Internal Revenue Service'       2018         Department of Labor       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).       This Form is Open to Public Inspection         Pension Benefit Guaranty Corporation       > Complete all entries in accordance with the instructions to the Form 5500-SF.       This Form is Open to Public Inspection         Part I       Annual Report Identification Information       and ending 08/31/2019       08/31/2019         A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)       a one-participant plan       a foreign plan         B This return/report is       the finst return/report       a short plan return/report       a short plan year return/report (less than 12 months)       DFVC program         C Check box if filing under:       Form 5558       automatic extension       DFVC program       001         1a Name of plan       Ib Three-digit plan number (PN) b       001       1c Effective date of plan 04/51/975         2a Plan sponsor's name (employer, if for a single-employer plan)       Maling address (include room, apt, suite no. and street, or P.O. Box)       2b Employer Identification Number (EN) 13-2790628         C Sponsor's telephone number 212-371-4114		rm 5500-SF	Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-0110 1210-0089						
Entry berint Soura, Varianzania         Revenue Cade (the Code).         This Point is Open to Pable interpretain           Parta         Complete all entrification. Information         1         Complete all entrifications with the instructions to the Form 5500-SF.           Part II         A This rotum/report is for:         a single-employer plan         and ending on plant opport information in accordance with the form instructions.)         a difference of the form instructions.)           B This return/report is for:         a single-employer plan         a foreign plan         a foreign plan           B This return/report is for:         a single-employer plan         a foreign plan         b foreign plan           B This return/report is a anne-participant plan         a foreign plan         b foreign plan         b foreign plan           B This return/report is a mended return/report         a nen-participant plan         a foreign plan         b DFVC program           C Check box if filing under:         from a single-employer plan         file foreign, postal statemation         1         b This return/report           1A Namo of an         from a single-employer plan         file foreign, postal statemation         1         b This return/report         1         b This return/report           1A Namo of an         from a single-employer plan         main return/report         in a monter an anad stated, or PO. Box)         1	Internal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee Re				2018						
Complete all entries in accordance with the instructions to the Form \$560.5F.      Part I Annual Report Identification Information     For elevaler plan year 2010 or filect plan year tegorining     Object (Plan year 2010)     A This return/report is on     a one-participant plan     a angle-employer plan     a one-participant     a one-participant plan     a one-participant     a on	Employee Benefits Security Administration Revenue Code (the Code).												
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this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4d PN         a Sponsor's name       4d PN         c Plan Name       5a       6         b Total number of participants at the beginning of the plan year       5a       6         c Number of participants at the end of the plan year       5b       0         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       0         d(1) Total number of active participants at the beginning of the plan year       5d(1)       6         d(2) Total number of active participants at the end of the plan year       5d(2)       0         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       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 and belief, it is true, correct, and complete.       03/06/2020       EDWARD GREENBERG         SIGN       Filed with authorized/valid electronic signature.       03/06/2020       EDWARD GREENBERG	A Kitha			all and a local days that have to									
C       Plan Name         5a       Total number of participants at the beginning of the plan year       5a       6         b       Total number of participants at the end of the plan year       5b       0         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       0         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       6         d(2)       Total number of active participants at the end of the plan year       5d(2)       0         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       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 and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       03/06/2020       EDWARD GREENBERG         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator													
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complete this item)       JC       0         d(1) Total number of active participants at the beginning of the plan year       5d(1)       6         d(2) Total number of active participants at the end of the plan year       5d(2)       0         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         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 and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       03/06/2020       EDWARD GREENBERG         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator	<b>b</b> Total number of participants at the end of the plan year					5b	0						
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HERE     Signature of plan administrator     Date     Enter name of individual signing as plan administrator       SIGN HERE     Image: Comparison of the second seco				03/06/2020	EDWARD GREENBER	ENBERG							
SIGN HERE				Date	Enter name of individe	ual signing	ng as plan administrator						
HERE	SIGN												
		Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor						

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

Form 5500-SF (2018) v.171027

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)												
b	Are you claiming a waiver of the annual examination and report of a							X Yes 🗌 No					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes I Yes I 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 in							Not determined					
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from th							(See instructions.)					
		e1 800 p		ian yea			·						
Pa	rt III Financial Information												
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End o	of Year					
а	Total plan assets	7a	179	92990		0							
b	Total plan liabilities	7b											
С	Net plan assets (subtract line 7b from line 7a)	7c	179	1792990			0						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)											
	(2) Participants	8a(2)											
	(3) Others (including rollovers)	8a(3)											
b	Other income (loss)	8b	:	27682									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					27682						
d	Benefits paid (including direct rollovers and insurance premiums		1000070										
	to provide benefits)	8d 8e	182	1820672									
<u>e</u>	e Certain deemed and/or corrective distributions (see instructions)												
	f Administrative service providers (salaries, fees, commissions)				-								
<u> </u>	g Other expenses												
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1820672						
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					-1792990						
	Transfers to (from) the plan (see instructions)	8j											
	Part IV Plan Characteristics												
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2C												
b	<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:												
Par	t V Compliance Questions												
10	During the plan year:				Yes	No	А	mount					
а	<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction					X							
k	Program)			10a		Х							
	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X							
C	C Was the plan covered by a fidelity bond?			10c	X			150000					
C	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		x							
e	<b>e</b> 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			4.6		×							
	the plan? (See instructions.)			10e									
1 	f Has the plan failed to provide any benefit when due under the plan?			10f		Х							
<u>g</u>				10g		Х							
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		x							

 2520.101-3.)
 10h
 ^

 i
 If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3
 10i

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 Sc (Form 5500) and line 11a below)						Yes			K No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?							Y	es	K No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	a 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							g		
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Ente	r the minimum required contribution for this plan year		12b						
с	Ente	r the amount contributed by the employer to the plan for this plan year		12c						
d 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)										
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/	/Α
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		No	)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				X Yes					
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to						
1	3c(1	) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(	s)