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

Part I	Annual Repor	t Identification Information	l							
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017					
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	-					
		a one-participant plan	a foreign plan							
B This retu	urn/report is	the first return/report	the final return/repor	t						
		urn/report (less than 12 m	months)							
C Check	oox if filing under:	X Form 5558	automatic extension	1	DFVC progra	ım				
		special extension (enter desc	ription)							
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name VADIM NAK	•	C PROFIT SHARING PLAN			1b Three-dig plan numb (PN) ▶					
					1c Effective	date of plan 01/01/2011				
		oyer, if for a single-employer plan)			2b Employer	Identification Number				
	,	om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign post	,	structions)	(EIN)	27-4332871				
•	HAMIYAYEV, MD PO		, ,	,	2c Sponsor's telephone number 347-305-3777					
					2d Business	code (see instructions)				
12 KANSAS BROOKLYN,					621111					
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administra	ator's EIN				
					3c Administra	ator's telephone number				
		ne plan sponsor or the plan name ha			4b EIN					
	an, enter the plan sp or's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN					
C Plan N					10 110					
					F -					
		s at the beginning of the plan year.			5a 5b	2				
		s at the end of the plan yearn account balances as of the end of				2				
					5c	2				
		articipants at the beginning of the pl	·		5d(1)	2				
		articipants at the end of the plan ye o terminated employment during the			5d(2)	2				
than	100% vested				5e					
		e or incomplete filing of this return								
SB or Sche		other penalties set forth in the instru- and signed by an enrolled actuary, a								
SIGN		d/valid electronic signature.	10/02/2018	VADIM NAKHAMIYAY	/EV					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator				
SIGN										
HERE	Signature of employer/plan sponsor Date Enter na				f individual signing as employer or plan sponsor					

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Ye		
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								- Ц
С	If the plan is a defined benefit plan, is it covered under the PBGC in		-					Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See insti	uctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	d of Year	
а	Total plan assets	7a	29	95779				392150	
b	Total plan liabilities	7b		0				0	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7с	29	95779				392150	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)	(60183					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
<u>b</u>	Other income (loss)	8b	;	36188					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						96371	
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)	inistrative service providers (salaries, fees, commissions) 8f 0							
g	Other expenses	8g		0					
h	otal expenses (add lines 8d, 8e, 8f, and 8g)				C				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)					96371			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0					
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction						
	Program) Were there any nonexempt transactions with any party-in-interest			10a		X			
	reported on line 10a.)			10b		X			
С				10c		Χ			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (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 2520.101			10i					
			-						

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Part	VI Pension Funding Compliance							
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	. 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? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling			
lf y	you 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 '	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	0			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		Yes X No					
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to						
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(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 5057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

QMB Nos 1210-0110 1210-0089

2017

This Form Is Open to Public Inspection

Part I :	Annual Report	identification information							
For calend	ar plan year 2017 or fi	iscal plan year beginning 01/01/201	7	and ending	12/31/2017				
A This re	lum/report is for:	X a single-employer plan	a multiple-employer pl list of participating en	lan (not multiemployer) nployer information in a	(Filers checking teccordance with the	his box must attach a ne form instructions.)			
		a one-participant plan	a foreign plan			,			
8 This reb	um/report is	the first return/report	the final return/report						
an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:		DFVC progra	am					
		special extension (enter descripti							
Part II		ormation—enter all requested inform	nation						
18 Name		PROFIT SHARING PLAN			1b Three-dig				
אייטאו ואויטאי	HAMITATES, INC. FO	PROFIT BRAKING PLAIN			(PN)	001			
					1c Effective				
Mailing	address (Include roo	oyar, if for a single-employer plan) om, apt., sulte no. and street, or P.O. B	, (KO		2b Employer Identification Number (EIN) 27-4332871				
City or VADIM NAK	town, state or provinc HAMIYAYEV, MD PÇ	ce, country, and ZIP or foreign postal o	ode (il foreign, see inst	ructions)	2c Sponsor's telephone number 347-305-3777				
					2d Business code (see instructions)				
12 KANSAS PLACE BROOKLYN, NY 11234					521111				
MI TOOKE EN	. 147 11204								
3a Plan a	dministrator's name g	nd address X Same as Plan Sponso	г,		3b Administra	alors EIN			
					3c Administra	ator's telephone number			
		*,							
4 If the r	name and/or EIN of the	e plan sponsor or the plan name has c	hanged since the last re	eturn/report filed for	4b EIN				
		msor's name, EIN, the plan name and	lite plan number from (he last return/report.	Ad my				
a Spons					4d PN				
5a Total r	number of participants	at the beginning of the plan year			. 5a	2			
b Total r	number of participants	at the end of the plan year		** * * * * * * * * * * * * * * * * * * *	. 5b	2			
C Number comple	er of participants with eate this item)	account balances as of the end of the	plan year (only defined	contribution plans	5c	2			
d(1) Total	il number of active pai	nticipants at the beginning of the plan y	rear,		5d(1)	2			
d(2) Tota	al number of active par	rlicipants at the end of the plan year	***************************************	**1*341:15155644	5d(2)	2			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable ca				5e					
Under pens	penalty for the late of	or incomplete tiling of this return/re her penalties set forth in the instruction	port Will be assessed	unless reasonable ca	use is establishe	ed.			
SB or Sche	dule MB completed ar	nd signed by an enrolled actuary, as w	ell as the electronic ver	sion of this return/repo	rt, and to the best	of my knowledge and			
SIGN	Na		* 10/2/18 X	Vadim Nakhamiya	syev				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual signing as pla	n administrator			
SIGN HERE		· · · · · · · · · · · · · · · · · · ·	7						
	Signature of emplo	ryenplan sponsor	Date	Enter name of individ	tual signing as en	Form 5500-SF (2017)			

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6a 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 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe	ndent qualified public	accoun	dant (K	JPA)		
promonent	If the plan is a defined benefit plan, is it covered under the PBGC in if "Yes" is checked, enter the My PAA confirmation number from the	surance p	program (see ERISA s	ection -	\$021) ?		Yes Th	Not determined (See instructions.)
Louisia	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	,		(b) E	nd of Year
	Total plan assets			95779				392150
	Total plan liabilities	7b		0				D
C	Net plan assets (subtract line 7b from line 7a)	7c		295779				392150
8	income, Expenses, and Transfers for this Plan Year	3000	(a) Amou	nt			(b) Total
3	Contributions received or receivable from: (1) Employers			60183				,
	(2) Parlicipants.	Ba(2)	•	0			٠. ٠	
4	(3) Others (including rollovers)	Ba(3)	,	Ò				
b	Other income (loss)	86		36188		:	,	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	** *** ***		:	Total Section		95371
d	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	8d		0			,	
e	Certain deemed and/or corrective distributions (see Instructions)	80	0					
f	Administrative service providers (salaries, fees, commissions)	8f	Ú				4.	
9	Other expenses	89		0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				and the same of th		C
i	Net income (loss) (aubtract line 8h from line 8c)				-			96371
T	Transfers to (from) the plan (see instructions)	84		0				
· Pa	rt IV Plan Characteristics	9		U		**	CONTRACTOR OF THE PERSON	
	If the plan provides pension benefits, enter the applicable pension 2F. 3D	feature co	odes from the List of P	lan Cha	racleri	stic Co	des in the	instructions:
b	If the plan provides welfare benefits, enter the applicable welfare to	aature çod	les from the List of Pla	n Char	acteris	dc Coc	es in the in	nstructions:
Par	t V Compilance Questions							
10	During the plan year:		7,000		Yes	No		Amount
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See Instructions and DOL's V. Program)	oluntary F	Iduciary Correction	10a		х		
ь	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10ь		х		
C	Was the plan covered by a fidelity bond?			10c		х		
d	The state of the s	fidelity hor	nd that was raused	10d		×	ATT TO THE PARTY OF THE PARTY O	
е		er personi	s by an insurance the benefits under	109		х		

101

10g

don

X

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 plen, was there a blackout period? (See instructions and 29 CFR

If 10h was answered "Yes," check the box if you alther provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

Page	3-	1
rage	See.	8

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Part VI Pension Funding Compliance		1100						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Scho	edule S	В		Yes	X No		
112 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 Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
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. Month Day Year								
If you completed line 12s, 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				::		
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)	left of a	12d						
Will the minimum funding amount reported on line 12d be met by the funding deadline?	******************************		Yes	No	1	VA.		
Part VII. Plan Terminations and Transfers of Assets								
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	X	No ·			
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broucontrol of the PBGC?	ught 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 the plan(s) to which assets or liabilities were transferred, (See instructions.)								
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c	(3) PN	(3)		
					ya			