## 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

2014

This Form is Open to Public Inspection

Part I		t Identification Information							
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	014	and ending 12	2/31/2014				
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must atta of participating employer information in accordance with the form instructions)									
		a one-participant plan	a foreign plan						
<b>B</b> This ret	turn/report is	the first return/report	the final return/rep	ort					
		nonths)							
C Check	box if filing under:	Form 5558	automatic extensi	on	DFVC program	m			
	3	special extension (enter descr	iption)						
Part II	Basic Plan Inf	formation—enter all requested inf	ormation						
1a Name	e of plan	PRODUCE, INC 401(K) PROFIT SHA			<b>1b</b> Three-digit plan number				
		, , , , , , , , , , , , , , , , , , , ,			(PN) <b>•</b>	001			
			1c Effective date of plan 01/01/2004						
	sponsor's name and a	address; include room or suite number	er (employer, if for a sir	ngle-employer plan)	<b>2b</b> Employer Identifit (EIN) 65-10				
					2c Sponsor's teleph	none number			
2255 NW 11 MIAMI, FL 3					305-599-9302 <b>2d</b> Business code (see instruction				
					424990				
3a Plan a	administrator's name	and address XSame as Plan Spons	sor.		<b>3b</b> Administrator's E	in			
					3c Administrator's telephone number				
1 16 41		h - mlan ananan haa ah aa mad a'aa -	th - 1- at wat /way a ut fil	ad fan thia mlan, antan tha	Ala mu				
		the plan sponsor has changed since number from the last return/report.	the last return/report till	ed for this plan, enter the	4b EIN				
<b>a</b> Spons	sor's name	·			4c PN				
<b>5a</b> Total	number of participan	ts at the beginning of the plan year			5a	12			
<b>b</b> Total	number of participan	ts at the end of the plan year			. 5b	12			
	• •	h account balances as of the end of	. , ,	•	5c	12			
<b>d(1)</b> To	tal number of active p	participants at the beginning of the pl	an year		5d(1)	9			
<b>d(2)</b> To	otal number of active p	participants at the end of the plan year	ar		5d(2)	9			
<b>e</b> Numb	er of participants that	terminated employment during the p	lan year with accrued t	penefits that were	5e	0			
		e or incomplete filing of this return			use is established				
		other penalties set forth in the instruc				able, a Schedule			
		and signed by an enrolled actuary, a							
	true, correct, and cor		Ī						
		mplete. d/valid electronic signature.							
belief, it is		d/valid electronic signature.	Date	Enter name of individ	dual signing as plan adm	inistrator			
sign HERE	Filed with authorize	d/valid electronic signature.	Date	Enter name of individ	dual signing as plan adm	inistrator			
belief, it is	Filed with authorize  Signature of plan	d/valid electronic signature.  administrator							
SIGN HERE SIGN HERE	Filed with authorize Signature of plan Signature of emp	d/valid electronic signature.	Date	Enter name of individ	dual signing as plan adm	or plan sponsor			
SIGN HERE SIGN HERE	Filed with authorize Signature of plan Signature of emp	d/valid electronic signature.  administrator  loyer/plan sponsor	Date	Enter name of individ	dual signing as employer	or plan sponsor			
SIGN HERE SIGN HERE	Filed with authorize Signature of plan Signature of emp	d/valid electronic signature.  administrator  loyer/plan sponsor	Date	Enter name of individ	dual signing as employer	or plan sponsor			
SIGN HERE SIGN HERE	Filed with authorize Signature of plan Signature of emp	d/valid electronic signature.  administrator  loyer/plan sponsor	Date	Enter name of individ	dual signing as employer	or plan sponsor			

	Form 5500-SF 2014		Page <b>2</b>								
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the con	an indeper and condit	ndent qualified public accountations.)	int (IQ	PA)				ш П	es [	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No		lot de	termi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) E	nd of			
	Total plan assets	7a	7107	/34	+				81	4774	<u> </u>
	Total plan liabilities	7b	7107	734	+				81	4774	
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	7c	(a) Amount	-			/h	) Tot			
	Contributions received or receivable from:		, ,					, 100	aı		
	1) Employers	8a(1)	159								
	(2) Participants	8a(2)	528	300							
	(3) Others (including rollovers)	8a(3)	505	594							
	Other income (loss)	8b 8c	000	-					11	9424	
	Benefits paid (including direct rollovers and insurance premiums	00								<u> </u>	
	o provide benefits)	8d	153	384							
	Certain deemed and/or corrective distributions (see instructions)	8e		0							
	Administrative service providers (salaries, fees, commissions)	8f		0							
	Other expenses	8g 8h							1	5384	
	Net income (loss) (subtract line 8h from line 8c)	8i								4040	
	Transfers to (from) the plan (see instructions)	8j									
9a b Part	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for										
10	During the plan year:				Yes	No		Α	mour	t	
а	Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					16	60000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons of the ben	s by an insurance carrier, efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	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							
Part	VI Pension Funding Compliance							_			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es >	X No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		ı			
12	Is this a defined contribution plan subject to the minimum funding			or se	ection :	302 of	ERISA?	·	Y	es >	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•	otions	02-1	noto = /	20 4515	of 41	lo#-	⊷:ادرس	~
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter th Day			letter ear _	rulin	y 

	Form 5500-SF 2014	Page <b>3</b> - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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 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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	( No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to	)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	<b>13c(3)</b> P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury nternal 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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

► Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program C Check box if filing under: automatic extension special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number INTERNATIONAL SPECIALTY PRODUCE, INC 401(K) PROFIT SHARING PLAN 001 (PN) ► 1c Effective date of plan 01/01/2004 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number INTERNATIONAL SPECIALTY PRODUCE, INC. (EIN) 65-1011256 2c Sponsor's telephone number (305) 599-9302 2255 NW 110TH AVE 2d Business code (see instructions) 424990 US MIAMI FL 33172 3a Plan administrator's name and address X Same as Plan Sponsor Name 3b Administrator's EIN 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 12 5a Total number of participants at the beginning of the plan year ...... 5a Total number of participants at the end of the plan year ..... 5b 12 b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 12 complete this item) ..... 5d(1) 9 d(1) Total number of active participants at the beginning of the plan year 5d(2) **d(2)** Total number of active participants at the end of the plan year 9 Number of participants that terminated employment during the plan year with accrued benefits that were 0 less than 100% vested .....

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 X	6-25-15	SAURIN WANI					
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN X	6-25-15	SAURIN WANI					
HERE Signature of employer/plan sponsor	Date	Enter name of individua	al signing as employer or plan sponsor				
Preparer's name (including firm name, if applicable) and address;	include room or suite numb	per (optional)	Preparer's telephone number (optional)				
			-				
NF							

	Form 5500-SF 2014		Page <b>2</b>		<b>-</b> 8				
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							XYes N	
lf y	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?							XYes Not determ	
1.0000000000				,.					
Part			(a) Danissis at Van		_		//- \ <b>F!</b> -	f. V	
	an Assets and Liabilities		(a) Beginning of Year	escore.	-		(b) End o	0.000.000.000.000.000.000.000.000	Y
	tal plan assets	7a	710,73	34	-			814,774	
	tal plan liabilities	7b			-				
_	et plan assets (subtract line 7b from line 7a)	7c	710,73	34	-	_	/b\ T-	814,774	
-	ontributions received or receivable from:		(a) Amount		100000	VISION COLO	(b) To	otai	19000
	Employers	8a(1)	15,9	75					
(2)	Participants	8a(2)	52,85	55					
(3)	Others (including rollovers)	8a(3)							
<b>b</b> Ot	her income (loss)	8b	50,59	94		F. Sty			
	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						119,424	
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d	15,38	34					
	ertain deemed and/or corrective distributions (see instructions)	8e	15/50	_					23 E S S S S S S S S S S S S S S S S S S
	Iministrative service providers (salaries, fees, commissions)	8f		0	9000 2500				
	her expenses	8g		0					
-	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h						15,384	
	et income (loss) (subtract line 8h from line 8c)	8i		No.				104,040	
-	ansfers to (from) the plan (see instructions)	8i							
Part		ره			12000000	A STATE OF THE STA			22 8 7 7 7
	2E 2G 2J 3D  he plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Characte	eristic	Code	s in the	e instruction	ns:	
Part									
	During the plan year:			_	Yes	No		Amount	
2	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a		х			
	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		х			
C - \	Nas the plan covered by a fidelity bond?			10c	x			160,0	000
	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?			10d		х			
i	Nere any fees or commissions paid to any brokers, agents, or othen nsurance service, or other organization that provides some or all on nstructions.)	of the bene	efits under the plan? (See	10e		x			
f I	Has the plan failed to provide any benefit when due under the plan	1?		10f		х			
g [	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х			
	f this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		х			
	f 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					
Part \	VI Pension Funding Compliance		•						
	s this a defined benefit plan subject to minimum funding requirements							Yes X	No
11a E	Enter the unpaid minimum required contribution for current year fro								
12	s this a defined contribution plan subject to the minimum funding r	requireme	nts of section 412 of the Code	or sec	ction 3	02 of E	ERISA?	Yes X	No
110	If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	f a waiver of the minimum funding standard for a prior year is bein granting the waiver	g amortize	ed in this plan year, see instruct	tions,	and e	nter th	e date of the	ne letter ruling Year	

	Form 5500-SF 2014	Page 3-			
If y	ou 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 negative amount)	3	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadli	ne?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets		4		
13a	Has a resolution to terminate the plan been adopted in any plan year?		\	es 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 ar of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s):		13c(2) EIN	(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				, , ,
14a N	lame of trust		14b	rust's EIN	

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