## 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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P		ance with	the instructions to the Form 5500	)-SF.		•			
Pä	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1.	2/31/20	011				
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-particip	ant plan			
		•	eturn/report	L					
			•	41 \					
			n year return/report (less than 12 mo	ontns)	_				
С	Check box if filing under:	automatic	extension		DFVC progra	m			
	special extension (enter description	า)							
Pa	art II Basic Plan Information—enter all requested information	tion							
1a	Name of plan			1b	Three-digit				
	CHING TOMORROW'S WORK FORCE, LLC RETIREMENT PLAN AI	ND TRUS	Т	1	plan number				
					(PN) <b>▶</b>	001			
				1c	Effective date of				
					01/01				
	Plan sponsor's name and address; include room or suite number (en CHING TOMORROWS WORK FORCE, LLC	nployer, if	for a single-employer plan)		Employer Identif		er		
KLA	STING TOMORROWS WORRET ORGE, EEG				(EIN) 81-06				
				2c	Sponsor's telep				
4238	N.E. 9TH STREET		·	24 '					
HOM	ESTEAD, FL 33033			2a I	Business code ( 56130		าร)		
20	Discontinuity and address (1)		"	2 h					
	Plan administrator's name and address (if same as plan sponsor, ent CHING TOMORROWS WORK FORCE, LLC 4238 N.E. 9TH			30 /	Administrator's I 81-06	=IIN 24153			
	HOMESTEAD			3c	Administrator's t	elephone num	nber		
					305-257				
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/ı	eport filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report.			_					
	Sponsor's name			4c	PN				
5a	Total number of participants at the beginning of the plan year			5a	a				
b	Total number of participants at the end of the plan year			5b					
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not						
	complete this item)			5c			2		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No		
b	3			,		Voc □	1 No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at		•			X Yes	No		
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information	rm 5500-	SF and must instead use Form 550	JU.					
			() =						
7	Plan Assets and Liabilities		(a) Beginning of Year 451125		(b) End	of Year 453239	<u> </u>		
а	Total plan assets	7a							
b	Total plan liabilities	7b	0			450000			
С	Net plan assets (subtract line 7b from line 7a)	7c	451125			453239	1		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:	0=/4\	18430						
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	49489						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	-15985						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				51934			
d	Benefits paid (including direct rollovers and insurance premiums		44222						
	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	5598						
g	Other expenses	8g	0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				49820	)		
i	Net income (loss) (subtract line 8h from line 8c)	8i				2114			
j	Transfers to (from) the plan (see instructions)	8j	0						
	,	υj							

Form	EEUU	C =	2011	

Page <b>2</b> -	1	
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Parriv	Pian	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 2G 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:							
		Yes	No		Am	ount	
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				
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
C Was the plan covered by a fidelity bond?	10c		X				
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ				
• 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					2492
<b>f</b> Has the plan failed to provide any benefit when due under the plan?	10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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						
art VI Pension Funding Compliance							
1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))						Yes	П No
2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	X No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ıctions,	and e	nter th	e date of	the le	tter ruli	ing
granting the waiver			Day <sub>-</sub>		Yea	r	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		Г	12b				
b Enter the minimum required contribution for this plan year.			12c				
<ul><li>c Enter the amount contributed by the employer to the plan for this plan year</li><li>d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left</li></ul>			120				
negative amount)			12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1 n	No	N/A
rt VII Plan Terminations and Transfers of Assets							
3a Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year							
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ntrol			Yes	X No
C 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 pla	n(s) to					_
13c(1) Name of plan(s):		130	(2) Ell	۷(s)		13c(3)	PN(s)
	1						
aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole cau	ise is	establi	shed.			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/10/2012	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				

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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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2011

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.

_ Pa	art I   Annual Report	Identification Information						
For	calendar plan year 2011 or fis		01/01/2	2011 and ending	1	12/31/2011		
Α .	This return/report is for:	X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan		
В	This return/report is:	the first return/report	the final re	eturn/report				
		an amended return/report	a short pla	n year return/report (less than 12 mg	onths)			
C	Check box if filing under:	X Form 5558	automatic	extension	Γ	DFVC program		
	Girosit Box ii iiiiig airaoir	special extension (enter description)	ription)		_	_ , ~		
Pa	art II Basic Plan Info	prmation—enter all requested inf	. ,					
	Name of plan	chief all requested in	omation		1b -	Three-digit		
		Work Force, LLC Reti	irement P	lan and Trust		olan number		
					(	(PN) • 001		
						Effective date of plan 1/01/2005		
20	Disa susually serves and ad	Idua a a li a di ada ma ana ana antika manah	/! :f	for a single conformation		· · ·		
	aching Tomorrows I	ldress; include room or suite numbe Work Force, LLC	er (employer, ir	for a single-employer plan)		Employer Identification Number EIN) 81-0624153		
						Sponsor's telephone number		
42	38 N.E. 9th Street	t				305-257-4839		
						Business code (see instructions)		
Но	mestead	FL 33033			5	561300		
<b>3a</b>	Plan administrator's name ar	nd address (if same as plan sponso Work Force, LLC	or, enter "Same	")		Administrator's EIN		
						31-0624153		
	38 N.E. 9th Street mestead	t FL 33033				Administrator's telephone number 305-257-4839		
4		e plan sponsor has changed since	the last return/r	report filed for this plan, enter the	4b	EIN		
		mber from the last return/report.		·				
_	Sponsor's name				4c	1		
		0 0 , ,			5a	42		
		• •			5b	32		
С		account balances as of the end of			5c	2.1		
62	' '			(See instructions.)		X Yes No		
			-	dent qualified public accountant (IQF				
				ons.)		X Yes No		
_			se Form 5500-	SF and must instead use Form 550	00.			
_	rt III Financial Inform	mation						
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End of Year		
_				45112	+	453239		
	•			15110	0	( , , , , , , , , , , , , , , , , , , ,		
	,	e 7b from line 7a)	7с	45112	5	453239		
8	Income, Expenses, and Trar			(a) Amount		(b) Total		
а	Contributions received or rece	celvable from:	8a(1)	18430				
	( ) ( )		` '	4948	9			
	• •	ers)			0			
b	, ,			-1598	5			
	,	1), 8a(2), 8a(3), and 8b)				51934		
d	, ,	ct rollovers and insurance premium						
	1 \			4422	2			
е	Certain deemed and/or corre	ective distributions (see instructions	s) <b>8e</b>		0			
f	Administrative service provide	ders (salaries, fees, commissions).	8f	559	8			
g	Other expenses		8g		0			
h	Total expenses (add lines 80	d, 8e, 8f, and 8g)	8h			4982		
i	Net income (loss) (subtract I	line 8h from line 8c)	8i			211		
j Transfers to (from) the plan (see instructions)					0			

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	Form 5500-SF 2011		Page	2-	7						
Pa	rt IV Plan Characterist	ice					·				
		efits, enter the applicable pension	n feature codes from	the List o	of Plan Cha	racteri	stic Co	odes ir	n the instruc	tions:	
b		efits, enter the applicable welfare									
Раг	t V Compliance Question	<del></del> .									
10	During the plan year:										
a	Was there a failure to transmit t	to the plan any participant contribu	utions within the time	e period d	escribed in		Yes	No X		Amoun	
þ	Were there any nonexempt tran	fructions and DOL's Voluntary Fid isactions with any party-in-interes	luciary Correction Pr	rogram)	********	10a		X			
c	Was the plan covered by a fide	fity bond?			***********	10b					
d	Did the pien have a loss, wheth	er or not reimburged by the -!!-	Establish to a second as			10c		X			
0	,	***************************************				10d		X			
-			d to any brokers, agents, or other persons by an insurance carrier, ation that provides some or all of the benefits under the plan? (See								249
f	Has the plan failed to provide an	ny benefit when due under the pla	n?			10e					243
g	Did the plan have any participan	it loans? (If "Yes," enter amount a	* =====================================	·····		10f		<u> </u>			
h	THE IS BUT INDIVIDUAL ACCOUNT DIS	an was there a blackout noward.	/D 21			10g		X			
ř	If 10h was answered "Yes." chec	ok the hox if you gither provided to	**************************************	***************************************		10h		X			
		e applied under 29 CFR 2520.10	1-3	one of th	<u></u>	10)				OBAE	
Part	VI Pension Funding Co	mpliance								45.85	
11	is this a defined benefit plan subj 5500))	ect to minimum funding requirem	ents? (If "Yes," see i	instruction	s and com	olete S	chedu	le SR	/Form		
12										Yes	No
CH.	If a walver of the minimum funding	O standard for a prior year to be:	able.)	_						Yes	t-u
if y	granting the waiver. ou completed line 12a, complet	© lines 3, 9, and 10 of Schodule	MR /5000 5500)	······································	Monti	h		Day _	\	ear	9
b	Enter the minimum required contr	bution for this plan year.	ino (Form 5500), p	ına skip t	o line 13.		-	a. T			., ,
•	rives the annount coutubried by t	De employer to the plan for this w					-	2ь			
	negative amount)	on the amount in line 12b. Enter	the result (enter a m	inus sign	to the left o	fa	1	2c 2d			
<b>e</b> \	Will the minimum funding amount	reported on line 12d be met by th	e funding deadline?	,	***************************************	**********	Ш	<u></u> -	1		
art V	II Plan Terminations a	nd Transfers of Assets	ie ioriumg deadilile?					<u>. L</u>	Yes	No	N/A
13a <i>i</i>	Has a resolution to terminate the pla	n been adopted in any plan year?							r==-		
	f "Yes," enter the amount of any p	plan assets that reverted to the en	onlower this year					Ye	s X No		
	of the PBGC?	d to participants or beneficiaries,	transferred to anothe	er plan, or	brought un	der the	conti	ol			
C I	f during this plan year, any assets	or liabilities were transferred for								Yes	⊠ No
130	THE PERSON OF MANAGED AND MANAGED AND AND AND AND AND AND AND AND AND AN	Parent (See instructions )	n this plan to anothe	er plan(s),	identify the	plan(s	) to	•			
	c(1) Name of plan(s):	asferred. (See instructions.)	n this plan to anothe	er plan(s),	identify the	plan(s	) to				
		nsferred. (See instructions.)	n this plan to anothe	er plan(s),	identify the	plan(s	) to 13c(2		s)	13c(3)	PN(s)
		nsferred. (See instructions.)	n this plan to anothe	er plan(s),	identify the	plan(s	) to		(\$)	13c(3)	PN(s)
,	c(1) Name of plan(s):		n this plan to anothe	er plan(s),	identify the	plan(s	) to 13c(2	) EIN(		13c(3)	PN(s)
aution	c(1) Name of plan(s):  n: A penalty for the late or incorporations of period and other penalties of period and other penalties of period and other penalties.	mplete filing of this return/repo	n this plan to anothe	er plan(s), unless re	easonable	plan(s	) to 13c(2 is est	) EIN(	ned.		
aution	c(1) Name of plan(s):	mplete filing of this return/repo	n this plan to anothe	er plan(s), unless re	easonable	plan(s	) to 13c(2 is est	) EIN(	ned.		
aution Inder p B or S elief, it	c(1) Name of plan(s):  n: A penalty for the late or incorporations of period and other penalties of period and other penalties of period and other penalties.	mplete filing of this return/repo	n this plan to anothe	unless ne examined	easonable this return/rep	plan(s	) to 13c(2 is est	) EIN(	ned.		
aution Inder p B or S elief, it	c(1) Name of plan(s):  n: A penalty for the late or incorporations of period and other penalties of period and other penalties of period and other penalties.	mplete filing of this return/reporalies set forth in the instructions, d by an enrolled actuary, as well	rt will be assessed I declare that I have as the electronic ver	unless ne examined sion of thi	easonable this return/repartment	cause /report	) to 13c(2 is est , included to the	) EIN( ablish ding, i	ned. f applicable t of my kno	, a Sche wledge s	
aution Inder p iB or S elief, it SIGN IERE	n: A penalty for the late or incorporations of perjury and other penaltics of perjury and other penaltics and signed is true, correct, and complete.	mplete filing of this return/reporalies set forth in the instructions, d by an enrolled actuary, as well	n this plan to anothe	uniess re examined sion of thi Tom Ha	easonable I this return/repartment	cause /report	) to 13c(2 is est , included to the	) EIN( ablish ding, i	ned.	, a Sche wledge s	
aution Inder p B or S elief, it SIGN IERE	n: A penalty for the late or incorporations of perjury and other penaltics of perjury and other penaltics and signed is true, correct, and complete.	mplete filing of this return/reporalises set forth in the instructions, d by an enrolled actuary, as well or	rt will be assessed I declare that I have as the electronic ver	unless mexamined sion of the Enter na	easonable this return/repartment	cause /report port, ar	) to 13c(2 Is est , included to the	ablisheding, ine bes	ned. f applicable t of my kno	, a Sche wledge s	dule