Salary Scale</u> <u>Late Retirement Rates</u>

 Male:
 0.00%
 Male:
 N/A

 Female:
 0.00%
 Female:
 N/A

Withdrawal Marriage Probability Setback

 Male:
 N/A
 Male:
 0.00%
 0

 Female:
 N/A
 Female:
 0.00%

Withdrawal-Select Expense loading: 0.00%

Male: N/A <u>Disability Rates</u>
Female: N/A <u>Males</u>

Female: N/A Male: N/A
Early Retirement Rates Female: N/A

Arly Retirement Rates Female: N/A

Male: N/A

Moutality

Male: N/A

Female: N/A

Mortality

Setback

remaie: N/A Male: N/A 0

Subsidized Early Retirement Rates Female: N/A 0

Male: N/A
Female: N/A

Name of Plan: S.E.& K. CORPORATION DEFINED BENEFIT PENSION PLAN

Plan Sponsor's EIN: 13-2676617

Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

Age (yrs): 21 Definition of years: Hours worked

Age (months): 0 Continuing hours: 1,000

Wait (months): 12 Excluded classes: Union Members

Two year eligibility: No

Earnings

Total compensation excluding : 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

 Retirement
 Normal
 Early
 Subsidized Early
 Disability
 Death

 Age:
 65

 Service:
 0

 Participation:
 5

 Defined:
 Plan valuation date nearest

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceN/A0Female:Actuarial EquivalenceActuarial EquivalenceN/A0

Rates - Male: N/A N/A N/A N/A Rates - Female: N/A N/A N/A N/A

Use Social Security Retirement Age: No REACT Benefits Percentage: 50.00%

Vesting Schedule: 2/20 Pre-retirement death benefit

Vesting Definition:Hours WorkedPercentage of accrued benefit:0.00%Death Benefit Payment method:PVAB

AnnuityPercentYearsNormal:Life only0.00%0QJSA:Joint and contingent50.00%0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: S.E.& K. CORPORATION DEFINED BENEFIT PENSION PLAN

Plan Sponsor's EIN: 13-2676617

Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula: Benefit formula Type of Formula: Flat benefit **Effective Date:** 01/01/1991

Percent Flat benefit non-integrated type: Total percent of salary: 50.00% **Dollar amount:** None Reduction based on: Service Benefit reduction for years less than: 25

Averaging

Current Compensation Apply exclusion to accrued benefit: **Projection method:** No Final Average Annualize short compensation years: Based on: No Annualize short plan years: **Highest:** 0 No

In the last: 0 Include compensations based

0 **Excluding:** Accrual on years of:

Accrual

Frozen: Yes

Hours worked Fractions based on: N/A **Definition of years:**

Precision: N/A **Continuing Died Disabled** Retired **Terminated** Accrual credit: 1000 1000 1000 1000 1000 Limit current credit

> N/A to:

0 Years based on: Participation Cap/floor years: 0.0000 Cap or floor: Maximum past accrual years: Floor Method: Fractional Accrual % per year: 0.00% No

Apply 415 before accrual:

Name of Plan: S.E.& K. CORPORATION DEFINED BENEFIT PENSION PLAN

Plan Sponsor's EIN: 13-2676617

Plan Number: 001

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

File as an attachment to Form	5500 or 5500-SF.				
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and endir	ng	12/3	1/2018	
Round off amounts to nearest dollar.					
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	able cause is established	d.			
A Name of plan S. E. AND K. CORPORATION DEFINED BENEFIT PENSION	B Three-d	•	,	0.01	
PLAN	plan nur	nber (PN)) •	001	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identifica	ation Number (E	EIN)	
S.E. AND K. CORPORATION	10.055				
	13-267	6617			
E Type of plan: Single Multiple-A Multiple-B F Prior year pla	n size: X 100 or fewer	101-	500 More th	nan 500	
Part I Basic Information					
1 Enter the valuation date: Month1 Day1 Year2	2018				
2 Assets:					
a Market value		2a		679,707	
b Actuarial value		. 2b		679,707	
3 Funding target/participant count breakdown	(1) Number of participants	, ,	sted Funding Farget	(3) Total Funding Target	
For retired participants and beneficiaries receiving payment	2		319,214	319,214	
b For terminated vested participants	1		18,495	18,495	
C For active participants	0		0	0	
d Total	3		337,709	337,709	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)					
a Funding target disregarding prescribed at-risk assumptions	<u> </u>	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for pla at-risk status for fewer than five consecutive years and disregarding loading factor.		4b			
5 Effective interest rate		5	5.04%		
6 Target normal cost		6		0	
Statement by Enrolled Actuary					
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements an accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accombination, offer my best estimate of anticipated experience under the plan.					
SIGN HERE WILL I Cl					
			08/01/20	19	
Signature of actuary WILLIAM J CLEMANS, E.A.			Date 17-0714	9	
Type or print name of actuary		Most r	ecent enrollme	nt number	
LONG ISLAND EMPLOYEE BENEFITS GROUP		((631)273-9	9220	
Firm name	T	elephone	number (includ	ing area code)	
50 STEWART AVE SUITE 2					
HUNTINGTON NY 11743					
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in					

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding	Balan	ices								
7	Dalanas	at baging	ing of prior year a	fter english	able adjustments (line 12)	fram nri		(a) Carryover balance (b) Prefunding balance					ance		
7		-	•		able adjustments (line 13					767				0	
8			•	•	nding requirement (line 35					0		0			
9	,							1						0	
10			• •		rn of <u>14.95</u> %									0	
11					to prefunding balance:										
a Present value of excess contributions (line 38a from prior year)													0		
												0			
	• •			-	edule SB, using prior year										
return C Total available at beginning of current plan year to add to prefunding balance												0			
	d Portio	n of (c) to	be added to pref	unding bala	ance									0	
12	Other re	ductions i	n balances due to	elections	or deemed elections					0				0	
							+			882				0	
	Part III Funding Percentages 882 0														
14	14 Funding target attainment percentage 14 201.00%											.00%			
)							15	201	.27%	
16					of determining whether ca							16	194	1.46%	
17	-				less than 70 percent of th							17		%	
P	art IV	Con	tributions an	d Liquid	ity Shortfalls										
18					ar by employer(s) and em	ployees									
(N	(a) Dat∂ /M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	1)	(a) Date MM-DD-Y						d by		
						Tot	tals ▶	18(b)			0 18(c)	1		0	
19	Discount	ed emplo	wer contributions	_ see instr	uctions for small plan with				heginning of the	vear.	0 10(0)				
			,		num required contribution				· · ·	19a				0	
				•	usted to valuation date					19b				0	
	C Contril	outions all	ocated toward min	imum requi	red contribution for current	year adj	ljusted to va	aluation da	ate	19c				0	
20	Quarterly	/ contribu	tions and liquidity	shortfalls:		· · · ·									
					e prior year?								Yes	X No	
	b If line	20a is "Y	es," were required	l quarterly	installments for the currer	nt year r	made in a	timely ma	anner?				Yes	_ No	
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table							_			
		(4)			Liquidity shortfall as of	end of q	quarter of t					(4)			
		(1) 1s	Ţ		(2) 2nd			(3)	3rd			(4) 4t	n		

P	art V	Assumpti	ons Used t	o Determine	Funding 1		rget Nor	mal Cost		
21	Discount									
	a Segme	ent rates:	1st se 3 . 92	egment: 2 %	2nd 5.	d segment: 52 %		3rd segment: 6.29 %		N/A, full yield curve used
	b Applica	able month (er	nter code)						21b	(
22	Weighted	average retir	ement age						22	65
23	Mortality	table(s) (see	instructions)	Prior regulation:	:	Prescribed - con	nbined	Prescribed	d - separa	te Substitute
	·			Current regulation	on: 🛛	Prescribed - con	nhined	Prescribed	d - senara	te Substitute
P	art VI I	Miscellane	ous Itams	- Current regulati	on. <u></u>	T TOO THOU OUT			a copara	
	1			nragorihad gotugr	ial aggumentic	and for the autront	nlan vaar	If "Voo." ooo i		
		-								s regarding required Yes X No
25	Has a me	thod change	been made for	the current plan	year? If "Yes	s," see instructions	regarding	required attach	ment	Yes X No
26	Is the pla	n required to p	orovide a Sche	dule of Active Pa	rticipants? If	"Yes," see instruc	ctions rega	ding required a	attachmen	t Yes 🗵 No
27		•		-		de and see instru	-	rding	27	
P	art VII					ed Contribution		Prior Years		
				•	•				28	(
29	Discounte	ed employer c	ontributions all	ocated toward un	paid minimu	m required contrib	utions from	n prior years	29	(
30	Remainin	g amount of u	ınpaid minimur	m required contrib	outions (line 2	28 minus line 29) .			30	(
Pa	art VIII	Minimum	Required (Contribution	For Curre	nt Year				
31			-	s (see instructions						
	a Target i	normal cost (li	ne 6)	·····					31a	(
	b Excess	assets, if app	olicable, but no	t greater than line	31a				31b	(
32	Amortizat	ion installmer	nts:				Ot	ıtstanding Bala	nce	Installment
	a Net sho	ortfall amortiza	ation installmer	nt					0	(
	b Waiver	amortization	installment						0	(
33	If a waive (Month _					ne ruling letter gra waived amount			33	
34	Total fund	ding requireme	ent before refle	ecting carryover/p	refunding ba	ances (lines 31a	- 31b + 32a	ı + 32b - 33)	34	(
					Carryo	over balance	Р	refunding balar	nce	Total balance
35			se to offset fund	-						
	•						0		0	(
		·	•	· · · · · · · · · · · · · · · · · · ·					36	(
37				•		ırrent year adjuste		`	37	(
38	Present v	alue of exces	s contributions	for current year (see instruction	ons)				
									38a	(
	b Portion	included in lir	ne 38a attributa	able to use of pref	funding and f	unding standard of	arryover ba	alances	38b	(
39					•	ny, of line 36 over			39	(
40									40	(
	rt IX					lief Act of 20	10 (See I	nstructions	5)	
41	If an elect	ion was made	to use PRA 2	010 funding relief	for this plan					
	a Schedu	le elected								2 plus 7 years 15 years
	b Eligible	plan year(s)	for which the e	lection in line 41a	was made				720	08 2009 2010 2011

Attachment to 2018 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name s. e. and k. corporation defined benefit pension plan	EIN:	13-2676617
Plan Sponsor's Name S.E. AND K. CORPORATION	PN:	001
The weighted average retirement age is equal to the normal retirement age of65		
List the rate of retirement at each age and describe the methodology used to compute the retirement age, including a description of the weight applied at each potential retirement age. The Weighted Average Retirement Age is the Normal Retirement Age u	ge.	· ·

Form 5500-SF

Departmentt of the Treasury Internal Re∌venue Servica

Department of Labor Employee Benefits - Security Administration Pension Benefit Guaranty Corporation

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. OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	2000100 11101 010 1110	dactions to the Form	0000-01.			
For calen	dar plian year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31	/2018		
A This r	return/ireport is for:	a single-employer plan	a multiple-employer list of participating e a foreign plan	plan (not multiemployer employer information in) (Filers checking	this box must attach a		
B This re	eturn/r-eport is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	m/report (less than 12 i	months)			
C Check	box if filing under:	Form 5558 special extension (enter description)	automatic extension		DFVC progra	ım		
Part II	Basic Plan Inf	ormation—enter all requested in	formation					
1a Name S. E. PLAN	e of plian	NATION DEFINED BENEFIT			1b Three-dig plan numb (PN) 1c Effective of	001		
					01/01/			
Mailir	ng adciress (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign post VTION). Box) al code (if foreign, see ins	tructions)	(EIN)13-	Identification Number -2676617		
5.E. F	AND K. CORPORA	TION			2c Sponsor's telephone number (212) 962-5307			
200 EA	ST 32ND STREE	т - 7в			20 Business	code (see instructions)		
NEW YO	RK		NY	10016	531110			
3a Plan a	admirnistrator's name a	nd address 🛮 Same as Plan Spon	sor.		3b Administra			
					3c Administra	ator's telephone number		
4 If the	name and/or EIN of th lan, renter the plan spo	e plan sponsor or the plan name ha nsor's name, EIN, the plan name ar	s changed since the last i	return/report filed for	4b EIN			
	or's name	,			4d PN			
5a Total	num ber of participants	at the beginning of the plan year		***************************************	5a	3		
b Total	num ber of participants	at the end of the plan year	***************************************	**************************	5b	3		
comp	lete tthis item)	account balances as of the end of the		*************************	5c			
		rticipants at the beginning of the pla			5d(1)	0		
d(2) Tot	al number of active pa	rticipants at the end of the plan year	r		5d(2)	0		
वीवा	f00°% vested	terminated employment during the			5e	D		
Under pena SB or Sche	alties of perjury and oth	or incomplete filing of this return/ ner penalties set forth in the instructi nd signed by an errolled actuary, as	report will be assessed ons. I declare that I have	unless reasonable car examined this return/re	port including if	applicable a Schedule		
SIGN	XVVC		8/2/2019	KARIN E. CHOY				
SIGN	Signature of plan a	dministrator	Date 1	Enter name of individ	lual signing as pla	n administrator		
HERE	Si gnature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor		

b	Were all of the plan's assets during the plan year invested in eligible. 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 of the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	an indepe and condit not use Fo nsurance p	ndent qualified public tions.) orm 5500-SF and mus orogram (see ERISA s	accoun st inste ection 4	tant (IC ad use 1021)?	QPA) • Form	5500. Yes 🛛 N	[2 lo	Yes Yes lot deter	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Voc	<i>.</i> T		(b) E	nd of V		
a	Total plan assets	7a	(a) Degiiiiiiig	679,			(b) E	nd of Ye		9,959
-	Total plan liabilities	7b								0
	Net plan assets (subtract line 7b from line 7a)	7c		679,	707				54	9,959
Vincent	Income, Expenses, and Transfers for this Plan Year	43.4	(a) Amour	nt			(h) Total		
	Contributions received or receivable from: (1) Employers	8a(1)	(4) / 1111041		0		, L	y rotar		
	(2) Participants	8a(2)			0		REPORTS	THE P		
	(3) Others (including rollovers)	8a(3)		Val. 100 100 100 100 100 100 100 100 100 10	0					
b	Other income (loss)	8b		-53,	415					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-5	3,415
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		76,	333					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f					To State			10.3
g	Other expenses	8g								
_ <u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			175					6,333
i_	Net income (loss) (subtract line 8h from line 8c)	8i							-12	9,748
_j	Transfers to (from) the plan (see instructions)	8j								
Par										
9a 	If the plan provides pension benefits, enter the applicable pension $1\text{A}\ 1\text{I}\ 3\text{D}$	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the in	nstructio	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Char	acteris	tic Cod	es in the in:	struction	s:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amou	nt	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		Х				
С	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				
е	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.)	ner persons	s by an insurance the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	nd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	· ·····		10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

	Form 5500-SF (2018)		Page 3-					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum for (Form 5500) and line 11a below)	unding requirements? (If "Yes," s	ee instructions ar	nd complete Sch	edule S	В	X	′es 📗 No
11a	Enter the unpaid minimum required contributions to	for all years from Schedule SB (F	orm 5500) line 40)	11a			(
12	Is this a defined contribution plan subject to the m ERISA?		section 412 of the	Code or section	n 302 o	f	_ \	∕es X No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d If a waiver of the minimum funding standard for a pranting the waiver.	orior year is being amortized in th			d enter t		the lette Year	r ruling
lf	you completed line 12a, complete lines 3, 9, and	10 of Schedule MB (Form 5500	0), and skip to lii	ne 13.				
b	Enter the minimum required contribution for this pla	n year			12b			
	Enter the amount contributed by the employer to the				12c			
d	Subtract the amount in line 12c from the amount in negative amount)				12d			
e	Will the minimum funding amount reported on line	12d be met by the funding deadl	ine?			Yes	No [N/A
Part	VII Plan Terminations and Transfers	of Assets						
13a	Has a resolution to terminate the plan been adopted in	n any plan year?				Yes	XN	0
	If "Yes," enter the amount of any plan assets that r	everted to the employer this year	r		13a			
b	Were all the plan assets distributed to participants control of the PBGC?		nother plan, or br	ought under the			Yes X	No
С	If, during this plan year, any assets or liabilities we which assets or liabilities were transferred. (See in		nother plan(s), ide	entify the plan(s)	to			

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

F	<u>or calenda</u> r p	olan year 201	8 or fiscal plan	year beginning				and end	ing			
			nearest dollar		of this ren	ort unless reason	nable caus	se is establish	ıed			
_	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is A Name of plan							B Three-		l) •		
С	Plan sponse	or's name as	shown on line 2	2a of Form 5500 or 55	00-SF			D Employe	er Identific	ation Number	er (EIN)	
E	Type of plan	: Single	Multiple-A	Multiple-B		F Prior year pla	an size:	100 or fewer	101	-500 Mo	re than 50	00
	Part I	Basic Info	rmation	<u> </u>						<u> </u>		
1		valuation da		Month [Day	Year						
2	Assets:				•							
	a Market	value							2a			
	b Actuar	ial value							2b			
3	Funding	target/particip	ant count break	kdown			` '	lumber of ticipants	(2) Ve	sted Fundin Target	g (3)) Total Funding Target
	a For ret	ired participa	nts and benefic	iaries receiving payme	ent							
	b For ter	minated vest	ed participants.									
	C For act	ive participan	nts									
	d Total											
4	If the pla	n is in at-risk	status, check th	e box and complete li	ines (a) aı	nd (b)						
	a Fundin	g target disre	garding prescri	bed at-risk assumption	ns				4a			
				umptions, but disregansecutive years and di					4b			
5	Effective	interest rate.							5			%
6	Target no	ormal cost							6			
	To the best of accordance wi combination, o	th applicable law a	e information supplie and regulations. In m	ed in this schedule and accon ny opinion, each other assum perience under the plan.								
	HERE											_
			Sigr	nature of actuary						Date)	
			Type or p	orint name of actuary					Most	recent enrol	lment nu	mber
				Firm name				-	Γelephone	e number (in	cluding a	rea code)
			Ad	dress of the firm				-				
If th	ne actuary ha	as not fully ref	flected any regu	ılation or ruling promu	lgated un	der the statute in	completi	ng this sched	ule, check	the box and	see	

Schedule SB (Form 5500) 2018

P	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	lances						
					<u> </u>		(a) C	arryover balance		(b) P	refundin	g balance
7		•	0 , ,		able adjustments (line 13 fror	•						
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)											
9	9 Amount remaining (line 7 minus line 8)											
10 Interest on line 9 using prior year's actual return of%												
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:							
	a Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)							
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of%											
	b(2) Inte	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's a	ctual						
					ar to add to prefunding balance							
			•	, ,								
	d Portion	n of (c) to	be added to pref	unding bala	ance							
12	Other red	ductions i	n balances due to	elections	or deemed elections							
13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)							
P	art III	Fun	ding Percenta	ages								
14	Funding	target att	ainment percenta	ge							14	%
15	Adjusted	funding t	target attainment	percentage)						15	%
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							16	%				
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the f	unding target,	enter suc	ch percentage			17	%
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls							
18	Contribut	ions mad			ar by employer(s) and emplo	yees:						
(1	(a) Date MM-DD-Y		(b) Amount p employer	-	(c) Amount paid by employees	(a) Dat (MM-DD-Y		(b) Amount pa employer(-	(c	Amour emplo	nt paid by
	VIIVI DD 1	111)	Citiployer	(5)	ciripidyees	(IVIIVI DD 1	,	Chiployer	<u> </u>		cmpic	ycco
						Totals ▶	18(b)			18(c)		
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation date	after the	beginning of the y	ear:			
	a Contril	outions a	llocated toward ur	npaid minir	num required contributions fr	om prior year	3	<u> </u>	19a			
b Contributions made to avoid restrictions adjusted to valuation date												
	Contributions allocated toward minimum required contribution for current year adjusted to valuation date											
20	,		tions and liquidity									
			-		e prior year?							Yes No
					installments for the current y		timely ma	anner?				Yes No
	C If line	∠∪a is "Y	es," see instructio	ns and con	nplete the following table as Liquidity shortfall as of end		this plan v	/ear				
		(1) 1st	<u> </u>		(2) 2nd	J. quarter UI		3rd	L	((4) 4th	

F	Part V Assumptions Used to Determi	ne Funding Target and Tarç	get Normal Cost						
21	Discount rate:								
	a Segment rates: 1st segment: %	2nd segment: %	3rd segment: %		N/A, full yield curve used				
	b Applicable month (enter code)			21b					
22	Weighted average retirement age			22					
23	Mortality table(s) (see instructions) Prior regula	tion: Prescribed - comb	ined Prescribed	d - separa	te Substitute				
	Current regi	ulation: Prescribed - comb	ined Prescribed	d - separa	te Substitute				
Pa	art VI Miscellaneous Items								
24	Has a change been made in the non-prescribed ac	tuarial assumptions for the current pl	an year? If "Yes," see i	nstruction	s regarding required				
	attachment				_				
	Has a method change been made for the current p	•							
26	Is the plan required to provide a Schedule of Active	Participants? If "Yes," see instruction	ons regarding required a	attachmen	t				
27	If the plan is subject to alternative funding rules, en attachment	• •	ons regarding	27					
P	art VII Reconciliation of Unpaid Minir	num Required Contribution	s For Prior Years						
28	Unpaid minimum required contributions for all prior	years		28					
29	Discounted employer contributions allocated towar (line 19a)			29					
30	Remaining amount of unpaid minimum required co	ntributions (line 28 minus line 29)		30					
Pa	art VIII Minimum Required Contribution	on For Current Year							
31	•								
	a Target normal cost (line 6)			31a					
	b Excess assets, if applicable, but not greater than	line 31a		31b					
32	Amortization installments:		Outstanding Bala	nce	Installment				
	a Net shortfall amortization installment								
	b Waiver amortization installment								
33	If a waiver has been approved for this plan year, en (Month Day Year	nter the date of the ruling letter granti) and the waived amount		33					
34	Total funding requirement before reflecting carryov	er/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34					
		Carryover balance	Prefunding balar	nce	Total balance				
35	Balances elected for use to offset funding requirement								
36	•		L	36					
37	Contributions allocated toward minimum required of	contribution for current year adjusted	to valuation date (line	37					
38	19c)								
	a Total (excess, if any, of line 37 over line 36)			38a					
	b Portion included in line 38a attributable to use of			38b					
39	Unpaid minimum required contribution for current y	· · · · · · · · · · · · · · · · · · ·	•	39					
40	Unpaid minimum required contributions for all year	•		40					
	rt IX Pension Funding Relief Under								
	If an election was made to use PRA 2010 funding r		,	•					
	a Schedule elected				2 plus 7 years 15 years				
	b Eligible plan year(s) for which the election in line			<u></u>	08				
	LINGUIC DIATI VEATISTION WHICH THE ELECTION IN TIME	TIG WGS IIIGUE		i 1∠0	00 12000 12010 1 2011				

Attachment to 2018 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name s. e. and k. corporation defined benefit pension plan	EIN:	13-2676617
Plan Sponsor's Name S.E. AND K. CORPORATION	PN:	001
The weighted average retirement age is equal to the normal retirement age of65		
List the rate of retirement at each age and describe the methodology used to compute the retirement age, including a description of the weight applied at each potential retirement age. The Weighted Average Retirement Age is the Normal Retirement Age u	ge.	· ·