## 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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accordance	dance wit	h the instructions to the Form 550	0-SF.					
		ntification Information								
For	calendar plan year 2010 or fiscal p	plan year beginning 01/01/201	10	and ending 1	2/31/2	2010				
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	B This return/report is for:  first return/report  final return/report									
		nths)								
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program				
Da		special extension (enter descripting tion)  enter all requested inform	,							
	Name of plan	ition—enter all requested inform	ialion		1h	Three-digit				
	CHING TOMORROW'S WORK FO	DRCE, LLC RETIREMENT PLAN	AND TRUS	ST	10	plan number 001				
						(PN) •				
					1c	Effective date of plan 01/01/2005				
2a	Plan sponsor's name and address	(employer, if for single-employe	r plan)		2b	Employer Identification Number				
	CHING TOMORROWS WORK FO		p,			(EIN) 81-0624153				
4238	N.E. 9TH STREET				2c	Plan sponsor's telephone number 305-257-4839				
	ESTEAD, FL 33033				2d	Business code (see instructions)				
						561300				
3a REA	Plan administrator's name and add	dress (if same as Plan sponsor, e RCE, LLC 4238 N.E. 9	enter "Same TH STREE	<u>e")</u>	3b	Administrator's EIN 81-0624153				
		HOMESTEA	D, FL 3303	33	3с	Administrator's telephone number				
4 1	the name and/or EIN of the plan s	snonsor has changed since the la	et return/re	enort filed for this plan, enter the	4h	305-257-4839				
	name, EIN, and the plan number fr			port med for this plan, enter the	4b EIN					
			4c							
					5a	39				
b	Total number of participants at the	5b	39							
	Total number of participants with complete this item)			/ear (defined benefit plans do not	5c	23				
6a	Were all of the plan's assets duri	ng the plan year invested in eligil	ole assets?	(See instructions.)		Yes No				
b	<b>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.)									
Da	rt III Financial Informati		orm 5500-	SF and must instead use Form 55	υυ.					
		OII				#N= + +++				
7	Plan Assets and Liabilities		_	(a) Beginning of Year	1	(b) End of Year 451125				
	Total plan assets		7a		_	0				
b	Total plan liabilities			324689	0 4511					
<u>_</u>	Net plan assets (subtract line 7b f		. 7с		,	451125				
8	Income, Expenses, and Transfers			(a) Amount		(b) Total				
а	Contributions received or receival (1) Employers	ble from:	8a(1)	35627	27					
	(2) Participants		` '	50976	5					
	(3) Others (including rollovers)									
b	Other income (loss)		` '	51891						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)									
d	Benefits paid (including direct rolle	overs and insurance premiums		7311						
е	to provide benefits) Certain deemed and/or corrective		8d 8e	(						
f	Administrative service providers (			4547	_					
	Other expenses	,		200						
g h	·		_			12058				
n i	Total expenses (add lines 8d, 8e,	=:				126436				
1 ;	Net income (loss) (subtract line 8l			,		.23100				
J	Transfers to (from) the plan (see i		8i		,					

Form 5500-SF 2010 Page <b>2-</b>										
Par	t IV	Plan Characteristics								
Эа	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteris	stic Co	des in	the instru	ctior	ns:		
b		2F 2G 2J 2K 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	actoric	tic Co	dae in 1	ha inetru	rtion	c·		
D	11 1110	plan provides wellare benefits, effer the applicable wellare realtire codes from the clist of Flan Ghai	acteris	iic Coi	163 III I	ine manu	Juon	5.		
art	: <b>V</b>	Compliance Questions								
0	Duri	ng the plan year:		Yes	No		An	nount		
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					
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X					
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 uctions.)	10e	X					19	995
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	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								
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor				•		Yes		No
2		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	X	No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	_	_	
а	<b>a</b> 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 '	•	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			Day		16	aı		-
b	Ente	r 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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef		[	12d					
е	Will t	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/	/A
art	VII	Plan Terminations and Transfers of Assets								¯
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X	No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	<u></u>		13a					

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

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

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

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.

Yes X No

13c(3) PN(s)

13c(2) EIN(s)

SIGN	Filed with authorized/valid electronic signature.	09/15/2011	TOM HAMMOND
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treesury 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 4/)65 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2010

inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

Par	Annual Report Identification Information	700 /0/	510	and ending	_	12/31/2010	_		
For ca	alendar <u>plan year 2010</u> or fis <u>cal plan year beginning</u>	1/01/20				one-participant plan			
A Th	ols return/report is for:			t multiemployer)		_ Offe-bardoletin brain			
Вт		inal return/			L_\				
	an amended return/report s			rt (less than 12 mont	ns)	[] pp./// ***********			
<b>C</b> c	neck box if filing under: 🗓 Form 5558 📗 a	automatic e	extension			DFVC program			
•	special extension (enter description	)					_		
Pär	Basic Plan Information—enter all requested informat	lon			41				
4				,	ar	Three-digit plan number			
1	wameorpian Reaching Tomorrow's Work Force, LLC Retir	rement	Plan and	Trust		(PN) ▶001.			
			1c	Effective date of plan					
						01/01/2005			
22 1	Plan sponsor's name and address (employer, if for single-employer p	lan)			2b	Employer Identification Number			
24	Reaching Tomorrows Work Force, LLC			ļ-	20	(EIN) 81-0624153 Plan sponsor's telephone number	_		
	4238 N.E. 9th Street				,E44	305-257-4839			
	AZSO N.B. SCH SWICES			Ţ	2d	Business code (see Instructions)			
	Homestead FL 33033			·	<b>0</b> 1.	561300	_		
3a	Plan administrator's name and address (if same as Plan sponsor, en Reaching Tomorrows Work Force, LLC	ter "Same'	")		3D	Administrator's EIN 81-0624153			
					3с	Administrator's telephone number	_		
	4238 N.E. 9th Street Homestead FL 33033					305-257-4839			
A 16	the same and/or FIN of the plan sponsor has changed since the las	t return/rep	ort filed for this	plan, enter the	4b	EIN			
'n	ame, EIN, and the plan number from the last return/report. Sponsor	's name			4c	PN			
	Total number of participants at the beginning of the plan year				5a		39		
5a	Total number of participants at the beginning of the plan year	,			5b		39		
b	Total number of participants at the end of the plan year	nefit plans do not			_				
C	Total number of participants with account balances as of the end of complete this item)		<u>5c</u>		23				
60	Were all of the plants assets during the plan year invested in cligible	e assets?	(See instruction	18,)		X Yes   N	lo		
b	A second to the second exemple the second report of an independent qualities (IQDIC accountant (IQCA)								
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.    Partill   Financial Information									
		rilation of the second	(a) Bo	ginning of Year	Т	(b) End of Year			
7	Plan Assets and Liabilities			32468	9	4511	25		
a	Total plan assets	7b			0		0		
D	Net plan assets (subtract line 7b from line 7a)			32468	9	4511	25		
<u> </u>			(E	) Amount		(b) Total			
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18	P. 由第二、成功、资金管在产品。整型的内部中,是	0.000		
а	and the second s	8a(1)			71111	1、分别的1、 自身相互要要 基礎製工 医磷酸钠的 医多种间隔 电解	W		
	(1) Employers	OSI(1)	· · · · · · · · · · · · · · · · · · ·	3562	1000				
				5097	1000				
	(2) Participants			5097	<u>б</u>				
b		8a(2)	Hiller N. colon J. C. D.	50 <b>97</b> 5189	<u>6</u> 0				
b	(2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8a(2) 8a(3) 8b		5097	<u>6</u> 0	1384	94		
b c d	(2) Participants (3) Others (including rollovers)	8a(2) 8a(3) 8b 8c		509 <b>7</b>	6 0 h	1384	94		
d	(2) Participants (3) Others (including rollovers)	8a(2) 8a(3) 8b 8c 8d		50 <b>97</b> 5189	6 0 h	1384	94		
	(2) Participants (3) Others (including rollovers)	8a(2) 8a(3) 8b 8c 8d 8e		5097 5189 731	601	1384	94		
d	(2) Participants (3) Others (including rollovers)	8a(2) 8a(3) 8b 8c 8d 8e 8f		509 <b>7</b>	601	1384	94		
d e f g	(2) Participants (3) Others (including rollovers)	8a(2) 8a(3) 8b 8c 8d 8d 8e 8f	· 是 图 字 字 · 完	5097 5189 731 454	601	1384			
d e f	(2) Participants (3) Others (including rollovers)	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g		5097 5189 731 454 20	601	120	58		
d e f g	(2) Participants (3) Others (including rollovers)	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h		5097 5189 731 454	<b>601</b> <b>1070</b> <b>1070</b>		58		
d e f g h i	(2) Participants (3) Others (including rollovers)	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8l		5097 5189 731 454 20	601	120	58 36		

	Form \$500-SF 2010 Page <b>2</b> -						
Par	tilV Plan Characteristics				•	• "	
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chai						
Pan	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			
ь	Were there any nonexempt transactions with any party-in-Interest? (Do not include transactions reported on line 10a.)	10b		х			
C	Was the plan covered by a fidelity bond?	10¢		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		х		11 11	1
е	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				1,99
f	Has the plan failed to provide any benefit when due under the plan?	106		х			
g	Did the plan have any participant libans? (If "Yes," enter amount as of year end.),	10g		х			
h	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)	10h	-	х	7.42 704 - 1		96 - 1969 1969 - 1969 11 - 1989 - 1
į	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					
Part	VI Pension Funding Compliance					81 1200 Stephen	h C. C. Marian Mill
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	piete	Sched	uie SB	(Form	Yes	s   No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 112 of the Code	orse	ction 3	02 of I	ERISA?	Ye	X No
	(If "Yes," complete 12a or 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 instrugranting the waiver	ctions, th	and e	nter th Day	e date of	the letter ri Year	uling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13,		_				
	Enter the minimum required contribution for this plan year			12b			
d	Enter the amount contributed by the employer to the plan for this plan year		··	12c			
	negative amount)			12d			
<u>е</u> Бий	Will the minimum funding amount reported on line 12d be met by the funding deadline?		··· <u>····</u>		Yes	No	N/A
Part							
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
D	If "Yes," enter the amount of any plan assets that reverted to the employer this year	inder t	he cor	13a Itrol			
C	of the PBGC?	e plan	(\$) to			∐ Yes	⊠ No
	c(1) Name of plan(s):		130	(2) EIN	l(s)	120/2	) PN(s)
				,-, -,1		100(3	, - 14(3)
		1				1	

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

SIGN /L	9/15/11	Tom Hammond
HERE. Signature of plan administrator		Enter name of individual signing as plan administrator
Sign / L		Tom Hammond
HERE Signature of employer/plan sponsor	Date	Enter name of Individual signing as employer or plan sponsor