## 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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

					1c Effective da	6/09/2014
2a Plan s		address; include room or suite num	ber (employer, if for a sing	gle-employer plan)	<b>2b</b> Employer Id	lentification Number 4-0941254
						elephone number
	19TH AVENUE				626	6-390-2247
MIAMI, FL 3	3186					ode (see instructions)
	administrator's name	and address XSame as Plan Spo	nsor		<b>3b</b> Administrato	
<b>3a</b> Plana					<b>3c</b> Administrato	or's telephone number
4 If the	name and/or EIN of	the plan sponsor has changed sinc number from the last return/report.	e the last return/report file	d for this plan, enter the	3c Administrato	or's telephone number
4 If the name a Spons	name and/or EIN of e e, EIN, and the plan r sor's name	the plan sponsor has changed sinc number from the last return/report.	·		4b EIN 4c PN	
4 If the name a Spons 5a Total	name and/or EIN of tellon of the plan resor's name	the plan sponsor has changed sinconumber from the last return/report.	·		4b EIN 4c PN 5a	118
4 If the name a Spons 5a Total b Total	name and/or EIN of te, EIN, and the plan resor's name number of participan	the plan sponsor has changed since number from the last return/report. In the sat the beginning of the plan year at the end of the plan year	·		4b EIN 4c PN	118
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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 f you answered "No" to either line 6a or line 6b, the plan cannot have the plan cannot be a second to the plan cannot have the plan cannot be a second to the plan	an indeper and conditi ot use Fo	ndent qualified public accounta ons.)rm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.	Xes No
	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 Not determined
Par	III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a		0			3540510
1	Total plan liabilities	7b					0540540
	Net plan assets (subtract line 7b from line 7a)	7c		0	-		3540510
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  1) Employers	8a(1)		0			
	2) Participants	8a(2)	1071	59			
	3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	687	<b>7</b> 06			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					175865
	Benefits paid (including direct rollovers and insurance premiums						
1	o provide benefits)	8d	4841				
_ е	Certain deemed and/or corrective distributions (see instructions)	8e	64	139			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0			
<u>g</u>	Other expenses	8g	33	393			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					493996
	Net income (loss) (subtract line 8h from line 8c)	8i					-318131
J	ransfers to (from) the plan (see instructions)	8j	38586	641			
b Part	ZA ZE ZF ZG ZJ ZK 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ	
C	Was the plan covered by a fidelity bond?			10c		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X		37673
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.)	10q	X		246572
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 2520.101			10i	X		
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction :	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)		1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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OMB Nos. 1210-0110 1210-0089

2014

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Part I	Annual Repor					
For calenda	er plan year 2014 or	fiscal plan year beginning	06/16/2014	and ending	12/31/2	2014
A This retu	urn/report is for:	☑ a single-employer plan     ☐ a one-participant plan		plan (not multiemployer byer information in acco		
B This retu	rn/report is	the first return/report	the final return/report			
D This retur	Threport is	an amended return/report	H	rn/report (less than 12 r	months)	
C Check b	ox if filing under:	∑ Form 5558     ☐	automatic extension		DFVC pr	ogram
		special extension (enter des	scription)			
Part II	Basic Plan Inf	ormation—enter all requested in	information	wall male memori	taff fragin I avia	entities videoed T
1a Name o	of plan t-ERAS, LLC	401(k) Plan		3	1b Three-digit plan number (PN) ▶	001
					1c Effective da 06/09/2	
	onsor's name and a t-ERAS, LLC	nddress; include room or suite num	nber (employer, if for a single	e-employer plan)	2b Employer Id (EIN) 34-	entification Number
13851 S	W 119th Aver	nue			<b>2c</b> Sponsor's to 626-390	elephone number -2247
Miami		FL 33186				de (see instructions)
3a Plan ad	Iministrator's name a	and address XSame as Plan Spor	nsor.	the same of the same of the same of	3b Administrate	or's EIN
					3c Administrate	or's telephone number
4 If the na	ame and/or EIN of th	ne plan sponsor has changed since	e the last return/report filed f	for this plan, enter the	Luncos so yfab tigs lliw 023 to	or's telephone number
name,	EIN, and the plan no	he plan sponsor has changed since umber from the last return/report.	e the last return/report filed f	for this plan, enter the	4b EIN	or's telephone number
name, <b>a</b> Sponso	EIN, and the plan nor's name	umber from the last return/report.		A.	4b EIN 4c PN	re neffi sell A = pulsorium selff
name, a Sponso 5a Total no	EIN, and the plan no or's name umber of participant	umber from the last return/report.	·	. The Annual A	4b EIN 4c PN 5a	118
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