Form 5500-SF		Short Form Annu	al Return/Repo Benefit Plan	•	OMB Nos. 1210-0110 1210-0089				
	tment of the Treasury nal Revenue Service		d under sections 104 and	d 4065 of the Employee Re	65 of the Employee Retirement 2016				
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co	tions 6057(b) and 6058(a) of the Internal the Code). This Form is Open to Public Inspection					
	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	structions to the Form 55	00-SF.				
For calenda	Annual Report IC	dentification Information	016	and ending 12	/31/2016				
	<u>x: p:a:: joa: 2010 0: 100</u>	a single-employer plan	a multiple-employer	plan (not multiemployer) (F		king this box must attach a			
A This ret	urn/report is for:	] a one-participant plan		employer information in ac		•			
<b>B</b> This retu	ırn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension	ו [	DFVC p	rogram			
		special extension (enter descr	,						
Part II		mation—enter all requested inf	ormation		4 h	11 14			
<b>1a</b> Name VRAMFX, IN	of plan IC. RETIREMENT PLAN	l.			1b Thre plan (PN)	number			
				-	1c Effect	tive date of plan 01/01/2008			
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.C		atruationa)	2b Empl (EIN)	oyer Identification Number 80-0211438			
VRAMFX, IN		country, and ZIP or foreign posta	ai code (il loreign, see in	structions)	2c Spor	nsor's telephone number 917-446-1396			
35-35 28TH ASTORIA, N					2d Busir	ness code (see instructions) 541400			
3a Plan a	dministrator's name and	address X Same as Plan Spor	isor.		<b>3b</b> Admi	nistrator's EIN			
				-	3c Admi	nistrator's telephone number			
4 If the r	and/or FINI of the r		the last ratium/report files	d for this plan antar the					
	, EIN, and the plan numb	blan sponsor has changed since per from the last return/report.	ine last return/report life	a loi tilis plan, enter the	<b>4b</b> EIN <b>4c</b> PN				
		t the beginning of the plan year			5a	2			
		t the end of the plan year			5b	2			
C Numb	er of participants with ac	count balances as of the end of	the plan year (only define	ed contribution plans	50 50	2			
	,	cipants at the beginning of the pla		F	5d(1)	2			
• •		cipants at the end of the plan yea	-	Ē	5d(2)	2			
e Numb	per of participants that te	rminated employment during the	plan year with accrued I	benefits that were less	5e	C			
Caution: A	penalty for the late or	incomplete filing of this return	/report will be assesse	ed unless reasonable cau					
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.							
SIGN	Filed with authorized/va	lid electronic signature.	09/12/2017	GAVIN GUERRA					
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	ual signing	as plan administrator			
SIGN									
HERE	Signature of employe		Date			as employer or plan sponsor			
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite num	iber )	Preparer's	s telephone number			
		see the Instructions for Form 5500	05			Form 5500-SF (2016)			

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 <b>If you answered "No" to either line 6a or line 6b, the plan cann</b>	an independ and condition and use Form	dent qualified public accountant (IQ ins.) n 5500-SF and must instead use	PA) Yes No Form 5500.
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section 4021)?	Yes No Not determined
<b>Pa</b> 7	rt III         Financial Information           Plan Assets and Liabilities		(a) Deminuing of Veen	
<u> </u>			(a) Beginning of Year 77253	(b) End of Year 82541
<u>a</u> b	Total plan assets	7a 7b	0	0
<u>с</u>	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	76 7c	77253	82541
8		70		
<u>а</u>	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount	(b) Total
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	5686	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		5686
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	398	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		398
i	Net income (loss) (subtract line 8h from line 8c)	8i		5288
j	Transfers to (from) the plan (see instructions)	8j	0	
Pa 9a	If the plan provides pension benefits, enter the applicable pension           2E         2F         2J         2T         3D	feature cod	es from the List of Plan Characteris	stic Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	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 Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e	×			33
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-end.)	10g	Х			2913
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?		Yes 🗙 No					
а	,		uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_			
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d					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	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[	No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
<b>16a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:				entage Average N/A benefit test N/A				
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

Department of the	00-SF	Snort Form Ann	ual Return/Repo Benefit Plan	rt of Small Emp	loyee	OME	3 Nos. 1210-01 1210-00	
Internai Revenue	Service	This form is required to be f	llod under sections 104 and	der sections 104 and 4065 of the Employee Religement 2011				
Department of I Employee Benefile Security	y Administration	Income Security Act of 19	74 (ERISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of th	e Internal	This Form	n is Open to	
Pension Senefil Guarant		Complete all entries i	accordance with the in		5500-SF	Public I	nspection	
Part Annua	al Report	Identification Informatio	n			·	17 <del>-19-117-10 (Kate of the second</del>	
Por caterioar plan yea	ar 2016 or tis	cal plan year beginning	01/01/2016	and ending	12/:	31/2016		
A This return/report	Is for:	X a single-employer plan	∐a multiple-employer list of participating o ☐ a foreign plan	plan (not multiemployer) employer information in a	(Filers checki locordance wit	ng this box m th thø famn in	ust attach a structions.)	
B This return/report i	in .	T the first sale with a set	hannaf					
w reisterouweports	<b>.</b> 0	the first return/report     an amended return/report	the final return/repor					
C Check box If filing			∐a snort plan year rei	.m/report (less than 12 n	nonths)			
<ul> <li>Check powin muß</li> </ul>	under;	X Form 5658	automatic extension	I.	DFVC pro	gram		
Induana 25 Proc. 4		special extension (enter des	eription)					
Part II Basic I 1a Name of plan	Plan Infor	mation-onter all requested i	nformation					
VRAMEX, INC. E	RETIREME	NT PT.AN			1b Three-	digit		
		مشاعبه مر مبدور ديرو			pian nu (PN)		001	
					Second statements of the second statements of	ve date of pla	The second s	
22 Plan sponsor's ne	ame (employ	er, if for a single-employer plan)			· · · · · · · · · · · · · · · · · · ·	1/2008		
Mailing address (	include room	. api. sulte no and street or P	O RAY		ZD Employ	/er Identificat 80-0211/	ion Number	
VRAMFX, INC.	a or province	, country, and ZIP or foreign pos	ital code (if foreign, see ins	dructions)	the second s	or's telephon	Commentation and the second	
the second second						) 446-13		
05 N.S. 0.0000						ss code (see	instructions	
35-35 28TH STR	(EET				5414	00		
ASTORIA		address K Same as Plan Spo	N	7 11106				
4 If the name and/o		مىسىر مەلىكى تەرىپى بىرى بىرى بىرى بىرى بىرى بىرى بىرى		www.university.com				
	LICEN OF IDO L	plan sponsor has changed since per from the last return/report.	the last return/report filed	for this plan, enter the	40 EIN			
name, EIN, and th a Sponsor's name	he plan numĺ							
a Sponsor's name			A SPAN A new gyptickers of man (19), 51 (as you - more service A VIII for an Adjument Ampune op (10).		4c PN	99 99 99 99 99 99 99 99 99 99 99 99 99	н Майн тараг тараа на ородон на	
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a Sponsor's name     a Sponsor's name     5a Total number of p     b Total number of particly     complete this item     d(1) Total number of     d(2) Total number of     d(2) Total number of     d(2) Total number of     d(2) Total number of     bunber of particly     than 100% vested     caution: A penalty for Under penalties of peri-     Sign     bellef, it is true, correct     Sign     ERE     Signature     Signature	articipants at participants at parts with ac n)	t the beginning of the plan year, t the end of the plan year	the plan year (only defined lan year ar plan year with accrued be n/report will be assessed ottons, I declare that I have as well as the clottronic ve	f contribution plans	4c     PN       5a     5b       5c     5d(1)       5d(2)     5e       ise is establised in the best of th	. If applicable ast of my kno	wiedge and	
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a Sponsor's name 5a Total number of p b Total number of particly complete this item d(1) Total number of d(2) Total number of d(2) Total number of Number of particly than 100% vester Caution: A penalty for Under penalties of parti- ballef, it is true, correct SIGN HERE Signature Sign	varticipants at participants at pants with ac n)	t the beginning of the plan year, t the end of the plan year	the plan year (only defined an year ar	f contribution plans mofils that were less unless reasonable cat examined this return/report GAVIN GUERRA Enter name of individu	4c     PN       5a     5b       5c     5d(1)       5d(2)     5e       see is estabilis port, including, and to the be       ial signing as inal sinal signing as inal signing as inal sinal signing as inal	If applicable ast of my kno plan administ employer or r	wiedge and trator blan sponso	

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	🗙 Yes 🗌 No
b	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,)	X 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.	
¢	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🗌 Yes 🗌 No	Not determined
Pa	rt III Financial Information	
7		

b Total plan liabilities	2,541 0 2,541
c       Net plan assets (aubtract line 7b from line 7a)       7c       77, 253       1         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from: (1) Employers       8a(1)       0         (2) Participants       8a(2)       0         (3) Others (including rollovers)       8a(3)       0         (b) Other income (loss)       8b       5, 686         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       0         e       Certain deemed and/or corrective distributions (see instructions)       8e       0         g       Other expenses       8g       398         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         j       Transfers to (from) the plan (see instructions)       8g       398         j       Transfers to (from) the plan (see instructions)       8j       0         j       Transfers to (from) the plan (see instructions)       8j       0         j       Transfers to (from) the plan (see instructions)       8j       0         j       Transfers to (from) the plan expericease	02,541
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       0         (1)       Employers       8a(2)       0         (2)       Participants       8a(3)       0         (3)       Others (including rollovers)       8a(3)       0         b       Other income (loss)       8b       5, 686         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       0         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       0         g       Other expenses       8g       398       0         f       Administrative service providers (salaries, fees, commissions)       8f       0         g       Other expenses       8g       398         h       Total expenses (add lines 6d, 8e, 8f, and 8g)       8h       5i         j       Transfers to (from) the plan (see instructions)       8j       0         g       Other plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2F       2J       2T       3D         b       If the plan provides p	2,541
a Contributions received or receivable from:       8a(1)       0         (1) Employers       8a(2)       0         (2) Participants       8a(2)       0         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8b       57 686         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       0         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       0         c Cortain deemed and/or corrective distributions (see instructions)       8e       0         g Other expanses       8g       3.98         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       0         g Other expanses       8g       3.98         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       0         j Transfers to (from) the plan (see instructions)       8i       0         g a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E 2F 2J 2T 3D         g If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         2F 2F 10 2 D 2T 3D       10       During the plan year:       Yes       No       N/A         40 Was there	
(1) Employers       8a(1)       0         (2) Participants       8a(2)       0         (3) Others (including rollovers)       8a(3)       0         (3) Others (including rollovers)       8a(3)       0         (1) Employers       8a(3)       0         (2) Participants       8b       5, 686         C Total income (loss)       8b       5, 686         C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       0         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       0         e Certain deemed and/or corrective distributions (see instructions)       8e       0         g Other expenses       8g       398         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       0         i Net income (loss) (subtract line 8h from line 8c)       8i       1         j Transfers to (from) the plan (see instructions)       8j       0         Part IV       Plan Characteristics       9a       1f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E 2F 2J 2T 3D       b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         2Fart V <th></th>	
(2) Participants	
(3) Others (including rollovers)	····.
b       Other Income (loss)       8b       5,686         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       6         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       0         e       Certain deemed and/or corrective distributions (see instructions)       8e       0         f       Administrative service providers (salaries, fees, commissions)       8f       0         g       Other expenses       8g       398         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       1         i       Net income (loss) (subtract line 8h from line 8c)       8i       1         j       Transfers to (from) the plan (see instructions)       8j       0         Part IV       Plan Characteristics       8j       0         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2 E 2 F 2 J 2 T 3 D       5         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       10         10       During the plan year:       Yes       No       N/A	
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       0         e       Certain deemed and/or corrective distributions (see instructions)       8e       0         f       Administrative service providers (salaries, fees, commissions)       8f       0         g       Other expenses       8g       398         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       0         i       Net income (loss) (subtract line 8h from line 8c)       8i       0         j       Transfers to (from) the plan (see instructions)       8j       0         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: 2E 2F 2J 2T 3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         2E XF       ZJ 2T 3D       b         If the plan year:       Yes       No       N/A         Amount       a       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 Program)       10a <th><u> </u></th>	<u> </u>
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	5,686
e       Certain deemed and/or corrective distributions (see instructions)	· · ·
g Other expenses       8g       398         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i Net income (loss) (subtract line 8h from line 8c)       8i         j Transfers to (from) the plan (see instructions)       8i         j Transfers to (from) the plan (see instructions)       8j         0       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: 2E 2F 2J 2T 3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:         a       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 Program)         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i       Net income (loss) (subtract line 8h from line 8c)       8i         j       Transfers to (from) the plan (see instructions)       8j         ga       0         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: 2E 2F 2J 2T 3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:         a       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 Program)         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	·
i       Net income (loss) (subtract line 8h from line 8c)       8i         j       Transfers to (from) the plan (see instructions)       8j       0         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: 2E 2F 2J 2T 3D       b         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes         a       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 Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions       10a       X	
Image: Net income (ross) (subtract line of from the lar, (see instructions)	398
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: 2E 2F 2J 2T 3D          b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:         a       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 Program)	5,288
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2T 3D          b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:          Part V       Compliance Questions         10       During the plan year:       Yes       No       N/A       Amount         a       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 Program).       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions       10a       X	
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2T 3D          b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:          Part V       Compliance Questions         10       During the plan year:       Yes       No       N/A       Amount         a       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 Program).       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions       10a       X	
a       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 Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions       10a       X	
described in 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions       Image: Correction of the second	
C Was the plan covered by a fidelity bond?	
d       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	
<ul> <li>Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)</li></ul>	
f Has the plan failed to provide any benefit when due under the plan? 10f X	33
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X	33
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520,101-3.)         10h       X	33
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	······

Form 5500-SF 2016

Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum	n funding requirements? (If "Yes," see instructions and	comple	ete Sch	edule S	В	Y	es X N
	s for all years from Schedule SB (Form 5500) line 40						
12 Is this a defined contribution plan subject to the	minimum funding requirements of section 412 of the C	Code or	sectio	n 302 of		ΠY	es X M
ERISA?	2d, and 12e below, as applicable.)					., ⊔'	00 <u>N</u> ,
a If a waiver of the minimum funding standard for	a prior year is being amortized in this plan year, see in	structio Month	ns, an	d enter t Dav		of the letter Year	r ruling
	nd 10 of Schedule MB (Form 5500), and skip to line						
<b>b</b> Enter the minimum required contribution for this p	olan year		.,,	12b			
<b>c</b> 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	t in line 12b. Enter the result (enter a minus sign to the	left of a	a	12d			
	e 12d be met by the funding deadline?				Yes	No No	N/A
art VII Plan Terminations and Transfer	s of Assets		·				
13a Has a resolution to terminate the plan been adopted	in any plan year?				Yes	XN	)
If "Yes," enter the amount of any plan assets the	it reverted to the employer this year			13a			
b Were all the plan assets distributed to participan	ts or beneficiarles, transferred to another plan, or brou	aht unc	ler the			Yes 🗙	No
C If, during this plan year, any assets or liabilities which assets or liabilities were transferred. (See	were transferred from this plan to another plan(s), ident	tify the	plan(s	) to			
13c(1) Name of plan(s):			13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII         Trust Information           4a Name of trust				14b T	rust's E	IN	
14c Name of trustee or custodian	· · · · · · · · · · · · · · · · · · ·					or custodia le number	an's
						·····	
Part IX IRS Compliance Questions							···· · ·
<b>15a</b> Is the plan a 401(k) plan? If "No," skip b			Yes			No	
<b>15b</b> How did the plan satisfy the nondiscrimination rec 401(k)(3) for the plan year? Check all that apply:	uirements for employee deferrals under section	111	Desig safe h	n-based arbor		] "Prior yea test	ar" ADP
		Im	"Curre ADP t	est		] N/A	
<b>16a</b> What testing method was used to satisfy the cover year? Check all that apply:	erage requirements under section 410(b) for the plan		Ratio perce test	ntage		rerage nefit test	N/A
16b Did the plan satisfy the coverage and nondiscrim for the plan year by combining this plan with any of the plan year by combining this plan with any of	nation requirements of sections 410(b) and 401(a)(4) other plan under the permissive aggregation rules?		Yes		[	Νο	
17a If the plan is a master and prototype plan (M&P) of the letter and the seria	or volume submitter plan that received a favorable IRS	opinior	n letter	or advis	ory lette	er, enter the	date of
17b If the plan is an individually-designed plan that re- letter		nter the	date	of the m	ost rece	nt determin	ation
18 Defined Benefit Plan or Money Purchase Pension Were any distributions made during the plan year service?	Plan Only: to an employee who attained age 62 and had not sepa	arated f	rom	Yes	[	] No	
9 Was any plan participant a 5% owner who had att	ained at least age 70 ½ during the prior plan year?			Yes		] No	
· · · · · · · · · · · · · · · · · · ·							