Form 5500-SF		Short Form Annual Return/Report of Small Empl Benefit Plan				OMB Nos. 1210-0110 1210-0089					
Department of Labor Income Security Act of 1974 (EI			d under sections 104 and 4065 of the Employee Retirement (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).			2017 This Form is Open to					
Pension B	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I		Identification Information	047								
For calend	For calendar plan year 2017 or fiscal plan year beginning       01/01/2017       and ending       12/31/2017         Image: Single-employer plan       Image: Single-employer plan       Image: Single-employer plan       Image: Single-employer plan										
A This re	A This return/report is for: a one-participant plan A This return/report is for: a one-participant plan A This return/report is for: A This return/re										
<b>B</b> This ret	urn/report is	the first return/report	the final return/repor	t							
an amended return/report a short plan year return/report (less than 12 months)											
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC p	rogram					
		special extension (enter descr	. /								
Part II		rmation—enter all requested inf	ormation		46 -						
1a Name VRAMFX, IN	e of plan NC. RETIREMENT PLA	AN			1b Three plan	e-digit number					
,					(PN)		001				
					1C Effec	ctive date of p 01/01/					
Mailin	g address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		structions)	2b Employer Identification Number (EIN) 80-0211438						
VRAMFX, IN					2c Spor	nsor's telepho 917-446-					
	OTDEET				<b>2d</b> Business code (see instructions)						
35-35 28TH ASTORIA, N						54140	0				
3a Plan a	administrator's name ar	nd address X Same as Plan Spor	isor.		3b Administrator's EIN						
					3c Admi	inistrator's te	lephone number				
		e plan sponsor or the plan name ha	5	•	4b EIN						
•	lan, enter the plan spoi sor's name	nsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	<b>4d</b> PN						
C Plan N	Name										
5a Total	number of participants	at the beginning of the plan year			5a		2				
		at the end of the plan year			5b		2				
		account balances as of the end of t		•	5c		2				
<b>d(1)</b> Tot	tal number of active par	rticipants at the beginning of the pla	an year		5d(1)		2				
• •		rticipants at the end of the plan yea			5d(2)		2				
than	e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0				
Under pen SB or Sche	alties of perjury and otl edule MB completed ar	or incomplete filing of this return her penalties set forth in the instruc- nd signed by an enrolled actuary, a	tions, I declare that I have	ve examined this return/re	port, includi	ing, if applica					
belief, it is	true, correct, and comp	blete. /valid electronic signature.	04/05/2018	GAVIN GUERRA							
HERE	Signature of plan a		Date	Enter name of individ	lual signing	as plan admi	inistrator				
SIGN											
HERE For Paperw	Signature of emplo		Date	Enter name of individ	lual signing		or plan sponsor rm 5500-SF (2017)				
1 01 1 apol w	For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2017) v.170203										

6a	a 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 an independent qualified public accountant (IQPA)										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
-	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										
С											
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)										
Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
a	Total plan assets	7a	82541	95422							
b	Total plan liabilities	7b	0	0							
C	Net plan assets (subtract line 7b from line 7a)	7c	82541	95422							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	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	13271								
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		13271							
d	· · · · · · · · · · · · · · · · · · ·										
	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	390								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		390							
i	Net income (loss) (subtract line 8h from line 8c)	8i		12881							
j	Transfers to (from) the plan (see instructions)	8j	0								
Ра	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Characteris	tic 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:

Par	V Compliance Questions						
10	During the plan year:		Yes	No	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		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c		Х			
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			
e	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	X		37		
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	X		0		
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					

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Part	VI	Pension Funding Compliance				
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 5500) and line 11a below)	edule S	SB	·	Yes X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 c	f	. 🛛	Yes X No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and the waiver.	d enter Da		of the lette _ Year _	
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	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 left of a ative 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?		X Yes	N	lo
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a			C
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?		. [	Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ch assets or liabilities were transferred. (See instructions.)	) to			
1	3c(1	) Name of plan(s): 13c(2)	EIN(s)		13c(3	<b>8)</b> PN(s)

	······································			······································		
Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Employee	OMB Nos, 1210-011 1210-008		
Internal Revenue Service	This form is required to be file	ed under sections 104 and 4	1065 of the Employee Retirement	2017		
Oppartment of Labor Employee Banalite Security Administration	Income Security Act of 1974	I (ERISA), and sections 608 Revenue Code (the Code	i7(b) and 6058(a) of the internal	This Form is Open to		
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instr	uctions to the Form 6500-SF.	Public Inspection		
Part I Annual Repo	rt Identification Information					
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and anding 12	2/31/2017		
A This return/report is for:	a single-employer plan	list of participating on	an (not multiemployer) (Filers che sployer information in accordance	oking this box must attech a		
	a one-participant plan	a foreign plan				
B This return/report is	the first return/report	the final return/report				
	an amended return/report		n/report (leas than 12 months)			
C Check box if filing under:	Form 6558	automatic extension		program		
	special extension (enter desc			bro@viet)		
Part II Basic Plan In	formation-enter all requested in					
1a Name of plan		199191 (MWV) I	1b Th	sa dhat		
VRAMFX, INC. RETIR	EMENT PLAN			n number		
			1 .	1) > 001		
			1	ective date of plan /01/2008		
2a Plen sponsor's name (emp	oloyer, if for a single-employer plan)	ан тараан у баруун доброн дааг талан унун тарат у унун доб талар тут талан тараат у тараа у тут ултан тараа ул		ployer identification Number		
Mailing address (Include ro	porn, apt., suite no. and street, or P.C nce, country, and ZIP or foreign pos	O. Box) tal pade (If faraian, pee inst	/e 8	N)80-0211438		
VRAMFX, INC.	nea, coomry, and zhe or ronaigh pos	rei cope (ii ipiekči), see iust	2c Sp	onsor's telephone number		
·				17) 446-1396 siness code (see instructions)		
ASTORIA 3a Plan administrator's name	and address X Same as Plan Spo		an ann an	1400 ninistrator'a EIN		
			3c Adi	ninistrator's telephone numbe		
4 if the name and/or EIN of this plan an	the plan sponsor or the plan name h ponsor's name, EIN, the plan name (	as changed since the last r	eturn/report filed for 4b Eff			
a Sponsor's name ¢ Plan Name		ana yan dalama falama ta tana tana da ta danta d	4d PN	na manana ina manana ang kang kang kang kang kang kang		
5a Total number of participar	its at the beginning of the plan year .					
	its at the end of the plan year		5b	11111111111111111111111111111111111111		
<ul> <li>C Number of participants with</li> </ul>	h account balances as of the end of	the plan year (only defined	contribution plans	n an		
	participants at the beginning of the p					
	participants at the end of the plan ye			a and <b>19 11 12 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14 </b>		
<ul> <li>Number of participants with the second second</li></ul>	no terminated employment during the	e plan year with accrued be	enefits that were less	۹۹۹۹ کورون میرون میرون میرون کورون میرون میرو میرون میرون می		
Gaudon: A penaky for the lat	a or incomplete filling of this retur	nrenon will be szeeresd	Index manonable online is or	ablished.		
Under penalties of periury and	other penalties set forth in the instru and signed by an enrolled actuary, molete	ctions. I declare that I have	examined this return/report, inclu rsion of this return/report, and to (	diori if applicable a Sabadul		
sign A find		4/65/18	GAVIN GUERRA	۵۰۰۰ ۵۰ ۵۰ ۱۹۹۹ میلود. ۱۹۹۹ - ۲۰۰۵ میلود از ۲۰۰۹ م		
HERE Signature of plan	RE // Cd/ Cd		Enter name of Individual signin	tividual signing as plan administrator		
SIGN						
HERE	ioyar/plan sponsor	Date	Enter name of individual signin	۲۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰		

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		inn an a	
6a b		cusified public accountant (ADDA)	general Grand
•	under 29 CFR 2520.104-48? (See Instructions on weiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 56		X Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance progra	m (see ERISA section 4021)? Yes INo	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premiu	m filing for this plan year	, (See Instructions.)

Part III | Financial Information Plan Assets and Liabilities 7 (a) Beginning of Year (b) End of Year a Total plan accels 7a 82,541 95,422 b Total plan liabilities ..... 7b 0 0 C Net plan assets (subiract line 7b from line 7a)...... 70 82,541 95,422 Income, Expenses, and Transfers for this Plan Year 8 (a) Amount (b) Totai a Contributions received or receivable from: (1) Employers 8a(1) 0 (2) Participants..... 88(2) 0 (3) Others (Including rollovers)..... 0 8a(3) b Other Income (lose) 86 13,271 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... 80 13,271 d Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Ó e Certain deemed and/or corrective distributions (see Instructions) ... 80 0 f Administrative service providers (salaries, fees, commissions) ..... 8f Q g Other expenses ..... 8g 390 h Total expenses (edd lines 8d, 8e, 8l, and 8g) 8h 390 Net Income (loss) (subtract line 8h from line 8c)..... 8ł 12,881 Transfers to (from) the plan (see Instructions)..... I 8j 0

Part IV Plan Characteristics

b

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

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:	7	Yes	No	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	νη παιδητική τη τη πορογραφική τη τη πορογραφική το Ολογματί τη πορογραφική του ποιοίται τη πορογραφική του πο
d		10b		x	۹۹۹۹۹۶۰۰۰۰۹۶۶۶ (۱۳۵۹ - ۲۰۰۰۰۰۰۰۹۹) ۱۹۹۹ (۱۳۹۹) ۹۹۹۹۶ - ۲۰۰۹ - ۲۰۰۹۲ (۱۳۹۹ - ۲۰۰۹۹) ۹۹
0	Was the plan covered by a fidelity bond?			X	y a h fanns a fan sammi fan jage yn yn fan ar fan gan gan fan gan fan sam yn fan fan sy yn gan fan ar ar faffan
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishoneaty?	10d		x	Magadin kun a titu iyan di titu iyan di kata yana ya da yana da kata ya kata ya kata ya kata ya kata ya kata y
Ø	Were any fees or commissions paid to any brokers, agenta, 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	x		
f	Has the plan falled to provide any benefit when due under the plan?	101		x	ing 1. 1. 
Ø	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10a	x		
h	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)	10h		x	а батата аруу улу такан так Т
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	101			<mark>. .</mark>

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Part	VI Pension Funding Compliance					<b></b>
11	is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and co (Form 5500) and line 11a below)	nplete Sch	edule S	8	Ye	No X No
<u>11a</u>	Enter 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 Cod ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	e or section	n 302 o		. [] Ye	ст <u>а</u>
-	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instri granting the waiver	uctions, and nth	l enter l Dey	he date	of the letter Year	ruling
1	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13					
<u></u>	Enter the minimum required contribution for this plan year		12b			<del>/////////////////////////////////////</del>
	Enter the amount contributed by the employer to the plan for this plan year		12c		and a second	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)	ofa	12d		**************************************	
0	Will the minimum funding amount reported on fins 12d be met by the funding deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				Alt	
13a	Has a resolution to terminate the plan been adopted in any plan year?	****		X Yes		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			A
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?	under the			Yes X	No
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	lhe plan(s)	10			
1	30(1) Name of plan(s):	13c(2)	EIN(s)	T	13c(3)	PN(s)
		****			an and the second s	
·				1		· .