Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti	Annuai Report	identification information								
For calenda	r plan year 2017 or fi	iscal plan year beginning 01/01/2	2018	and ending 04	/30/2018					
A This retu	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.)									
D T L's s -to	and the month of	a one-participant plan	a foreign plan							
B This retu	rn/report is	the first return/report	X the final return/report							
		an amended return/report	X a short plan year retui	rn/report (less than 12 mo	onths)					
C Check b	ox if filing under:	Form 5558	automatic extension	[DFVC progra	ım				
		special extension (enter desc	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name o	of plan	-			1b Three-dig	it				
	C. RETIREMENT PL	AN			plan numb					
, , , , , , , , , , , , , , , , , , , ,					(PN) •	001				
					1c Effective of	date of plan				
<u> </u>						01/01/2008				
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	D. Box)		2b Employer (EIN)	Identification Number 80-0211438				
		ce, country, and ZIP or foreign pos		ructions)	` '					
VRAMFX, INC	D.					s telephone number 17-446-1396				
				-	2d Business	code (see instructions)				
35-35 28TH S						541400				
ASTORIA, NY	11106									
3a Plan ad	ministrator's name a		3b Administrator's EIN							
-						3c Administrator's telephone number				
					3C Administra	ator's telephone number				
		e plan sponsor or the plan name h			4b EIN					
this pla a Sponso		onsor's name, EIN, the plan name a	and the plan number from t	he last return/report.	4d PN					
C Plan Na										
5a Total n	umber of participants	s at the beginning of the plan year.			5a	2				
		s at the end of the plan year			5b	0				
		account balances as of the end of		-	5c	0				
d(1) Tota	I number of active pa	articipants at the beginning of the p	lan year	<u> </u>	5d(1)	2				
d(2) Tota	I number of active pa	articipants at the end of the plan ye	ar		5d(2)	0				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0				
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau						
SB or Sched		ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.								
0.0	Filed with authorized	d/valid electronic signature.	05/03/2018	GAVIN GUERRA						
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual signing as pla	an administrator				
SIGN										
HERE	Signature of employer/plan sponsor Date Enter name of individual					dual signing as employer or plan sponsor				

Form 5500-SF 2017 Page **2**

b Avy you claiming a water of the annual coamination and report of an independent qualified public accountant (ICPA) If you answered "No" to either line 6 as of line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line 6 as of line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line 6 as of line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line 6 as of line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line 6 as of line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line 6 as of line 6b, the plan line formation Part III Financial Information Part III Financial Information 7 Plan Assets and Liabilities 8 Total plan sasets. 7 Plan Assets and Liabilities 8 Total plan sasets. 7 Subject to the financial line of Year 8 Income, Expenses, and Transfers for line 7a). 7 C 945422 0 Subject to the financial line of Year line 7a). 8 Income, Expenses, and Transfers for line 7a). 7 C 945422 0 Subject to the financial line of Year line 7a). 8 Income, Expenses, and Transfers for line 7a). 9 Part (part Including reliable of the financial line of the financial		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No
If you answerd "No" to either line & ar or line &b, 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)?										No
Part III									<u> </u>	
Part III Financial Information 7 Pian Assets and Liabilities 7a 95422 0 10 Total plan assets 7a 95422 0 10 Total plan assets 7a 95422 0 10 Total plan assets (subtract line 7 b from line 7a) 7b 0 10 Total plan assets (subtract line 7 b from line 7a) 7b 0 10 Normal Plan Seate (subtract line 7 b from line 7a) 7c 95422 0 11 Income, Expenses, and Transfers for this Pfain Year (a) Amount (b) Total 0 12 Participants 8a(1) 0 12 Participants 8a(2) 0 13 Others (including rollowers) 8a(3) 0 14 Other income (loss) 8a(3) 0 15 Other income (loss) 8b 7720 0 16 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 7720 0 17 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 7720 0 17 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 7720 0 18 Denetits paid (including direct rollowers and insurance preniums to provide benefits) 8d 94437 0 19 Total sepenses (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 94437 0 19 Total expenses (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 94437 0 19 Total expenses (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 94437 0 19 Total expenses (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 94437 0 19 Total expenses (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 94437 0 19 Total expenses (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 94437 0 19 Total expenses (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 94437 0 10 Part V Plan Characteristics 8d 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 94437 9443	С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not dete	ermined
7 Plan Assets and Liabilities 7 Plan Assets and Liabilities 7 Plan Assets and Liabilities 7 Plan Sests 8 Plan Sests 8 Plan Sests 8 Plan Sests 9 Plan Sests 9 Plan Sests 9 Plan Sests 8 Plan Sests (subtract line 7b from line 7a) Plan Characteristic Codes in the instructions: 7 Plan Assets (subtract line 8h from line 8b) Plan Vear 8 Plan Vear 9 Plan Characteristic Codes in the instructions: 8 Part V Plan Characteristics 9 Plan Plan I Plan Plan Sest 9 Plan Plan Plan Plan Plan Plan Plan Plan		If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			. (See instru	ctions.)
a Total plan assets	Pai	rt III Financial Information								
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	. 7a	(95422				0	
8 income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b	Total plan liabilities	. 7b		0				0	
a Contributions received or receivable from: (1) Employers	С	Net plan assets (subtract line 7b from line 7a)	. 7c	(95422				0	
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) ⁷	Γotal	
(2) Participants	а		0-(4)		0					
(3) Others (including rollovers) Ba(3) C Total income (loss) C Total income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Benefits paid (including direct rollovers and insurance premiums to provide benefits) C Certain deemed and/or corrective distributions (see instructions) Be		. , , , , , , , , , , , , , , , , , , ,								
b Other income (loss)										
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)					-120				720	
to provide benefits)			. 8C						-720	
f Administrative service providers (salaries, fees, commissions)			. 8d	(94437					
g Other expenses	e	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	. 8f		0					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses								
j Transfers to (from) the plan (see instructions)	h	otal expenses (add lines 8d, 8e, 8f, and 8g)							94702	
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 reported on line 10a.) 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? 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.) 10a X 10b X c Was the plan failed to provide any benefit when due under the plan? 10c X d Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10c X 10d X 10e X 10	i	Net income (loss) (subtract line 8h from line 8c)						-95422		
9a	j	Transfers to (from) the plan (see instructions)	8j 0							
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 reported on line 10a.) 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? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Par	t IV Plan Characteristics								
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)	9a		feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the ins	tructions:	
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 reported on line 10a.) 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? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	des in the instr	uctions:	
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 reported on line 10a.) 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? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10					Yes	No		Amount	
Program)	а									
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		· ·	-	•	10a		X			
C Was the plan covered by a fidelity bond?	b				10b		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? • 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.) • Interpolation of the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • Interpolation or not reimbursed by the plan's fidelity bond, that was caused to the plan insurance carrier, insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? • 10e	С				10c		Х			
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.)	d									
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		•			10d		^			
f Has the plan failed to provide any benefit when due under the plan?	-	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under	40-	Y				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)										0
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)										
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u>_</u> _		-		10g		٨			
		2520.101-3.)	` 		10h		Χ			
	i				10i					

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Part '	/I Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule S	B 	Yes	No X			
11a Enter the unpaid minimum required contributions 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 Code or section 302 of ERISA? (If "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							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
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	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 \	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C			
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 I	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): 13c(2)	EIN(s)		13c(3) P	N(s)			

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).

Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

	8 ox must attach a m instructions.)
C program	
hree-digit lan number	001
ffective date of	of plan
mployer Ident	ification Number
	(see instructions)
541400	
dministrator's	EIN
EIN	
N	
	- August Colored Annual Colored Annu
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2)	
	ianhla a Colonda
	ny knowledge and
ing as plan ac	Iministrator
ing as employ	er or plan sponsor
Fliand (L	inree-digit an number N) frective date of 1/01/200 imployer Ident IN)80-021 ponsor's telegent in the position of the positio

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b /	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.).								es No
C II	f you answered "No" to either line 6a or line 6b, the plan cann the plan is a defined benefit plan, is it covered under the PBGC in f "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	rogram (see ERISA se	ction 40	021)?.		Yes No		etermined structions.)
Part	III Financial Information								
7 F	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) En	d of Year	
а	otal plan assets	7a		95,4	122				0
b	otal plan liabilities	7b			0				0
C I	Net plan assets (subtract line 7b from line 7a)	7c		95,4	122				0
8 1	ncome, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b)	Total	
	Contributions received or receivable from: 1) Employers	8a(1)			0				
	2) Participants	8a(2)			0				
(3) Others (including rollovers)	8a(3)			0				
-	Other income (loss)	8b			720	-			
d I	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8c 8d		94,	437				-720
Harris Control of the	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f			0	-			
g	Other expenses	8g			265				
h ·	Fotal expenses (add lines 8d, 8e, 8f, and 8g)								94,702
i	i Net income (loss) (subtract line 8h from line 8c)							-95,422	
j ·	j Transfers to (from) the plan (see instructions)								
Par	IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2T 3D								
لــــ	If the plan provides welfare benefits, enter the applicable welfare f	feature coo	les from the List of Pla	n Chara	acteris	tic Cod	es in the ins	structions:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	Voluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х			(He.)
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 by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e	Х				0
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х			,
·i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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Part \	/I Pension Funding Compliance				W-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
11a Enter the unpaid minimum required contributions 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 Code or section 302 of ERISA? (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 instructions, and enter the date of the letter ruling granting the waiver. Month Day Year								
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13							
_ b i	Enter the minimum required contribution for this plan year		12b					
C E	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)								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part \	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	ПП	lo		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		- Louis	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	No		
С	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.)	the plan(s)	to					
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)		
Miller Street Spring Sp						-		