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 section 6058(a) of the Internal Revenue Code (the Code).

0040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.					
	art I Annual Report Identif									
For	calendar plan year 2010 or fiscal plan	n year beginning 01/01/20	10	and ending 1	2/31/2	2010				
Α.	This return/report is for:	gle-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan			
В	This return/report is for:	t return/report	final retur	n/report		_				
		amended return/report	short plar	year return/report (less than 12 mo	nths)					
_	片	rm 5558	╡ :	extension	,	DFVC progra	am			
C	Ť	L		Cexterision	_ 51 vo program					
_		ecial extension (enter descript								
		n—enter all requested inform	nation		41					
	Name of plan				16	Three-digit plan number				
115	MARINE, INC. 401(K) PLAN					(PN)	001			
					1c	Effective date of	f plan			
						01/01/2				
2a	Plan sponsor's name and address (e	employer, if for single-employe	r plan)		2b	Employer Identi		umber		
TTS	MARINE, INC.					(EIN) 54-110				
CEEE	NORTH POWERLINE ROAD				2c	Plan sponsor's 1 954-49	elephone	number		
SUIT	E 410				24			otiona)		
FT. L	AUDERDALE, FL 33309				Zu	Business code (541330	see mstru	Cuons)		
3a	Plan administrator's name and addre	ess (if same as Plan sponsor,	enter "Same	e")	3b	Administrator's	EIN			
TTS	MARINE, INC.	6555 NORT SUITE 410	H POWER	LINE ROAD		54-110				
		FT. LAUDE	RDALE, FL	33309	3с	Administrator's	elephone	number		
4 .	(the common distribution of the color of the	and the state of t	1 1 1	and Clark for the and a control to	954-493-6405 4b EIN					
	f the name and/or EIN of the plan spo name, EIN, and the plan number from			eport filed for this plan, enter the	4D	EIN				
	name, Ent, and the plan namber nem	Tare tack retain property openio	or o marrio		4c	PN				
5a	5a Total number of participants at the beginning of the plan year							10		
b								11		
С										
	complete this item)				5c			11		
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	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.)									
Do	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information									
		l								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	267592		
	Total plan assets		7a	142100	,			201332		
b	Total plan liabilities			142405				267592		
<u>C</u>	Net plan assets (subtract line 7b from		7с	142105				207592		
8	Income, Expenses, and Transfers for			(a) Amount		(b) ⁻	Γotal			
а	Contributions received or receivable (1) Employers		8a(1)	45715	5					
	(2) Participants		` ` `	50040						
	• •		` ` `							
h	(3) Others (including rollovers)		` '	31745						
b	Other income (loss)		00					133806		
C	Total income (add lines 8a(1), 8a(2),		8c					133000		
d	Benefits paid (including direct rollove to provide benefits)		8d	8316	5					
е	Certain deemed and/or corrective dis									
f	Administrative service providers (sala									
		,		3	3					
g	Other expenses (add lines 8d, 8e, 8f							8319		
h :	Total expenses (add lines 8d, 8e, 8f,							125487		
! :	Net income (loss) (subtract line 8h fro									
J	Transfers to (from) the plan (see inst		8i							

	F	Form 5500-SF 2010 Page 2-						
20"	4 1\7	Plan Characteristics						
	t IV If the	Plan Characteristics plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:	
		2F 2G 2J 2K 2T 3D						
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	des in t	he instruction	ns:	
art		Compliance Questions						
0		ng the plan year:		Yes	No		Amount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X			
С	Was	s the plan covered by a fidelity bond?	10c	X				100000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		Χ			
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		Χ			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did 1	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance						
1	Is thi	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nplete	Sched	ule SB	(Form	Yes	X No
2		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	_
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ting the waiver					e letter ruli Year	
lf :	you c	ompleted 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	Ente	r 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 ative amount)			12d			
е	Will 1	the minimum funding amount reported on line 12d be met by the funding deadline?			<u></u>	Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets			-			

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

of the PBGC?.....

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(s)

Yes X

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/11/2011	TORSTEN PAAS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/11/2011	TORSTEN PAAS
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 section 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

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information									
For	the calendar plan year 2010 or fiscal plan year beginning	01/01	L/2010	and ending	12	/31/2010				
Α	This return/report is for: x single-employer plan	multiple-er	nployer plan (no	t multiemployer)	Γ	one-participa	nt plan			
B	This return/report is for: first return/report	final return	/report		L. P. P. Bolpont Plan					
	an amended return/report		5.40.70365	ort (less than 12 mont)	ac)	*				
C	Check box if filing under: Form 5558	automatic		at (1000 than 12 month	15) ["] pp.//				
-			extension		DFVC program					
-	special extension (enter description)									
_	art II Basic Plan Information enter all requested information	mation.					T			
ıa						Three-digit				
	TTS Marine, Inc. 401(k) Plan					PN) ▶	001			
					1c	ffective date of	fplan			
2a	Plan sponsor's name and address (employer, if for single-employer pla					01/01/2006				
	TTS Marine, Inc.	an)				mployer Identi EIN) 54-110	fication Number			
	• 20200000						elephone number			
	6555 North Powerline Road Suite 410	Natt				(954) 493-6	6405			
US	Ft. Lauderdale FL 33309				2d	Business code (see instructions)			
3a	Plan administrator's name and address (If same as plan employer, ent	ter "Same")				341330 Administrator's I	FIN			
	Same	,				idilinottator 5 t				
					3c Administrator's telephone number					
					30 /	rummstrators t	elephone number			
4	If the name and/or FINI of the plant and the									
•	If the name and/or EIN of the plan sponsor has changed since the last name, EIN and the plan number from the last return/report. Sponsor's	return/repo Name	ort filed for this p	lan, enter the	4b EIN					
					4c F	PN				
5a	Total number of participants at the beginning of the plan year				5a		10			
p	Total number of participants at the end of the plan year	• • •			5b	ļ	11			
·	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)									
6a	complete this item)									
b	Are you claiming a waiver of the annual examination and report of an i	independen	t qualified public				ETICS LIN			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information										
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End	of Year			
a	Total plan assets	. 7a		142,105			267,592			
b	Total plan liabilities	. 7b								
C	Net plan assets (subtract line 7b from line 7a)	. 7c	L	142,105			267,592			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	Total			
а	Contributions received or receivable from:	0.44		45 845						
	(1) Employers	. 8a(1)		45,715						
	(2) Participants	. 8a(2)	 	56,346	-					
b	(3) Others (including rollovers)	. <u>8a(3)</u>		A = 4 = -	-					
		. 8b		31,745						
d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			-		133,806			
	to provide benefits)	. 8d		8,316						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0,510						
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		3						
	Total expenses (add lines 8d, 8e, 8f, and 8g)			3			0.000			
		8h			+		8,319			
	Net income (loss) (subject line 8h from line 8c)	8i			-		125,487			
		. 8i	ı							

	Form 5500-SF 2010 Page 2-						
Par	t IV Plan Characteristics		_				
-							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2E 2F 2G 2J 2K 2T 3D						
_b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteris	stic Co	des in	the in	structions	:	
Pai	t V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
а		40.		х			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		 			
	on line 10a.)	10b		х			
C	Was the plan covered by a fidelity bond?	10c	х				100 000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud				-		100,000
	or dishonesty?	10d		x			
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,						
	insurance services 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?	-		х			
a	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	10g		X			
	2520.101-3.)	10h		x			
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 this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple 5500))	te Sch	edule	SB (F	orm	□Yes	x No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or	section	302	of ERIS		. Yes	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						22.40
a 	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ns, and	d ente	r the d Day	ate of the	letter ruling Year	
	rou 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			
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 left of negative amount)	9		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	• •	٠ ــ		Yes	□No	ГТыла
Part	VII Plan Terminations and Transfers of Assets	•	·	<u> </u>			∐N/A
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Пуол	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Ċ	13a	• • •	. Lites	XINO
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unc	ler the	contro				
C	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	· · olan(s)	to .	• •		- ☐Yes	X No
	3c(1) Name of plan(s):	T					
		-	13	c(2) E	N(s)	13c(3) PN(s)
Cautio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca	use is	estal	olished	1.		
Inder B or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/n Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/need	port, i	ncludi	ng, if a	pplicable,	a Schedule	

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

IGN /40>	05/24/2011	Totalen Tana
HERE Signature of plen administrator	Date	Enter name of individual signing as plan administrator
SIGN 4. Maco	05/24/2011	Totalen Teas
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor