Form 5500-SF

Department of the Treasury Internal Revenue Service

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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			Complete all entries in actions and actions are actions.	cordance with the instru	ictions to the Form 550	10-5F.			
	art I		Identification Information	<u> </u>					
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	/2012	and ending 1	12/31/2	2012		
Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer	olan (not multiemployer)	a one-participant plan			
В	This retu	urn/report is:	the first return/report	the final return/report					
			an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	<u></u>		
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC prograr	n	
			special extension (enter desc	ription)					
Pa	art II	Basic Plan Info	rmation—enter all requested in	formation					
1a	Name o	of plan				1b	Three-digit		
VIP C	CONNEC	CTION INC. PROFIT S	SHARING PLAN				plan number	004	
						4.0	(PN) Effective date of	001	
						10	plan 2011		
2a	Plan sp	onsor's name and ad	dress; include room or suite numb	er (employer, if for a single	e-employer plan)	2b	Employer Identifi		
		CTION INC.	•		, , , ,		(EIN) 11-337		
						2c	Sponsor's teleph		
		STREET					718-392		
LON	G ISLAN	ND CITY, NY 11101				2d	Business code (s		
32	Dlon or	Iminiatrataria nama an	nd address X Same as Plan Spon	oor Nome Come on Die	ın Sponsor Address	3h	485320 Administrator's E		
Ja	riaii at	anninistrator s name ar	id address Moarile as Flair Sport	soi NameSame as Fia	iii Sporisor Address	30	Administrator 5 E	:IIN	
						3с	Administrator's te	elephone number	
4			e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b	EIN		
а		or's name	nber nom the last retum/report.			4c	PN		
5a	Total n	umber of participants	at the beginning of the plan year.			5a		13	
b	Total n	number of participants	at the end of the plan year			5b		10	
С	Numbe	er of participants with a	account balances as of the end of	the plan year (defined ben	efit plans do not				
		,				5c		10	
			s during the plan year invested in					X Yes No	
b			the annual examination and repo					X Yes No	
			ther line 6a or line 6b, the plan						
Cau			or incomplete filing of this retur						
			ner penalties set forth in the instru					ble. a Schedule	
SB	or Sche	dule MB completed ar	nd signed by an enrolled actuary,						
beli	ef, it is t	rue, correct, and comp	olete.						
SIG	N	Filed with authorized/	valid electronic signature.	07/30/2013	GEORGE PARAMBIL				
HEI		Signature of plan a	dministrator	Date	Enter name of individ	lual sid	ıning as plan adm	inistrator	
SIG	· NI	Orginatare or planta	ammistrator	Dute	Enter name of marvia	idai oig	Jilling do plan dani	motrator	
HEI		Ciamatuma at amula		Data	Fater page of individ				
Pre	parer's i	Signature of emplo	yer/plan sponsor ame, if applicable) and address; ir	Date Clude room or suite numb	Enter name of individer (optional)		<u>jning as employer</u> parer's telephone r		
. 10	pai 01 0 1	(morading millim	a, ii appiioabio, and addioss, ii	.s.sso room or outle numb	c. (Sphonal)		a. 5. 6 totopriorio i	or (optional)	

Form 5500-SF 2012 Page **2**

Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year	r		
a	Total plan assets	7a	5347				(3) =		1736		
	Total plan liabilities	7b		0					0		_
	Net plan assets (subtract line 7b from line 7a)	7c	5347	53472			104736				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To				
			(u) Amount				(2) 1	rtui			
	(1) Employers	8a(1)	6745	3							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	150)4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						68	957		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1769)3							
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						17	7693		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						51	1264		
j	Transfers to (from) the plan (see instructions)	8j									
Par	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2G	eature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fee	ature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:			
Part											
10	During the plan year:				Yes	No		Amour	nt		
a				10a		X		4mour			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	? (Do not	include transactions reported	10b		X					
С	·				Χ						
				10c						250	100
d	or dishonesty?			10d		X					
е	 Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all or 										
	instructions.)			10e	X					122	220
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of vear	end.)	10q		Χ					
h		See instru	uctions and 29 CFR	10g		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e require	d notice or one of the	10i							
Part		0									
11	Is this a defined benefit plan subject to minimum funding requirement							<u> </u>	⁄es	v ı	No
110	5500) and line 11a below)						<u> </u>			^	10
11a						11a	EDICA:	$\overline{\Box}$	/02	<u>, </u>	NI-
12	Is this a defined contribution plan subject to the minimum funding in	-		e or se	ection	302 of	ERISA?	Y	es/	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	ord	ontor 1	l dota of the	o lott-	سائدو و		
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	-			, and (enter tr Day		ie iettei Year _	ı rullî	19	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
b	Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2012 Page 3 - 1			
	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		
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 of the PBGC?	control		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):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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Department of Lebor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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the Internal Revenue Code (the Code).

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2012

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		► Complete all entries in acco	ordance with the instru	ictions to the Form 550	0-SF.		spection		
Part I	Annual Report Ide	entification Information							
For calen	dar plan year 2012 or fiscal		01/01/2012	and ending		12/31/201	12		
	eturn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)] a one-particip	pant plan		
B This re	eturn/report is:	the first return/report	the final return/repor	l					
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		Γ	DFVC progra	เฑ		
<u>.</u>		special extension (enter descrip	tion)		i	_,			
Part II	Basic Plan Informa	ation—enter all requested infor	mation						
1a Name					1b	Three-digit			
VIP	CONNECTION INC.	PROFIT SHARING PLAN	ř.			plan number			
						(PN) ▶	001		
						Effective date of			
2a Plan s	sponsor's name and addres	s; include room or suite number	(employer, if for a single	-employer plan)		111111111			
	CONNECTION INC.	•	/allikim) and in the million	omployor plany		Employer Identif EIN) 11-337			
						Sponsor's teleph			
50_1	oo semu ompaam				(718) 392-6100				
	88 35TH STREET				2d E	3usiness code (s	see instructions)		
	S ISLAND CITY	ti Wa		11101	~	85320			
Sa Plan a	administrator's name and ac	ddress XSame as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b ∌	\dministrator's E	EIN		
	÷			-	30 /	desiniatrator'a ta	elephone number		
				Ì	J U 7	ACHINISHIBIOI S (C	elepnone numbei		

				,					
4									
4 If the	name and/or EIN of the plan	n sponsor has changed since the	e last return/report filed f	or this plan, enter the	4b E	EIN			
name	name and/or EIN of the plar e, EIN, and the plan number or's name	n sponsor has changed since the from the last return/report.	e last return/report filed f	or this plan, enter the					
name a Spons	e, EIN, and the plan number cor's name	from the last return/report.			4c F				
name a Spons 5a Total	e, EIN, and the plan number for's name number of participants at th	from the last return/report. e beginning of the plan year			4c F 5a		13		
name a Spons 5a Total b Total	e, EIN, and the plan number or's name number of participants at th number of participants at the	from the last return/report. be beginning of the plan year be end of the plan year			4c F		13		
a Spons 5a Total b Total c Numb	e, EIN, and the plan number sor's name number of participants at the number of participants at the ser of participants with accou	refrom the last return/report. The beginning of the plan year The end of the plan year The end of the plan year	plan year (defined bene	efit plans do not	4c F 5a		10		
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Pa	rt III Financial Information			······································	***************************************		
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar		-	(b) End of Year
а	Total plan assets	7a		3,4	72		104,736
b	Total plan liabilities	7b					0
С	Net plan assets (subtract line 7b from line 7a)	7c	Ş	3,4	72		104,736
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_	************	
а						***************************************	(b) Total
***************************************	(1) Employers	8a(1)	(7,4	53		
***************************************	(2) Participants	8a(2)			0		
1.	(3) Others (including rollovers)	8a(3)			O		
<u>b</u>	Other income (loss)	8b		1,5	04		
_ <u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					68,957
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	7,6	93		
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g		y			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					17,693
i	Net income (loss) (subtract line 8h from line 8c)	8i	,				51,264
<u> </u>	Transfers to (from) the plan (see instructions)				_		V1,403
Day	t IV Plan Characteristics	8j					
9a b	If the plan provides pension benefits, enter the applicable pension f 2A 2E 2G						
	If the plan provides welfare benefits, enter the applicable welfare fe $4\mathrm{B}$	ature code	es from the List of Plan Chara	cteris	tic Coc	les in	the instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	
а	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ons within	the time period described in ection Program)	10a	103	Х	Amount
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not i	nclude transactions reported	10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Х		25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	idelity bon	d, that was caused by fraud	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	er persons the bene	by an insurance carrier, fits under the plan? (See	10e	х		12,220
f	Has the plan failed to provide any benefit when due under the plan	?	***************************************	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruc	tions and 29 CFR	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required	notice or one of the	10i			
Part					I		<u> </u>
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Y	es," see instructions and com	plete	Sched	ule SE	3 (Form Yes 🖾 No
11a	Enter the amount from Schedule SB line 39	**********		******		11a	
12	Is this a defined contribution plan subject to the minimum funding re						ERISA? Yes No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	is applical	ole.)				
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortize	d in this plan year, see instruc	h		nter th Day	ne date of the letter ruling Year
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule						
b	Enter the minimum required contribution for this plan year	************			<u> L</u>	12b	

	Form 5500-SF 2012	Page 3 -			
				T	
<u>C</u>	Enter the amount contributed by the employer to the plan for the		12c	1	
d	Subtract the amount in line 12c from the amount in line 12b. Enegative amount)	nter the result (enter a minus sign to the left of a	12d		
e	Will the minimum funding amount reported on line 12d be met			Yes	No ∏ N/A
Part	VII Plan Terminations and Transfers of Asset	ts			
13a	Has a resolution to terminate the plan been adopted in any plan ye	ear?		res X No	
	If "Yes," enter the amount of any plan assets that reverted to the	he employer this year	. 13a		
þ	Were all the plan assets distributed to participants or beneficial of the PBGC?	aries, transferred to another plan, or brought under the	control		∏ Yes ☒ No
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	ed from this plan to another plan(s), identify the plan(s			
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				I
14a i	Name of trust		14b Tr	ust's EIN	
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