_	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
Inter	epartment of Labor	This form is required to be file Income Security Act of 1974	d under sections 104 and (ERISA), and sections 60	057(b) and 6058(a) of the Int		2018
	Senefits Security Administration enefit Guaranty Corporation	—	Revenue Code (the Cod	,		This Form is Open to Public Inspection
Part I		t Identification Information	accordance with the ins	tructions to the Form 5500	D-SF.	
		fiscal plan year beginning 01/01/2	018	and ending 12/3	1/2018	
A This re	turn/report is for:	X a single-employer plan		blan (not multiemployer) (File mployer information in acco	ers checki	-
	urn/report is	a one-participant plan	a foreign plan			
	um/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 mont	ths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter descr			Drvc pr	ogram
Part II	Basic Plan Inf	ormation—enter all requested inf	ormation			
1a Name				1	b Three	e-digit
ABRAMCYK	K REAL ESTATE CO.	, INC. PENSION PLAN			plan r (PN)	number 001
				1	· · /	tive date of plan
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C). Box)	2	2b Emplo (EIN)	byer Identification Number 13-4087309
	r town, state or provin REAL ESTATE CO.,	ce, country, and ZIP or foreign post.	al code (if foreign, see ins	tructions) 2	(/	sor's telephone number 917-716-7866
				2	2d Busin	ess code (see instructions)
400 EAST 58 NEW YORK	8TH STREET, APT. 1 , NY 10022	11A				531210
3a Plan a	administrator's name a	and address X Same as Plan Spor	nsor.	3	Bb Admir	nistrator's EIN
				3	3c Admir	nistrator's telephone number
4 If the	name and/or EIN of th	ne plan sponsor or the plan name ha	as changed since the last	return/report filed for 4	b EIN	
	lan, enter the plan spo sor's name	onsor's name, EIN, the plan name a	ind the plan number from		d PN	
C Plan N						
5a Total	number of participant	s at the beginning of the plan year			5a	4
b Total	number of participant	s at the end of the plan year			5b	4
	• •	account balances as of the end of		•	5c	
d(1) Tot	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	3
• •		articipants at the end of the plan yea			5d(2)	3
than	100% vested	o terminated employment during the	• •		5e	0
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable cause		
SB or Sche		other penalties set forth in the instruct and signed by an enrolled actuary, a anplete.				
SIGN		d/valid electronic signature.	10/09/2019	RAY ABRAMCYK		
HERE	Signature of plan	administrator	Date	Enter name of individual	l signing a	as plan administrator
SIGN						
HERE		oyer/plan sponsor	Date	Enter name of individual	l signing a	as employer or plan sponsor
For Paperw	ork Reduction Act Not	ice, see the Instructions for Form 5500)-SF.			Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of a							X Yes 🗌 No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann		,					
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 th							(See instructions.)
			· · · · · · · · · · · · · · · · · · ·	,, ,				(,
Pa	rt III Financial Information		[
7	Plan Assets and Liabilities		(a) Beginning o				(b) End c	
a	Total plan assets	7a	103	35042				1150259
	Total plan liabilities	7b		9715				
	Net plan assets (subtract line 7b from line 7a)	7c	102	25327				1150259
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) To	otal
а	Contributions received or receivable from: (1) Employers	8a(1)	1'	19000				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	12	22770				
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						241770
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1'	16580				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		258				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						116838
i	Net income (loss) (subtract line 8h from line 8c)	8i						124932
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D 1I	feature co	des from the List of Pla	an Char	acteris	stic Co	des in the instr	uctions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	cterist	ic Cod	les in the instru	ctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	А	mount
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			10		~		
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		Х		
	reported on line 10a.)			10b		Х		
C				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		x		
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	s of year-e	end.)	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	he required	d notice or one of the	10i				

Page 3- 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and im 5500) and line 11a below)	•	edule S	;В		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				0
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		d enter Da		e of the l		lling
lf	you d	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				
e	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?			Y	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes		No
С		uring 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.)	ify the plan(s)) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	c(3) P	N(s)

	60U				d Den			OMB N	lo. 1210-0110
		EDULE SB orm 5500)		ployer Define ctuarial Inform			-	-	
	•	ment of the Treasury			alion			2	2018
	Intern	al Revenue Service		uired to be filed under so					
		partment of Labor efits Security Administration		ecurity Act of 1974 (ERI ternal Revenue Code (th		section 6059 of th	he		is Open to Public spection
	Pension Ber	nefit Guaranty Corporation		an attachment to Form	,	5500-SF.		113	spection
Fc	or calendar p	lan year 2018 or fiscal pl		/01/2018		and ending	12/3	1/2018	
		amounts to nearest do							
			e assessed for late filing of t	this report unless reasor	nable cau		•		
Α	Name of pla	IN K REAL ESTATE CO., IN	IC PENSION PLAN			B Three-dig		•	001
						plan numl	ber (PN)	•	001
С			ne 2a of Form 5500 or 5500)-SF		D Employer I		ation Number (B	EIN)
	ABRAMCY	K REAL ESTATE CO., IN	IC.				13-408	7309	
E	Type of plan	X Single Multiple	-A Multiple-B	F Prior year pla	an size: 🗴	100 or fewer	101-5	500 🗌 More th	nan 500
		Basic Information		I Thoryourput			10110		
1		valuation date:	Month 01 Da	ay <u>01</u> Year <u>20</u>	018				
2	Assets:	valuation date.							
		value					2a		1018509
	b Actuari	al value					2b		1018509
3	Funding t	arget/participant count b	reakdown		``'	Number of	. ,	ted Funding	(3) Total Funding
	a For reti	red participants and ben	eficiaries receiving paymen	t	· · ·	rticipants		Target	Target 0
			nts			1		6568	6568
						3		1424669	1432903
						4		1431237	1439471
4			k the box and complete line		۱ Γ	-			
			scribed at-risk assumptions		L		. 4a		
	_		assumptions, but disregard				4b		
			consecutive years and disr	egarding loading factor					
5 6	_	interest rate					5 6		5.47 %
	0	Enrolled Actuary			<u></u>		. 0		0
	To the best of accordance wit	ny knowledge, the information su	pplied in this schedule and accompa In my opinion, each other assumption ad experience under the plan.						
	SIGN								
	HERE							09/20/201	9
			Signature of actuary					Date	_
/	ALFREDO G	SALGADO	or print name of actuary				Mostr	17-0095 ecent enrollme	
1	FBENSON	ACTUARIAL SERVICES					IVIUST I	914-747-19	
4	465 COLUM	BUS AVE - SUITE 140 NY 10595-1340	Firm name			Tel	ephone		ling area code)
			Address of the firm			_			
	e actuary ha ructions	s not fully reflected any r	egulation or ruling promulga	ated under the statute in	n completi	ing this schedule	, check t	the box and se	e
Fo	r Paperwor	k Reduction Act Notice	, see the Instructions for	Form 5500 or 5500-SF.				Schedule S	B (Form 5500) 2018 v. 171027

P	art II	Begin	ning of Year	Carryov	er and Prefunding B	ala	nces									
							_		(a) C	arryover balan	се		(b) P	refundi	ng bala	ance
7	,	0	0 1 2		able adjustments (line 13 fr						0					0
8				•	nding requirement (line 35 t						0					0
9	Amount	remaining	g (line 7 minus line	8)							0					0
10	Interest	on line 9 ι	using prior year's	actual retur	rn of <u>-3.93</u> %						0					0
11	Prior yea	ır's exces	s contributions to	be added t	to prefunding balance:											
	a Prese	nt value o	f excess contribut	ions (line 3	88a from prior year)											280
					over line 38b from prior ye interest rate of <u>5.66</u>											16
	• • •				dule SB, using prior year's	actu	Jal									10
	C Total a	vailable at	t beginning of curre	ent plan yea	r to add to prefunding baland	ce										296
	d Portio	n of (c) to	be added to prefu	unding bala	ance											0
12	Other re	ductions i	n balances due to	elections	or deemed elections						0					0
13	Balance	at beginn	ing of current yea	r (line 9 + l	ine 10 + line 11d – line 12)						0					0
P	Part III	Fun	ding Percenta	ages												
14	Funding	target att	ainment percenta	ge										14		70.76%
15	Adjusted	funding t	target attainment	percentage										15		70.75%
16					f determining whether carr									16		<mark>68.06%</mark>
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the	fund	ding targ	et, e	nter suc	ch percentage.				17		%
Р	art IV	Con	tributions and	d Liquid	ity Shortfalls											
18	Contribu	tions mad	le to the plan for t	he plan yea	ar by employer(s) and emp	loye	es:									
(1	(a) Dat MM-DD-Y		(b) Amount p		(c) Amount paid by		(a) [(MM-DD)	Date		(b) Amoun		by	(c) Amou		l by
)9/13/2019	-	employer	119000	employees				11)	employ	61(5)			emplo	Jyees	
	5/15/2013	,		110000												
						Т	otals 🕨		18(b)		1	19000	18(c)			0
19	Discount	ed emplo	yer contributions	– see instru	uctions for small plan with a	a val	luation da	ate a	fter the	beginning of th	ne yea	ar:				
	a Contri	butions a	llocated toward ur	npaid minin	num required contributions	from	n prior ye	ears			. 19	a				
	b Contri	butions m	ade to avoid restr	ictions adju	usted to valuation date						. 19	b				
	c Contril	outions all	ocated toward min	mum requi	red contribution for current ye	ear a	adjusted to	o val	uation d	ate	19	C			10)4706
20	Quarterl	/ contribu	tions and liquidity	shortfalls:												
	a Did th	e plan ha	ve a "funding sho	tfall" for the	e prior year?									X	Yes	No
	b If line	20a is "Y	es," were required	quarterly i	installments for the current	yea	r made ir	n a tii	nely ma	anner?			······		Yes	X No
	c If line	20a is "Ye	es," see instructio	ns and com	nplete the following table as	s ap	plicable:									
		(4) 4			Liquidity shortfall as of er	nd of	fquarter	of th		-				(4) 4/		
		(1) 1st	[(2) 2nd				(3)	3rd			((4) 4th	1	

Page 3

P	Part V	Assumpti	ions Used t	o Determine	Funding	Target and Ta	arget Nor	mal Cost		
21	Discour	it rate:								
	a Segn	nent rates:	1st s	egment: 3.92%	2r	nd segment: 5.52%		3rd segment: 6.29 %		N/A, full yield curve used
	b Appli	cable month (ei	nter code)						21b	2
22	Weighte	ed average retir	rement age						22	67
23	Mortality	/ table(s) (see	instructions)	Prior regulation	:	Prescribed - cor	mbined	Prescribed	d - separat	e Substitute
				Current regulat	ion: X	Prescribed - cor	mbined	Prescribed	d - separat	e Substitute
Pa	art VI	Miscellane	ous Items							
24		-		•	•					s regarding required Yes 🛛 No
25	Has a m	nethod change	been made for	the current plan	year? If "Ye	es," see instructions	s regarding	required attach	nment	Yes 🛛 No
26	Is the pl	an required to	provide a Sche	dule of Active Pa	rticipants?	lf "Yes," see instru	ctions regar	ding required a	attachment	tYes 🗌 No
27						ode and see instru			27	
P	art VII					ed Contributio			11	
		•							28	
29					•	um required contrib			29	
30	•	,				28 minus line 29)			30	0
Pa	art VIII	Minimum	Required (Contribution	For Curre	ent Year				
31	Target		-	s (see instructior						
	a Targe	t normal cost (li	ine 6)						31a	0
	b Exces	s assets, if app	olicable, but no	t greater than line	e 31a				31b	0
32	Amortiz	ation installmer	nts:				Ou	itstanding Bala	nce	Installment
	a Net sl	nortfall amortiza	ation installmer	nt				4	420962	103898
	b Waive	er amortization	installment							
33						the ruling letter gra e waived amount			33	
34	Total fu	nding requirem	ent before refle			alances (lines 31a	- 31b + 32a	+ 32b - 33)	34	103898
					Carry	over balance	Pr	refunding balar	nce	Total balance
35		es elected for us		-						0
36	Addition	al cash require	ement (line 34 r	minus line 35)					36	103898
37						urrent year adjuste			37	104706
38	Present	value of exces	s contributions	for current year	(see instruct	ions)				
	a Total	(excess, if any,	of line 37 over	[.] line 36)					38a	808
	b Portio	n included in lir	ne 38a attributa	able to use of pre	funding and	funding standard of	carryover ba	alances	38b	
39	Unpaid	minimum requi	red contribution	n for current year	(excess, if a	any, of line 36 over	[.] line 37)		39	0
40									40	0
	rt IX					elief Act of 20	10 (See I	nstructions	5)	
41	If an ele	ction was made	e to use PRA 2	010 funding relie	f for this plar	ו:				
	a Scheo	lule elected							X	2 plus 7 years 15 years
	b Eligib	le plan year(s)	for which the e	lection in line 41a	a was made				20	08 🗌 2009 🗙 2010 🗌 2011

Attachment to 2018 Form 5500

Schedule SB, Line 26 - Schedule of Active Participant Data

Plan Name: Abramcyk Real Estate Co. Inc. Pension Plan

Plan Sponsor's Name: Abramcyk Real Estate Co. Inc.

				YEAF	RS O	F CREDITED SER	VIC	ΈE		
		Under 1		1 to 4		5 to 9		10 to 14		15 to 19
Attained		Average		Average		Average		Average		Average
Age	No	Comp Cash Balance	No	Comp Cash Balance	No	Comp Cash Balance	No	Comp Cash Balance	No	Comp Cash Balance
Under 25										
25 to 29										
30 to 34					1					
35 to 39			1							
40 to 44										
45 to 49										
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70 & up							1			

				YEAI	RS C	OF CREDITED SER	VIC	E		
		20 to 24		25 to 29		30 to 34		35 to 39		40 & up
Attained		Average		Average		Average		Average		Average
Age	No	Comp Cash Balance	No	Comp Cash Balance	No	Comp Cash Balance	No	Comp Cash Balance	No	Comp Cash Balance
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49										
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70 & up										

EIN: 13-4087309

PN: 001

Attachment to 2018 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Abramcyk Real Estate Co., Inc. Pension PlanEIN: 13-4087309Plan Sponsor's Name: Abramcyk Real Estate Co., Inc.PN: 001

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

Lump Sum Election%:	1
Pre-retirement Mortality Table:	1
Post-retirement Mortality Table:	S
Withdrawal rate%:	1
Expected % increase in compensation:	1
Actuarial Value of Assets:	I

100% None Static/Combined None None Fair Market Value

Form 5500-SF			7.00 11			
Department of the Treasury	Short Form An	nual Return/Repo Benefit Plai	ort of Small Empl	oyee		OMB Nos. 1210-0 1210-0
Department of Labor	This form is required to be income Security Act of 1	filed under sections 104 ar 974 (ERISA), and sections	vi 4065 of the Employee D	etirement		2018
Employee Benafits Security Administration Penalon Benafit Guaranty Corporation	(Revenue Code (the C	ode).	1		om is Open to
	Complete all entries	in accordance with the in	structions to the Form 5	500-SF.	Pupi	lc Inspection
or calendar plan year 2018 or f	iscel plan year beginning 01/01	<u>071</u> /2018	and ending 12/3	1/7040		
	X a single-employer plan		plan (not multiemployer) (ind this how	Y Milet attach a
A This return/report is for:		list of participating	employer information in ac	cordance wi	th the form	Instructions.)
3 This return/report is	📋 a one-participant plan	📋 a foreign plan				
* The fordim oppicia	the first return/report	the final return/repo	t		`	a
	an amended return/report	🔲 a short plan year rai	um/report (less than 12 m	onths)		
Check box if filing under:	X Form 5558	automatic extension	1	DFVC pn	ດດາສາກາ	
tis to a second s	Special extension (enter de		Ľ		-9/0111	
Part II Basic Plan Info	rmation-enter all requested	Information		v zastavalanak) i zmen		
a Name of plan	and a mat			1b Three		WL.ILL.
ramcyk Real Estate Co., Inc. Pe	inslah Plan			pian n (PN)	umber	001
·			ľ	1c Effecti 01/01/	ve date of	plan
a Plan sponsor's name (employ	yer, if for a single-employer plar	n)				cation Number
 Mailing address (include roor City or town, state or provinc/ 	n, apt., suite no. and street, or F a, country, and ZIP or foreign po	⁵ .O. Box) ostal code (if foreign, see in:	atructions)	(EIN)	3-408730	9
amcyk Real Estate Co., Inc.	· · · · · · · · · · · · · · · · · · ·			2c Spons		ona number 16-7866
						ee instructions
) East 58th Street, Apt. 11A				531210)	
w York, NY 10022						
a Plan administrator's name an	d address 🗙 Same as Plan Sp	ponsor.		3b Admini	strator's El	N .
				3c Admini	strator's tel	lephone numb
						-prive number
If the name and/or EIN of the	plan sponsor or the plan name	has changed since the last	Num/report filed for	4h FIN.		
this plan, enter the plan spon	plan sponsor or the plan name sor's name, EIN, the plan name	has changed since the last and the plan number from	return/report filed for the last return/report.	4b ein		
this plan, enter the plan spon 3 Sponsor's name	plan sponsor or the plan name sor's name, EIN, the plan name	has changed since the last and the plan number from	return/report filed for the last return/report.	4b EIN 4d PN		
this plan, enter the plan spon	plan sponsor or the plan name sor's name, EIN, the plan name	has changed since the last and the plan number from	return/report filed for the last return/report.			
this plan, enter the plan spon 9 Sponsor's name 2 Plan Name	sor's name, EIN, the plan name	and the plan number from	return/report filed for the last return/report.			
this plan, enter the plan spon 3 Sponeor's name 2 Plan Name 1 Total number of participants a 2 Total number of participants a	sor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year	and the plan number from	return/report filed for the last return/report,	4d PN		4
Total number of participants a Number of participants a	sor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year ccount balances as of the end o	and the plan number from	return/report filed for the last return/report,	4d PN 5a		4
This plan, enter the plan spon 3 Sponsor's name 2 Plan Name 1 Total number of participants a 1 Total number of participants a Number of participants with ac complete this item)	sor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year ccount balances as of the end o	and the plan number from	return/report filed for the last return/report.	4d PN 5a 5b 5c		4
 this plan, enter the plan spon Sponsor's name Plan Name Total number of participants a Total number of participants a Number of participants with ac complete this item) (1) Total number of active participants 	sor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year ccount balances as of the end o	and the plan number from f the plan year (only define plan yoar	return/report filad for the last return/report.	4d PN 5a 5b 5c 5d(1)		4 3 3
 this plan, enter the plan spon Sponsor's name Plan Name Total number of participants a Total number of participants a Number of participants with ac complete this item) (1) Total number of active participants of active participants who have a participants a participants who have a participants a participants	sor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year ccount balances as of the end o icipants at the beginning of the p icipants at the ond of the plan ye eminated employment during the	and the plan number from the plan year (only define plan year	return/report filed for the last return/report.	4d PN 5a 5b 5c 5d(1) 5d(2)		3
 this plan, enter the plan spon Sponsor's name Plan Name Total number of participants a Total number of participants with ac complete this item) (1) Total number of active participants who to the number of participants who to then 100% vested 	sor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year ccount balances as of the end o icipants at the beginning of the p icipants at the ond of the plan ye erminated employment during the incomplete filling of this retu	and the plan number from the plan year (only defined plan year ear	return/report filed for the last return/report.	4d PN 5a 5b 5c 5d(1) 5d(2) 5e		3
 this plan, enter the plan spon Sponsor's name Plan Name Total number of participants a Total number of participants with a complete this item) (1) Total number of active parti (2) Total number of active parti Number of participants who to the the number of participants who to the number of participants whether the number	sor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year ccount balances as of the end o icipants at the beginning of the p clepants at the ond of the plan ye eminated employment during the <u>incomplete filing of this retu</u> or penalties set forth in the instru- stand by an enrolled actuary.	and the plan number from the plan year (only defined plan year ear the plan year with accrued b m/roport will be assessed	return/report filed for the last return/report.	4d PN 5a 5b 5c 5d(1) 5d(2) 5e 9 is establis	if anolioal	3
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this plan, enter the plan spon Sponsor's name Plan Name Total number of participants a Distribution of participants and Number of participants with accomplete this item) (1) Total number of active participants with accomplete this item) (1) Total number of active participants with accomplete this item) (1) Total number of active participants who to than 100% vested Ution: A penalty for the late or der penalties of perjury and other or Schedule MB completed and lef. It is true, correct, and complete Number of plan and plan.	sor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year ccount balances as of the end o icipants at the beginning of the r clepants at the ond of the plan ye eminated employment during the <u>incomplete filing of this retur</u> r penalties set forth in the instru- i signed by an enrolled actuary, ater ministrator	and the plan number from the plan year (only defined olan year ear to plan year with accrued b m/roport will be assessed otions, I declare that I have as well as the electronic ve X /0/9/// Date	return/report filed for the last return/report.	4d PN 5a 5b 5c 5d(1) 5d(2) 5e 9 19 ostablis rl, including, and to the be	if applicat est of my ki	3 0 ble, a Schedule nowledge and
 this plan, enter the plan spon a Sponeor's name b Plan Name a Total number of participants a b Total number of participants a c Number of participants with ac complete this item) a Total number of active participants at the number of active participants and the number of participants who to then 100% vested b Total number of participants who to the number of participants who to the number of participants who to then 100% vested c Schedule MB completed and left, it is true, correct, and complete number of participants who has a state of the number of participants who has a state of the number of participants who has a state of participants who ha	sor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year ccount balances as of the end of icipants at the beginning of the plan ye eminated employment during the rincomplete filling of this return r penalties set forth in the instru- i signed by an enrolled actuary, ster miniptrator	and the plan number from f the plan year (only define plan year ear te plan year with accrued b <u>m/roport will bé assessed</u> uctions, i declare that I have as well as the electronic ve	return/report filed for the last return/report, d contribution plans enefits that were less <u>unless reasonable cause</u> examined this return/report, e return/report, e	4d PN 5a 5b 5c 5d(1) 5d(2) 5e 9 is establis ri, including, and to the be	if applicat est of my k plan admin	3 0 ble, a Sohedule nowledge and istrator

Form \$500-SF (2018) Page 2 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... X Yes 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.)..... Yes 🗍 No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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_ 4153494 . (See Instructions.) Part III Financial Information Plan Assets and Liabilities 14 C (a) Beginning of Year (b) Ènd of Year a Total plan assets 7a 1035042 1150259 b Total plan liabilities 7Ь 9715 c Net plan assets (subtract line 7b from line 7a) 7ç 1025327 1150259 я Income, Expenses, and Transfers for this Plan Year 지수는 노 (a) Amount (b) Total Contributions received or receivable from: а (1) Employers 119000 8a(1) (2) Participants..... 8a(2) (3) Others (including rolloyers)..... 法法法法法法 8a(3) b Other income (loss) 122770 とは開催を起これという。 86 Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 가장 옷은 물질을 가지? 241770 d Bonefits paid (including direct rollovers and insurance premiuma) to provide benefits) 116580 8d e Certain deemed and/or corrective distributions (see instructions)... 80 안동물 Administrative service providers (selaries, fees, commissions) f. 258 8f g_Other expenses 8g 한 것 같아요? 이번 사람이 있는 것을 하는 것이 같아요. In Total expenses (add lines 8d, 8e, 8f, and 8g) 방송 않을 것을 많을 것을 했다. 1236253 8ħ 116838 Net income (loss) (subtract line 8h from line 8c) <u>" Pedela terrapi</u> 8i 124932 Transfers to (from) the plan (see instructions)..... i de la sere Bod metal 8j 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: 3D 11 1A If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes In the instructions: b Part V **Compliance Questions** During the plan year, 10 Y89 No Amount Was there a failure to transmit to the plan any participant contributions within the time period а described in 29 CFR 2610,3-102? (See instructions and DOL's Voluntary Fiduciary Correction Х Program) 10a Were there any nonexempt transactions with any party-in-Interest? (Do not include transactions h reported on line 10a.).... .Χ 10b C Was the plan covered by a fidelity bond? х 100 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused Х by fraud or dishonesty?..... 10d Were any fees or commissions paid to any brokers, egents, or other persons by an insurance e carrier, insurance service, or other organization that provides some or all of the benefits under х the plan? (See instructions.)..... 10a Has the plan falled to provide any benefit when due under the plan? x 10f Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 9 х 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR ana ngg 2520.101-3.) 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the 'allor exceptions to providing the notice applied under 29 CFR 2520.101-3 1 101 đ

Form 5500-SF (2018)

Page 3- 1

Part VI Pension F	unding Compliance		- test starterst t	<u></u>	WK (3) (1)	
11 Is this a defined b (Form 5500) and	enefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch Ine 1 is below)		8		Yes	No
	incurround required contributions for all vests from Schedule SB (Some SECO) they to				<u>^</u>	
ERISA7 (If "Yes," complet	a line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)) 302 a			Yes 🕅	No
granting the waive	ninimum funding standard for a prior year is being amortized in this plan year, see instructions, and	enter Dav	the date o	f tho lèt Year	ter ruling	-
in you completed mit	12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					Without Law
b Enter the minimum	reguired contribution for this plan year	12b	-			, ,
C Enter the amount co	phributed by the employer to the pish for this plan year	12c		/ <u></u>		
negative amount) .	in an intel 120 from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d		10000000.00001 ¹		-
	unding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Part VII Plan Term	inations and Transfers of Assets				_ == (Statements 1
13a Has a resolution to t	ermiriate the plan been adopted in any plan year?		1 Yes	X i	No	
it i Cs, enter (//O e	mount of any plan assets that reverted to the employer this year	13a		<u> </u>	10	
w were all the plan a	ssets distributed to participants or beneficiaries, transferred to another plan, or brought under the			Yes	No.	
 	ear, any assets or ilabilities were transferred from this plan to another plan(s), identify the plan(s) t vilities were transferred. (See instructions.)	0			<u> </u>	# 4
13c(1) Name of plan(-	
	-/	1N(\$)		13c(3	3) PN(s)	
. 17 L G. J			•			

SCHEDULE SB	Single-Er	nploye	er Define	d Ber	nefit	t Plan	l		OMB N	o. 1210-0110
(Form 5500)	-		ial Inform			-			~	040
Department of the Treasury									4	2018
Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is re Retirement Income	Security A		SA) and s				Thi		s Open to Public
Pension Benefit Guaranty Corporation			ment to Form	-	5500-	SE			Ins	spection
For calendar plan year 2018 or fiscal pla	1	01/01/2018		3300 01		and ending	12/	/31/201	18	
Round off amounts to nearest doll							.			
Caution: A penalty of \$1,000 will be	assessed for late filing o	f this repo	rt unless reasor	nable cau	se is e	established	l.		ı.	
A Name of plan					В	Three-dig	lit			001
Abramcyk Real Estate Co., Inc. Pensi	on Plan					plan num	ber (PN)		
C Plan sponsor's name as shown on lin	e 2a of Form 5500 or 550	00-SF			D	Employer I	Identific	ation N	lumber (E	EIN)
Abramcyk Real Estate Co., Inc.					13-	4087309				
					 ¬					
E Type of plan: X Single Multiple-	A Multiple-B		F Prior year pla	an size: 🏻	< <u>100</u>	or fewer	101-	500	More th	an 500
Part I Basic Information	~			10						
1 Enter the valuation date:	Month 01 [Day_01	Year_20							nale with whether was been a start of the start of the
2 Assets:							0.			101850
a Market value							2a 2b			101850
b Actuarial value				T	Numb	er of		sted Fi	Inding	(3) Total Funding
3 Funding target/participant count breast	eakdown				rticipa			Target		Target
${f a}$ For retired participants and bene	ficiaries receiving payme	ent				0			0	
${f b}$ For terminated vested participan	ts					1			6568	656
c For active participants				 		3		1	424669	143290
d Total						4		1.	431237	143947
4 If the plan is in at-risk status, check	the box and complete li	nes (a) and	d (b)	[
a Funding target disregarding pres	cribed at-risk assumptior	าร					4a	_		
b Funding target reflecting at-risk a at-risk status for fewer than five o										
5 Effective interest rate					•••••					5.47 %
6 Target normal cost							6			
Statement by Enrolled Actuary To the best of my knowledge, the information sup accordance with applicable law and regulations. I combination, offer my best estimate of anticipated	n my opinion, each other assump									
SIGN HERE	alej						C	1/20	>/19	
	ignature of actuary Ifredo G. Salgado							' 1	Date 7-00955	
	or print name of actuary n Actuarial Services, Inc.						Most		enrollmer) 747-198	nt number 30
.465 Co	Firm name lumbus Ave - Suite 140					Tel	ephone	numb	er (includ	ing area code)
Valh	alla. NY 10595-1340				_					
	Address of the firm									· · · · · · · · · · · · · · · · · · ·
						مادياه ممام م	abaak	the he	v and see	
f the actuary has not fully reflected any re nstructions	egulation or ruling promul	lgated und	er the statute ir	completi	ing thi	s schedule	, check	ine bu	A und Soc	, []

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Page	2 -	1
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P	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	alanc	ces							
	•							(a) C	Carryover balance		(b) F	Prefundir	funding balance	
7			Q 1 J	• •	able adjustments (line 13 fro	•				0	0 0			0
8					nding requirement (line 35 fi					0	0			0
9	Amount	remaining	g (line 7 minus line	e 8)						0				0
10	10 Interest on line 9 using prior year's actual return of%									0				
11														
	a Prese	nt value o	f excess contribut	ions (line 3	8a from prior year)					280				280
	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 of5.66 %								16					
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return									10				
	c Total a	vailable a	t beginning of curre	ent plan yea	r to add to prefunding balanc	e				0.330				296
	d Portio	n of (c) to	be added to pref	unding bala	ance	••••••					d 3	. 0		
12	Other re	ductions i	n balances due to	elections	or deemed elections					0				
					ine 10 + line 11d – line 12).					0				0
<u> </u>	Part III		ding Percenta	•	· · · · · · · · · · · · · · · · · · ·						.I		·	
				-								14	70.7	 6 %
15												15	70.7	
16	Prior yea	ar's fundir	ng percentage for	purposes c	f determining whether carry	over/p	refundin	g balance	es may be used to	reduc	e current	16	68.0	
17					less than 70 percent of the							17		%
Р	art IV	Con	tributions an	d Liauid	itv Shortfalls									
					ar by employer(s) and emplo	oyees:								
	(a) Dat	е	(b) Amount p	aid by	(c) Amount paid by		(a) Dat		(b) Amount pa		(0		nt paid by	
	MM-DD-Y 09-13-201		employer	(s) 119000	employees	(M	IM-DD-Y	YYY)	employer(3)		emplo	yees	
	J9-13-201	9	·	119000									·····	
						·								
														<u> </u>
			••••••••••••••••••••••••••••••••••••••											
						Tota	ls ▶	18(b)		11900	00 18(c)			0
19	Discount	ed emplo	ver contributions	– see instru	uctions for small plan with a	valuat	tion date					[
			-		num required contributions f					9a				
				•	usted to valuation date	•				9b				
					ed contribution for current ye					9c			104	4706
20			tions and liquidity	· · · ·	,									
					e prior year?				.• 			X	Yes II	No
					nstallments for the current y								Yes X I	No
					plete the following table as					[
					Liquidity shortfall as of end			his plan y	year			a en estadoria	na ayadaladal	
		(1) 1st			(2) 2nd	_		(3)	3rd			4) 4th		

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Schedule SB (Form 5500) 2018

Page 3

P	Part V Assumpt	ions Used to Determine	e Funding Target and Tar	get Normal Cost					
21 Discount rate:									
	a Segment rates:	1st segment: 3.92 %	·	N/A, full yield curve used					
	b Applicable month (e	nter code)			21b	2			
22	Weighted average retir	rement age			22	67			
23	Mortality table(s) (see	instructions) Prior regulation	n: Prescribed - com	bined Prescribed	d - separa	te Substitute			
		Current regula	ation: X Prescribed - com	bined Prescribed	d - separa	te Substitute			
Pa	art VI Miscellane	eous Items							
24	-	-	arial assumptions for the current	-					
25	Has a method change	been made for the current plan	year? If "Yes," see instructions	regarding required attach	nment	Yes 🗙 No			
26	Is the plan required to	provide a Schedule of Active F	Participants? If "Yes," see instruct	ions regarding required a	uttachmen	tX Yes 🗌 No			
27	• •	U .	r applicable code and see instruc	v v	27				
Ρ	art VII Reconcili	iation of Unpaid Minim	um Required Contribution	ns For Prior Years					
28	Unpaid minimum requi	ired contributions for all prior ye	ears		28				
29			unpaid minimum required contribu	· ·	29				
30	Remaining amount of u	unpaid minimum required conti	ibutions (line 28 minus line 29)		30	0			
Pa	art VIII Minimum	Required Contribution	For Current Year						
31	Target normal cost and	d excess assets (see instructio	ns):						
	a Target normal cost (li	ine 6)			31a	0			
	b Excess assets, if app	plicable, but not greater than lir	ne 31a	•••••••••••••••••••••••••••••••••••••••	31b	0			
32	Amortization installmer	nts:		Outstanding Bala	nce	Installment			
	a Net shortfall amortiza	ation installment			420962	103898			
	b Waiver amortization	installment		<u>, ,</u>					
33			er the date of the ruling letter gran) and the waived amount		33				
34	Total funding requirem	ent before reflecting carryover/	/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	103898			
			Carryover balance	Prefunding balar	ice	Total balance			
35	Balances elected for us requirement	se to offset funding				0			
36	Additional cash require	ement (line 34 minus line 35)			36	103898			
37	Contributions allocated	toward minimum required cor	tribution for current year adjusted	to valuation date (line	37	· 104706			
38		s contributions for current year				· · · · · · · · · · · · · · · · · · ·			
	a Total (excess, if any,	of line 37 over line 36)	······		38a	808			
	b Portion included in lin	ne 38a attributable to use of pr	efunding and funding standard ca	rryover balances	38b				
39	Unpaid minimum requi	red contribution for current yea	ne 37)	39	0				
40	Unpaid minimum requi	red contributions for all years.		40	0				
Pai	rt IX Pension	Funding Relief Under F	Pension Relief Act of 201	0 (See Instructions)				
41	If an election was made	e to use PRA 2010 funding reli	ef for this plan:			· · · · · · · · · · · · · · · · · · ·			
	a Schedule elected					2 plus 7 years 15 years			
/ 1999/00	b Eligible plan year(s)	for which the election in line 41	a was made		20	08 🗌 2009 🛛 2010 🗌 2011			

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Attachment to 2018 Form 5500

Schedule SB, Line 19 - Discounted Employer Contributions

Plan Name: Abramcyk Real Estate Co. Inc. Pension Plan

EIN: 13-4087309

Plan Sponsor's Name: Abramcyk Real Estate Co. Inc.

PN: 001

							Interest
	Contribution			Period during which		Period during which	Adjusted
Date	Amount	Plan Year	Interest Rate	Rate Applies	Interest Rate	Rate Applies	Contribution
	119,000.00				-		104,706.00
09/13/19	23,377.00	2018	10.47%	04/15/18 to 09/13/19	5.47%	01/01/18 to 04/15/18	20,001.57
09/13/19	23,377.00	2018	10.47%	07/15/18 to 09/13/19	5.47%	01/01/18 to 07/15/18	20,233.88
09/13/19	23,377.00	2018	10,47%	10/15/18 to 09/13/19	5.47%	01/01/18 to 10/15/18	20,471.49
09/13/19	23,377.00	2018	10.47%	01/15/19 to 09/13/19	5.47%	01/01/18 to 01/15/19	20,711.88
09/13/19	25,492.00	2018		-	5.47%	01/01/18 to 09/13/19	23,287.15

Attachment for 2018 Form 5500 Schedule SB, line 22 – Description of Weighted Retirement Age

Plan Name: Abramcyk Real Estate Co., Inc. Pension PlanEIN: 13-4087309Plan Sponsor's Name: Abramcyk Real Estate Co., Inc.PN: 001

The weighted average retirement age is equal to the normal retirement age 65.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

Attachment to 2018 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Abramcyk Real Estate Co., Inc. Pension PlanEIN: 13-4087309Plan Sponsor's Name: Abramcyk Real Estate Co., Inc.PN: 001

Summary

Plan Status: Frozen Eligibility, Frozen Pay and Service, Frozen Benefits
Eligibility: Minimum Age 21; Minimum Service: 1 Year
NRA: Later of age 65 and 5th anniversary of Participation
NRA Monthly Benefit: Accrued Benefit as of December 31, 2011.
Vesting Schedule: 2 yrs – 20%; 3 yrs – 40%; 4 yrs – 60%; 5 yrs – 80%; 6 yrs – 100%
Actuarial Equivalence: Pre and Post Retirement Interest: 6%
Pre-Retirement Mortality: None
Post Retirement Mortality: '83 GAM Blended

Significant events that occurred during the year

• None

Changes in eligibility and benefit provisions since last valuation

• None

Attachment to 2018 Form 5500

Schedule SB, Line 32 - Schedule of Amortization Bases

Plan Name: Abramcyk Real Estate Co. Inc. Pension Plan

EIN: 13-4087309

PN: 001

Plan Sponsor's Name: Abramcyk Real Estate Co. Inc.

			Years			Installment
		Valuation	Remaining		Type of	Acceleration
		Date Base	in the		Alternative	Amount Added
	Present Value of any	was	Amortizatio	Amortization	Amortizatio	for Current Plan
Type of Base	Remaining Installments	Established	n Period	Installment	n Schedule	Year
Shortfall	24,450	01/01/2010	1	24,450	2 + 7	0
Shortfall	(27,698)	01/01/2012	1	(27,698)		
Shortfall	66,920	01/01/2013	2	34,103		
Shortfall	(14,161)	01/01/2014	3	(4,903)		
Shortfall	131,066	01/01/2015	4	34,680		
Shortfall	30,264	01/01/2016	5	6,527		
Shortfall	111,307	01/01/2017	6	20,608		
Shortfall	98,814	01/01/2018	7	16,131		