Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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

2018

This Form is Open to Public Inspection

Parti	Annual Repor	t identification information							
For calend	For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018								
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.)									
		a one-participant plan	ant plan a foreign plan						
B This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension	[DFVC prograr	m			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name	of plan				1b Three-digit				
	NC. 401(K) PLAN				plan numb				
	, ,				(PN) •	001			
					1c Effective d	ate of plan			
						01/01/2010			
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Box)			dentification Number			
		ice, country, and ZIP or foreign post		tructions)	` '	11-2870362			
VGCNYC, IN	NC.					telephone number 2-580-6900			
				-	2d Business c	ode (see instructions)			
	34TH STREET					236110			
SUITE #180 NEW YORK									
22 Dlan a	administrator's name o	and address V Same as Dian Sae	200		3b Administrati	tor's EIN			
Ja Flall a	duministrator s name a	and address X Same as Plan Spo	11501.		JD Auministra	IOI S LIN			
					3c Administrator's telephone number				
		ne plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN				
•	sor's name	oneer e name, 2111, 1110 planmame (and the plan named nom		4d PN				
C Plan N	Name								
		s at the beginning of the plan year.			5a	4			
		s at the end of the plan year			5b	4			
		account balances as of the end of		-	5c	0			
d(1) Tot	tal number of active p	articipants at the beginning of the p	lan year		5d(1)	4			
		articipants at the end of the plan ye			5d(2)	4			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					0				
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	l unless reasonable cau					
SB or Scho		other penalties set forth in the instru and signed by an enrolled actuary, a nplete.							
SIGN	Filed with authorize	d/valid electronic signature.	01/16/2019	EDWARD VARRICCH	Ю				
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	n administrator			
SIGN									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ual signing as em	ployer or plan sponsor			

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	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 of the you answered "No" to either line 6a or line 6b, the plan cannot be a set of the plan cannot be under the plan ca	an indepe and condi	ndent qualified public a	account	ant (IC	(PA)		X Yes No
	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	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined See instructions.)
Pa	rt III Financial Information		T					
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of	Year
a	Total plan assets	7a	7	67583				777782
<u>b</u>	Total plan liabilities	7b						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	7	67583				777782
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) Tot	al
a	Contributions received or receivable from: (1) Employers	8a(1)		3360				
	(2) Participants	8a(2)		43000				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-	30887				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						15473
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		5274				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5274
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				10199		10199
j	Transfers to (from) the plan (see instructions)	8j						
Pai	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension ${}^2\text{E}$ ${}^2\text{J}$ ${}^2\text{F}$ ${}^2\text{G}$ ${}^3\text{D}$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the instru	ctions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the instruc	tions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	An	nount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			500000
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		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X		
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 2520.10	•		10i				

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes No		
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 se ERISA?		f	Yes X No		
	(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, granting the waiver	and enter Da		of the letter ruling Year		
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						
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?		Yes	s 🔀 No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to				
1	3c(1) Name of plan(s):	(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 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

2018

This Form is Open to Public Inspection

Section Control		ldentification Information						
For	calendar plan year 2018 or f	iscal plan year beginning	01/01/2018 and ending	3	12/31/201	8		
ΑT	his return/report is for:	x a single-employer plan	a multiple-employer plan (not multiemploy list of participating employer information)					
Dт	his and some because of the	a one-participant plan	a foreign plan					
DII	his return/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return/report (less than 1	2 months	;)			
C	Check box if filing under:	Form 5558	automatic extension	DI	FVC program			
		special extension (enter desc						
Pa		ormation—enter all requested in	formation					
	Name of plan Vgcnyc, Inc. 401	(k) Plan		1b	Three-digit plan number (PN)	001		
				1c	Effective date 01/01/202	of plan		
I	Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		2b	Employer Iden (EIN) 11-28	tification Number 70362		
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Vgcnyc, Inc.			2c Sponsor's telephone number 212–580–6900				
	112 West 34th Street Suite #18003				2d Business code (see instructions)			
1	New York	NY 1012	20		236110			
3a 1	Plan administrator's name a	nd address 🛛 Same as Plan Spor	nsor.	3b	3b Administrator's EIN			
				3с	Administrator's	telephone number		
4	f the name and/or EIN of the this plan, enter the plan spo	e plan sponsor or the plan name hansor's name. EIN, the plan name a	as changed since the last return/report filed for and the plan number from the last return/report.	4b	EIN			
	Sponsor's name	, , , , , , , , , , , , , , , , , , , ,		4d	PN	***************************************		
CF	Plan Name							
5a	Total number of participants	at the beginning of the plan year		5	a	4		
b	Total number of participants	at the end of the plan year	9 9	5	b	4		
			the plan year (only defined contribution plans	5	c	0		
d(1) Total number of active pa	rticipants at the beginning of the plant	an year	5d	(1)	4		
d(2	2) Total number of active pa	rticipants at the end of the plan yea	ar	5d	(2)	4		
е	Number of participants who than 100% vested	terminated employment during the	plan year with accrued benefits that were less	56	9	0		
Cauti	ion: A penalty for the late	or incomplete filing of this return	report will be assessed unless reasonable	cauca in	antablished			

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1 01111	0000	01	1201	v

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b Are you claiming under 29 CFR 25	plan's assets during the plan year invested in eligit a waiver of the annual examination and report of 520.104-46? (See instructions on waiver eligibility I "No" to either line 6a or line 6b, the plan can	f an independ and condition	dent qualified public	accoun	tant (IC	QPA)		X Yes X Yes
c If the plan is a de	offined benefit plan, is it covered under the PBGC in the plan can be seen to be	insurance pr	ogram (see ERISA s	ection 4	4021)?	Ye	es No	Not determine
Part III Financ	ial Information							
7 Plan Assets and	Liabilities		(a) Beginning	of Yea	r		(b) End	of Year
a Total plan assets		. 7a		767,	583	······································		777,7
b Total plan liabilitie	9S	. 7b						
C Net plan assets (subtract line 7b from line 7a)	. 7c		767,	583			777,7
8 Income, Expense	es, and Transfers for this Plan Year		(a) Amou	nt			(b) T	otal
	eived or receivable from:	. 8a(1)		3,	360			
(2) Participants.		. 8a(2)		43,	000			
(3) Others (include	ding rollovers)	. 8a(3)						
	ss)			-30,	887			
C Total income (add	d lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						15,4
	luding direct rollovers and insurance premiums	. 8d						
e Certain deemed a	and/or corrective distributions (see instructions)	. 8e						
f Administrative se	rvice providers (salaries, fees, commissions)	. 8f		5,	274			
g Other expenses		. 8g						
h Total expenses (a	add lines 8d, 8e, 8f, and 8g)							5,2
_	(subtract line 8h from line 8c)							10,1
j Transfers to (from	n) the plan (see instructions)	- 8j						
Part IV Plan Ch	paracteristics	1 3 1						
	es pension benefits, enter the applicable pension 2F 2G 3D	feature cod	es from the List of P	lan Cha	racteri	stic Codes	in the instr	uctions:
b If the plan provid	es welfare benefits, enter the applicable welfare t	feature code	s from the List of Pla	n Char	acteris	tic Codes i	in the instru	ctions:
Part V Compli	ance Questions							
10 During the plan	year:				Yes	No	А	mount
described in 29	ure to transmit to the plan any participant contribu CFR 2510.3-102? (See instructions and DOL's \	Voluntary Fid	luciary Correction	10a		х		**************************************
b Were there any	nonexempt transactions with any party-in-interes	t? (Do not in	clude transactions	10b		Х		
	overed by a fidelity bond?			10c	Х			500,0
	re a loss, whether or not reimbursed by the plan's onesty?			10d		х		
e Were any fees of	or commissions paid to any brokers, agents, or other service, or other organization that provides some	her persons	by an insurance					

***	Form 5500-SF (2018)		Page 3 -]				, to a constant of the second
Part	VI Pension Funding Compliance		Name of the second seco	en escolur recordo de la companya d				
11	Is this a defined benefit plan subject to minimum for (Form 5500) and line 11a below)	, (E.) (B) (B)				В		Yes 🗌 No
11a	Enter the unpaid minimum required contributions f	or all years from Schedule SB (Fo	rm 5500) line 4	0	11a		Oversion 2 or a total parameter	
12	Is this a defined contribution plan subject to the m ERISA?		ection 412 of the	e Code or sectio	n 302 o	f		Yes X No
u-sal-con	(If "Yes," complete line 12a or lines 12b, 12c, 12d							www.day.com.enterior.com
a	If a waiver of the minimum funding standard for a presenting the waiver.				d enter t Day		the lette	er ruling
lf	you completed line 12a, complete lines 3, 9, and	10 of Schedule MB (Form 5500)	, and skip to li	ne 13.				
b	Enter the minimum required contribution for this pla	n year			12b			
С	Enter the amount contributed by the employer to the	e plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in negative amount)		-		12d			
е	Will the minimum funding amount reported on line	12d be met by the funding deadlin	ıe?			Yes	No	N/A
Part								
13a	Has a resolution to terminate the plan been adopted in	any plan year?				Yes	X N	lo
	If "Yes," enter the amount of any plan assets that r	everted to the employer this year			13a			
b	Were all the plan assets distributed to participants control of the PBGC?	or beneficiaries, transferred to and	other plan, or br	ought under the			Yes 2	No
С	If, during this plan year, any assets or liabilities we which assets or liabilities were transferred.	re transferred from this plan to and	other plan(s), id	entify the plan(s)	to			
1	3c(1) Name of plan(s):			13c(2)	EIN(s)		13c(3	9) 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

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

OMB Nos. 1210-0110 1210-0089

2018

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Section Control		ldentification Information						
For	calendar plan year 2018 or f	iscal plan year beginning	01/01/2018 and ending	3	12/31/201	8		
ΑT	his return/report is for:	x a single-employer plan	a multiple-employer plan (not multiemploy list of participating employer information)					
Dт	his and some because of the	a one-participant plan	a foreign plan					
DII	his return/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return/report (less than 1	2 months	;)			
C	Check box if filing under:	Form 5558	automatic extension	DI	FVC program			
		special extension (enter desc						
Pa		ormation—enter all requested in	formation					
	Name of plan Vgcnyc, Inc. 401	(k) Plan		1b	Three-digit plan number (PN)	001		
				1c	Effective date 01/01/202	of plan		
I	Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		2b	Employer Iden (EIN) 11-28	tification Number 70362		
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Vgcnyc, Inc.			2c Sponsor's telephone number 212–580–6900				
	112 West 34th Street Suite #18003				2d Business code (see instructions)			
1	New York	NY 1012	20		236110			
3a 1	Plan administrator's name a	nd address 🛛 Same as Plan Spor	nsor.	3b	3b Administrator's EIN			
				3с	Administrator's	telephone number		
4	f the name and/or EIN of the this plan, enter the plan spo	e plan sponsor or the plan name hansor's name. EIN, the plan name a	as changed since the last return/report filed for and the plan number from the last return/report.	4b	EIN			
	Sponsor's name	, , , , , , , , , , , , , , , , , , , ,		4d	PN	***************************************		
CF	Plan Name							
5a	Total number of participants	at the beginning of the plan year		5	a	4		
b	Total number of participants	at the end of the plan year	9 9	5	b	4		
			the plan year (only defined contribution plans	5	c	0		
d(1) Total number of active pa	rticipants at the beginning of the plant	an year	5d	(1)	4		
d(2	2) Total number of active pa	rticipants at the end of the plan yea	ar	5d	(2)	4		
е	Number of participants who than 100% vested	terminated employment during the	plan year with accrued benefits that were less	56	9	0		
Cauti	ion: A penalty for the late	or incomplete filing of this return	report will be assessed unless reasonable	cauca in	antablished			

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b Are you claim under 29 CFR	, and the same same same same same same same sam									
c If the plan is a	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
Part III Fina	ncial Information									
7 Plan Assets ar	nd Liabilities		(a) Beginning	(a) Beginning of Year			(b) End of Year			
a Total plan ass	ets	. 7a		767,583			777,78			
b Total plan liabi	ilities	. 7b								
C Net plan asset	plan assets (subtract line 7b from line 7a)			767,	583			777,78		
8 Income, Exper	me, Expenses, and Transfers for this Plan Year (a) Amount		nt	(b) Total						
	Contributions received or receivable from: (1) Employers			3,	360					
(2) Participan	(2) Participants			43,	000					
(3) Others (inc	(3) Others (including rollovers)			,						
	(loss)			-30,	887					
C Total income (Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							15,4		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)									
e Certain deeme	Certain deemed and/or corrective distributions (see instructions)									
f Administrative	f Administrative service providers (salaries, fees, commissions)			5,274						
g Other expense	95	. 8g								
h Total expenses								5,27		
-	Net income (loss) (subtract line 8h from line 8c)					10,199				
j Transfers to (fr	rom) the plan (see instructions)	- 8j								
Part IV Plan	Characteristics									
beautiful and a second a second and a second	vides pension benefits, enter the applicable pension 2F 2G 3D	feature cod	es from the List of P	lan Cha	racteri	stic Codes	in the instr	uctions:		
b If the plan pro	vides welfare benefits, enter the applicable welfare t	feature code	s from the List of Pla	n Char	acteris	tic Codes i	in the instru	ctions:		
Part V Com	oliance Questions									
10 During the pla	During the plan year:				Yes	No	Α	mount		
described in	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)					х				
b Were there a						Х				
				10c	Х			500,00		
	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				
e Were any fee	s or commissions paid to any brokers, agents, or others or commissions paid to any brokers, agents, or other organization that provides son	her persons	by an insurance							

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Part	VI Pension Funding Compliance			ernandurus enger er de eta este este et					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scho (Form 5500) and line 11a below)							Yes No		
11a	Enter the unpaid minimum required contributions f	or all years from Schedule SB (Form	5500) line 4	0	11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?						f		es X No	
u-sal-con	(If "Yes," complete line 12a or lines 12b, 12c, 12d							***	
a	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	you completed line 12a, complete lines 3, 9, and	10 of Schedule MB (Form 5500), a	nd skip to li	ne 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	Has a resolution to terminate the plan been adopted in any plan year?				Yes	X N	0	
*******	If "Yes," enter the amount of any plan assets that r	everted 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 we which assets or liabilities were transferred.	re transferred from this plan to anoth	ner plan(s), id	lentify the plan(s)) to				
13c(1) Name of plan(s): 13c(2				EIN(s)		13c(3) PN(s)			