## 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 I	Identification Information							
For calend	lar plan year 2018 or fis	cal plan year beginning 01/01/2	018	and ending 12	2/31/2018				
A This re	turn/report is for:	x a single-employer plan		plan (not multiemployer) ( employer information in ac					
<b>D</b>		a one-participant plan	a foreign plan						
<b>B</b> This ret	urn/report is	the first return/report	the final return/report	t					
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	ım			
		special extension (enter descr	iption)						
Part II	Basic Plan Info	rmation—enter all requested inf	ormation						
1a Name PERRY COI	•	RPORATION DEFINED CONTRIE	BUTION PLAN		<b>1b</b> Three-dig plan numl (PN) ▶				
					1c Effective	date of plan 01/01/2007			
		/er, if for a single-employer plan)	, Dow)			Identification Number			
		n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		structions)	(EIN)	13-3852109			
	HEN CARPENTRY COI		, ,	,		s telephone number 12-579-1010			
					2d Business	code (see instructions)			
15 WEST 75 APT 2D	STH STREET				238300				
NEW YORK	, NY 10023								
<b>3a</b> Plan administrator's name and address ☒ Same as Plan Sponsor.					<b>3b</b> Administrator's EIN				
					3c Administra	ator's telephone number			
		plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN				
	sor's name	, , ,	•	·	4d PN				
C Plan N	Name								
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a	2			
<b>b</b> Total	number of participants	at the end of the plan year			5b	2			
		account balances as of the end of t		=	5c				
<b>d(1)</b> Tot	al number of active par	ticipants at the beginning of the pla	an year		5d(1)	0			
<b>d(2)</b> Tot	tal number of active par	ticipants at the end of the plan year	ar		5d(2)				
	Number of participants who terminated employment during the plan year with accrued benefits that were less  5e								
		or incomplete filing of this return			l use is establish	ed			
Under pen SB or Sche	alties of perjury and oth	ner penalties set forth in the instructed signed by an enrolled actuary, a	tions, I declare that I hav	re examined this return/re	port, including, if	applicable, a Schedule			
SIGN	Filed with authorized/v	valid electronic signature.	10/11/2019	PERRY COHEN					
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	ual signing as pla	an administrator			
SIGN	Filed with authorized/	valid electronic signature.	10/11/2019	PERRY COHEN					
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	individual signing as employer or plan sponso				

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

_							X Yes ☐ No X Yes ☐ No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the							(See instructions.)
Pa	rt III   Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (	of Voor	. [		(b) Enc	l of Year
_ <u>'</u>	Total plan assets	7a		32878			(D) Liid	32924
	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c	,	32878				32924
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
а	Contributions received or receivable from:		(4) 1 1111 1111	-				
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b		46				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						46
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
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)	8h						
i	Net income (loss) (subtract line 8h from line 8c)	8i						46
j	Transfers to (from) the plan (see instructions)	8i						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2C	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	es 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 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	X			20000
d				10d		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.)			10e		X		
f	Has the plan failed to provide any benefit when due under the plan			10f		X		
g		s of year-	end.)	10g		X		
h	2520.101-3.)	•		10h		X		
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				

age <b>3-</b>	1
ŝ	ige <b>3-</b>

Part '	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)		SB	Yes	X 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 302 of ERISA?							
	(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, granting the waiver	and enter Da		of the letter rulir Year	ng 		
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			0		
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			0		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	X	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	s 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 control of the PBGC?	he		Yes X No	ı		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to					
1	<b>3c(1)</b> Name of plan(s): 13	(2) EIN(s)		<b>13c(3)</b> PN(	(s)		

## Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 Department of the Treasury Internal Reservice Service Benefit Plan 1210-0089 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 6068(a) of Department of Lador 2018 Employees Benefite Security Administration the Internal Revenue Code (the Code). This Form is Open to Public Pension Banafit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Inspection Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach A This return/report is for: a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan B This returningport is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under Form 5558 automatic extension OFVC program special extension (enter description) Basic Plan Information — enter all requested information 1a Name of plan PRERY COHEN CARPENTRY CORPORATION DEFINED CONTRIBUTION PLAN 1b Three-digit plan number (PN) > 002 1c Effective date of plan Plan sponsor's name (employer, if for a single-employer plan) 01/01/2007 Mailing Address (include room, apt., suite no, and street, or P.O. Box) 2b Employer Identification Number City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) (EIN) 13-3852109 PERRY COREN CARPENTRY CORPORATION 2c Sponsor's telephone number (212) 579-1010 15 WEST 75TH STREET 2d Business code (see instructions) APT 2D 238300 OS HEM YORK WY 10023 3a Plan administrator's name and address (A.) Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telaphone number

5a Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year 5.9 2 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5b complete this (tem) 5c d(1) Total number of active participants at the beginning of the plan year 5d(1) d(2) Total number of active participants at the end of the plan year Ø Number of participants who terminated employment during the plan year with accrued benefits that were 5d(2) ø Ø 

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established

if the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.

Under penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge belief, it is true, correct, and complete.

	11	,
	X intellia From	CU COHEN
Signature of other administrator		TUMEN
VE PA	Qate Enter	name of individual signing as plan administrator
	1/0/N/9 PZ	[[14 AND ]
Signature of employer/plan sponsor		The same of the sa
Brwark Raduction Ant Manager	Date   Enter of	name of individual signing as employer or plan sponery

a Sponsors name C Plan Name

4b EIN

4d PN

Form	5500-	SE	2012	,
1 000	0000-	OF-	ZUIC	ŀ

Page 2

6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions )		***************************************		*********	***************************************	GDV	F-1.
b	<ul> <li>Are you claiming a waiver of the annual examination and report of a</li> </ul>	an indeper	ndent qualified public ac	count	ant (10	γρ <sub>Δ</sub> \			X Yes	∐No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)	*******	*******		••••••		XYes	Пио
	if you answered "No" to either line 6a or line 6b, the plan canno	ot use Fo	rm 5500-SF and must i	nstea	d use	Forr	n 5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA sec	tion 4	021)?	· · · · · · · · · · · · · · · · · · ·	TYes	S TNO	□ Not d	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this yea	ar				(;	See instru	
	Part III Financial Information	***************************************								
7	Plan Assets and Liabilities	T					*****************			
a	Total plan assets	ļ <u>-</u>	(a) Beginning	of Ye	ar			(b) End c	of Year	***
b	Total plan liabilities	7a		32,	878		***************************************	***	32,	924
c	Net plan assets (subtract line 7b from line 7a)	7b								
8	Income, Expenses, and Transfers for this Plan Year	7c		32,	878			***************************************	32,	924
a	Contributions received or receivable from:		(a) Amour	1t				(b) To	otal	Me/orestander of the same
	(1) Employers	8a(1)								
-	(2) Participants	8a(2)					· · · · · · · · · · · · · · · · · · ·	<del>/////////////////////////////////////</del>	· · · · · · · · · · · · · · · · · · ·	
	(3) Others (including rollovers)	8a(3)		***********				***************************************		
b	Other income (loss)	8b			46		<del></del>			······································
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			*************					46
d	Benefits paid (including direct rollovers and insurance premiums				·		······································		**************************************	***
е	to provide benefits)	<u>8d</u>					<del></del>			
f	Administrative service providers (salaries, fees, commissions)	8e					·		and the state of t	
g		8f								-
h	Other expenses (add lines 2d, 2s, 24, and 2s)	8g	·	······································		_			···········	
- <u>:-</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			***************************************					
i	Net income (loss) (subtract line 8h from line 8c)	8i						······································		46
מ	Transfers to (from) the plan (see instructions)  art IV Plan Characteristics	8j								-
										**************************************
Ja	If the plan provides pension benefits, enter the applicable pension fea	ature code	s from the List of Plan (	Chara	cterist	ic Co	des in the	e instructio	ns:	
			······································					n de la companya de l	Arr #000	
a	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Plan Ch	naract	eristic	Code	s in the	instruction	S.	
							·			
	art V Compliance Questions	·				·				
10	During the plan year:			<b>,</b>	Yes	No	N/A	Aı	nount	
а	a latter to the plan any participant contribution	ons within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volu- Program)									
b	Program) ————————————————————————————————————	(Do not in	alista tranzantiana	10a		X	<del> </del>	T-14		
	reported on line 10a.)	***************************************	······································	10b		х				
c		******************	***************************************	10c	Х				20	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid	lelity bond	I, that was caused		***************************************				#4 V	7000
	by fraud or dishonesty?			10d		х				
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 the plan? (See instructions.)	or all of th	e benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan?			10f				······································		
g	Did the plan have any participant loans? (If "Yes," enter amount as of	~~~				X				***************
<u>ə</u> h				10g		X			*******************************	*************
	If this is an individual account plan, was there a blackout period? (Se 2520,101-3.)	e instruct	ions and 29 CFR	10h	-	v				
i	If 10h was answered "Yes," check the box if you either provided the			1911		Х				
	exceptions to providing the notice applied under 29 CFR 2520.101-3	roquittu i	who of the of the	10i						
								······································	***************************************	

	Form 5500-SF 2018		Page 3 -						
Par	*W Pension Funding Compliance							**************************************	
11	Is this a defined benefit plan subject to minimum fu (Form 5500 and line 11a below)	inding requirements? (If "Yes," se	e instructions and co	omplete Sch	nedul	e SB		Yes X	No
113	<b>a</b> Enter the unpaid minimum required contributions for	or all years from Schedule SB (Fo	rm 5500) line 40	1	11a		L	***************************************	<del>Telestania</del>
12	Is this a defined contribution plan subject to the mi ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d	nimum funding requirements of se	ection 412 of the Co	de or sectio	n 302	of	X)	Yes 🔲	No
а	If a waiver of the minimum funding standard for a p granting the waiver	rior year is being amortized in this	Mont	:h		er the date		letter rulir	**
<u>lf</u> )	ou completed line 12a, complete lines 3, 9, and 1	0 of Schedule MB (Form 5500),	and skip to line 13	,					
b	Enter the minimum required contribution for this pla	n year	*****************************		2b				0
c	Enter the amount contributed by the employer to the	e plan for the plan year	**********************		2c				0
d	Subtract the amount in line 12c from the amount in		minus sign to the le	eft of a	2d	**************************************		***************************************	0
е	Will the minimum funding amount reported on line 1				x	Yes 🗍	No	□ N/A	***************************************
Pan		***************************************				**************************************			******************
13a	Has a resolution to terminate the plan been adopted		***************	**********	Γ	7 Yes	X	No	***************************************
	If "Yes," enter the amount of any plan assets that re				3a			***************************************	
b	Were all the plan assets distributed to participants of control of the PBGC?			i		Y	es [2	No [3	
c	If, during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See inst	transferred from this plan to anot ructions.)	ther plan(s), identify	the plan(s)	to		ddahala, nidda gwee yda, ag	**************************************	<del></del>

13c(2) EIN(s)

13c(3) PN(s)

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