## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN HERE

## 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.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	1								
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01/	2015		and ending 12	/31/20	15				
A This ret	A This return/report is for:  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 multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)  a foreign plan										
<b>B</b> This retu	ırn/report is	the first return/report an amended return/report	=	final return/report hort plan year return	/report (less than 12 mo	onths)					
C Check b	oox if filing under:	Form 5558 special extension (enter description)	_	automatic extension DFVC program							
Part II	Basic Plan Info	rmation—enter all requested ir	nformatio	n							
1a Name VRAMFX, IN	•						Three-digit plan number (PN) ▶	001			
						1c	Effective date of 01/0	f plan 1/2008			
Mailing	address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.0	,	/:£	onting a)	2b Employer Identification Number (EIN) 80-0211438					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  /RAMFX, INC.						<b>2c</b> Sponsor's telephone number 917-446-1396					
					-	2d	Business code (	see instructions)			
85-35 28TH \$ ASTORIA, N	STREET Y 11106						5414	100			
3a Plan ad	dministrator's name ar	nd address XSame as Plan Spon	nsor.			3b	Administrator's	EIN			
						3c	Administrator's t	elephone number			
		e plan sponsor has changed since	the last	return/report filed fo	r this plan, enter the	4b	EIN				
<b>a</b> Sponso	•	mber from the last return/report.				4c	PN				
<b>5a</b> Total r	number of participants	at the beginning of the plan year.				58	1	2			
		at the end of the plan year			<u> </u>	5k	)	2			
		account balances as of the end of			-	50	;	2			
<b>d(1)</b> Tota	al number of active par	rticipants at the beginning of the p	lan year			5d(		2			
d(2) Total number of active participants at the end of the plan year					5d(2) 2						
than '	100% vested	terminated employment during the				56		0			
Under pena SB or Sche	alties of perjury and otl	or incomplete filing of this returner penalties set forth in the instrund signed by an enrolled actuary, blete.	ıctions, I	declare that I have e	examined this return/rep	ort, in	cluding, if applic				
SIGN		valid electronic signature.		09/07/2016	GAVIN GUERRA		_				
HERE	Signature of plan a	dministrator		Date	Enter name of individual signing as plan administrator						

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page <b>2</b>								
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second to</li></ul>	an independender and condition to the condition of the co	dent qualified public a ons.) m 5500-SF and mus	account t instea	ant (IQ	PA)  Form	5500.		×	Yes Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not o	determir	ned
Part III Financial Information	1				-					
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Ye		
a Total plan assets	. 7a		69	745					77253	
<b>b</b> Total plan liabilities	. 7b		00	0					0	
C Net plan assets (subtract line 7b from line 7a)	. 7c			745	-				77253	·
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b)	Total		
(1) Employers	. 8a(1)		10	000						
(2) Participants	. 8a(2)			0						
(3) Others (including rollovers)	. 8a(3)			0						
<b>b</b> Other income (loss)	. 8b		-2	109						
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								7891	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0						
Certain deemed and/or corrective distributions (see instructions)	. 8e			0						
f Administrative service providers (salaries, fees, commissions)	. 8f			0						
g Other expenses	. 8g			383						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								383	\$
i Net income (loss) (subtract line 8h from line 8c)	. 8i								7508	}
j Transfers to (from) the plan (see instructions)	- 8j			0						
Part IV Plan Characteristics										
B If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instrud	ctions:		
Part V Compliance Questions				V	N.	NI/A				
<ul><li>During the plan year:</li><li>Was there a failure to transmit to the plan any participant contribution</li></ul>	ıtions within	the time period		Yes	No	N/A		Amo	unt	
described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary Fi	duciary Correction	10a		X					
<b>b</b> Were there any nonexempt transactions with any party-in-interest			401-		X					
reported on line 10a.)  C Was the plan covered by a fidelity bond?			10b							
			10c		X					
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
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 t	he benefits under	10e	X						76
f Has the plan failed to provide any benefit when due under the pla				1	X					70
			101	V	^					0500
g Did the plan have any participant loans? (If "Yes," enter amount a  h If this is an individual account plan, was there a blackout period?		,	10g	X						6560
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							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								. П	Yes	× No
11a Enter the unpaid minimum required contribution for all years from						11a				
12 Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?	. П	Yes	X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne 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								
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	Γrust's EIN	١		
14c Name of trustee or custodian					14d Trustee's or custodian's			
140 Name of trustee of custodian					telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Genefits Security Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be flied under sections 104 and 4086 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public inspection

Pension B	enefit Quaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form 5	500-SF.	Pub	lic inspection			
Part I	Annual Report	Identification Information				<del></del>				
		scal plan year beginning	01/01/2015	and ending		/31/201	( <del>1)   1   1   1   1   1   1   1   1   1  </del>			
គឺ ប្រាវត្ត ទេ	tum/report is for:	a single-employer plan a one-participant plan	a multiple-employer project of participating so a foreign plan	olan (not multiemployer) oployer information in a	Filers chec ecordance w	king this bo Ith the form	ox must attach a instructions)			
<b>B</b> This ret	u/n/report is	ine line tratum/report	The final return/report	m/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension			OFVC progr	ram			
	Programme Control Control	special extension (enter descr		**************************************						
Part II  1a Name		rmation—enter all requested inf	ormailon		1b Three	e-digit	***************************************			
	INC. RETIREM	ENT PLAN			1 .	number	001			
Market de service de la companya de	gymydddwygnaedaulliddiaegau gyys ac o y Mariil Marii Mariiddiaegau gyys ac o y Mariil Marii Mariiddiaegau gyys		ngal <del>i galige ka wi na ka na ka na ka na ka na ka</del>	- homographs have been been been been been been been be		tive date of 01/2008	,			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no, and street, or P.O. Box) City or jown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)						2b Employer Identification Number (EIN) 80-0211438				
VRAMEX,	. ,	of southings with an in the might be south	a source (a rotatigity wow inves	,	2c Sponsor's telephone number (917) 446-1396					
35-35 2	8TH STREET				<b>20 Busin</b> 541-		see instructions)			
ASTORIA		d address XSame as Plan Spons	NY	11106			w war was the control of the control			
	<del>Many Africa</del> a Mary <u>Angelson (1888</u> 1881 1884 1884 1884 1884 1884 1884				A to a light light spin and a second spin and a		- P-T-TT			
4 if the n name, a Sponso	EIN, and the plan nun	plan sponsor has changed since to ther from the last return/report.	ne last return/report filed fo	or this plan, onter the	4b EIN 4c PN					
5a Total n	number of participants	at the beginning of the plan year			58	e-we	ngingan-salahan menandi Africa (gelik ban Penganang-salah samunan di Africa			
	• •	at the end of the plan year		J.	5to		**************************************			
<b>c</b> Numbe	er of participants with a	count balances as of the end of the	ne plan year (defined bene	rfit plans do not	5c	mag'ya lay iyo oo waa do ha dhiigiiyaaa iyaa haababaya	<u> </u>			
d(1) Total	il number of active part	icipants at the beginning of the pla	n year	;******************************	5d(1)					
e Numb	er of participants that t	licipants at the end of the plan year erminated employment during the p	olan vear with accrued ber	refits that were less	5d(2) 5e	<del>Director (1984) de la quite d</del> es secon <del>s</del>	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>			
then 1 Cautlon: A Under pena SB or Scheo	penalty for the late o lifes of perjury and oth dule MB completed an	r Incomplete filing of this return/ er penalties set forth in the instruct d signed by an enrolled actuary, as	report will be assessed ons, I declare that I have	uniess reasonable cau examined this return/rep	se is estable ort, including	g, if applica				
	rue, correct and compl	610.	10/-1/2	AND A STREET AND ASSESSED.	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>					
SIGN HERE	Allera		and the state of t	GAVIN GUERRA			**************************************			
SJON	Signature of plan ag	ininistrator	Date	Enter name of individu	al signing as	₃ plan admi	inistrator			
TERE Preperer's n	Signature of employ	er/plan sponsor me, if applicable) and address (incl	Date	Enter name of Individu	al signing as Proparer's t		معهده بهجه مستهام فللماطان بهجه شدره الدمال سرتك والمطلبة			
,	,				······································	,	<del>yd a ceres a ddalain a gara a c</del> ana			

	Form 5500-SF 2015		Page <b>2</b>							
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and conditi iot use Fo	ndent qualified public a lons.) rm 5500-SF and must	ccount t instea	ant (IQ id use	PA)  <b>Form</b>	5500.		X Ye X Ye	s 🗌 No
Par						il				
	Plan Assets and Liabilities	[	(a) Beginning	of Ye	ar			(b) End	of Year	<del></del>
	Total plan assets	. 7a	(u) Degimme		9,74	3		\27 =		77,253
	Total plan liabilities	7b	<del></del>			5				(
	Net plan assets (subtract line 7b from line 7a)	. 7c		6	9,74.	5				77,253
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	
	Contributions received or receivable from:	_ ,		1.	3 000					
	(1) Employers	8a(1)			0,00	)				
	(2) Participants	8a(2)				2				
	(3) Others (Including rollovers)	8a(3)			2,10	<del>*  </del>			M. 10.00 W-10-17 10	
	Other Income (loss)	. 8b			2,10	-				7,891
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		1			***			., 032
	to provide benefits).	. 8d		<u></u> .	. (	)				<del></del>
е_	Certain deemed and/or corrective distributions (see instructions)	8e							· · · · · · · · · · · · · · · · · · ·	
f	Administrative service providers (salaries, fees, commissions)	. 8f				)	<del></del>			
<u>g</u>	Other expenses	. 8g			38.	3				200
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	<del></del>		<del></del>					-383
	Net Income (loss) (subtract line 8h from line 8c)	. 8i					7,50			7,508
j Par	Transfers to (from) the plan (see instructions)t IV Plan Characteristics	· 8j				)	_~	-		
9a B Part	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides pension at the plan provides pension are provided by the plan provides pension are plant to the plan provides pension benefits, enter the applicable pension are plant to the plant provides welfare benefits, enter the applicable pension are plant to the plant provides welfare benefits, enter the plant provides welfare for the plant provides welfare benefits, enter the plant provides welfare for the plant provides welfare benefits, enter the plant provides welfare for the plant prov									
10	During the plan year:				Yes	No	N/A	T	Amount	;
	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See Instructions and DOL's Verogram)	/oluntary F	iduclary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	-		10b		Х				
C	Was the plan covered by a fidelity bond?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10c		Х				
d	by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	Х					7 (
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	Х					6,560
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	٠.		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 2520.10			101						
j	Did the plan trust incur unrelated business taxable income?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10j						
Part										.,
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	s X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			<u> </u>
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction :	302 of E	ERISA?	Ye	s X No

	Form 5500-SF 2015 Page <b>3</b> -	,							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	·							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ingranting the waiver.	∕lonth	enter the Day	e date of t	he letter ru Year	ling			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		T		<del></del>			
<u>b</u>	Enter the minimum required contribution for this plan year	***************************************	12b						
c	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 negative amount)		12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
art	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 brou of the PBGC?				Yes X	No			
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)								
	3c(1) Name of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)			
Part	VIII Trust Information								
14a	Name of trust		14b 1	Γrust's E <b>IN</b>	I				
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	IX IRS Compliance Questions								
15a	Is the plan a 401(k) plan?		Ye		No				
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		📗 ba	esign- ased safe arbor ethod	ADP/ACP test				
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas, Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(ii))?	l01(m)-	Yes		No				
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratlo percentage test		Average benefit test				
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by conthis plan with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the plan been timely amended for all required tax law changes?		Ye	s	☐ No	∏ N/A			
171	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	_, Enter the ap	pilcable	code	_ (See inst	ructions			
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plant advisory letter, enter the date of that favorable letter and the letter's serial number of the letter's s		t to a fa	vorable IF 	RS opinion	or			
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter		the pla	n's last fav	rorable				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	) has been Islands)?	Yes No						
19	Were in-service distributions made during the plan year?	• • • • • • • • • • • • • • • • • • • •	[] Ye	s	No				
	If "Yes," enter amount		19						
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	s	∏No	∏ N/A			