Form 550	00-SF	•				OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee F			etirement	2015				
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code). Revenue Code (the Code). Revenue Code (the Code).						Form is Open to lic Inspection				
		Complete all entries in a	eccordance with the inst	tructions to the Form 55	00-SF.		•			
		lentification Information al plan year beginning 01/01/2	015	and ending 12	2/31/2015					
	>	a single-employer plan		plan (not multiemployer)		cking this b	ox must attach a			
A This return/repor	t is for:	a one-participant plan		mployer information in ac		-				
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 m				months)				
C Check box if filing	g under:	☐ Form 5558					ram			
	[special extension (enter descr	ption)							
Part II Basic	Plan Inforr	nation—enter all requested inf	ormation				-			
1a Name of plan TRANSNATIONAL FO	OODS INC 401	K PROFIT SHARING PLAN TR	UST		1b Thre plan (PN	number	001			
					`	, r ctive date o				
						01/0	1/2008			
Mailing address	(include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		tructions)	2b Emp (EIN		fication Number			
TRANSNATIONAL FC					2c Spo	Sponsor's telephone number 305-365-9652				
	-				2d Busi	ness code ((see instructions)			
1110 BRICKELL SUIT MIAMI, FL 33131	E #808				812990					
3a Plan administrat	or's name and	address XSame as Plan Spons	or.		3b Adm	inistrator's	EIN			
					3c Adm	inistrator's t	telephone number			
		lan sponsor has changed since	he last return/report filed	for this plan, enter the	4b EIN					
name, EIN, and a Sponsor's name	•	per from the last return/report.			4c PN					
5a Total number of	f participants at	the beginning of the plan year			5a		40			
b Total number of	f participants at	the end of the plan year			5b		48			
C Number of parti	cipants with ac	count balances as of the end of t	he plan year (defined ber	nefit plans do not	5c		42			
•	,	cipants at the beginning of the pla			5d(1)		36			
.,			-		5d(2)		42			
 d(2) Total number of active participants at the end of the plan year e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 			enefits that were less	5e		0				
		incomplete filing of this return			ise is esta	blished.				
	completed and	r penalties set forth in the instruc signed by an enrolled actuary, a ste.								
SIGN Filed with		lid electronic signature.	06/21/2016	JUAN IRIBARNE						
HERE Signatu	ure of plan adr	dministrator Date Enter name of indivi			ridual signing as plan administrator					
SIGN HERE										
Signature of employer/plan sponsor Date Enter name of indiv Preparer's name (including firm name, if applicable) and address (include room or suite number) Enter name of indiv				Enter name of individu		as employe s telephone				
	-			·						
For Paperwork Reduc	tion Act Notice a	and OMB Control Numbers, see the	instructions for Form 550	D-SF.			Form 5500-SF (2015)			

_	the plan's assets during the plan year invested in eligit		,					X Yes No		
under 29 C	 b Are you claiming a waiver of the annual examination and report of an independent qualified public a 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 				· · · · · · · · · · · · · · · · · · ·	,		X Yes 🗌 No		
c If the plan is	a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No X Not determined		
Part III Fir	nancial Information									
7 Plan Assets	and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year		
a Total plan a	ssets	. 7a		71531				114220		
b Total plan li	abilities	. 7b		0			0			
C Net plan as	sets (subtract line 7b from line 7a)	. 7c		71531			114220			
8 Income, Ex	penses, and Transfers for this Plan Year		(a) Amou	(a) Amount			(b) Total			
a Contribution	is received or receivable from:									
	ers	. 8a(1)		12160						
(2) Particip	ants	. 8a(2)		31441						
(3) Others	(including rollovers)	. 8a(3)		0						
b Other incom	ne (loss)	. 8b			912	_				
-	e (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				_		42689		
	d (including direct rollovers and insurance premiums enefits)	. 8d		0						
e Certain dee	med and/or corrective distributions (see instructions)	. 8e			0					
f Administrat	ve service providers (salaries, fees, commissions)	. 8f			0					
g Other expe	nses	. 8g		0						
h Total expen	ses (add lines 8d, 8e, 8f, and 8g)	. 8h						0		
i Net income	(loss) (subtract line 8h from line 8c)	. 8i					42689			
j Transfers to	(from) the plan (see instructions)	8j			0					
Part IV P	an Characteristics		-							
B If the plan	provides welfare benefits, enter the applicable welfare t	feature coo	les from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructions:		
Part V Con	pliance Questions									
10 During the	plan year:				Yes	No	N/A	Amount		
described				10a		x				
	• Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		х				
C Was the p	c Was the plan covered by a fidelity bond?			10c	X			20000		
d Did the pla by fraud o	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Х				
carrier, ins	e 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				
f Has the pl	f Has the plan failed to provide any benefit when due under the plan?			10f		X				
g Did the pla	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g	Х			6003		
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					х				
	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						
j Did the pla	j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pen	sion Funding Compliance			,	1		8	1		

	· · · · · · · · · · · · · · · · · · ·	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	🗌 Yes X No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a 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	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								
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 a 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?			Υe	es X No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
	of th	e PBGC?	-					
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s) 13c(3)			PN(s)	
Part	VIII	Trust Information	-					
14a	Name	e of trust		14b Trust's EIN				
14c Name of trustee or custodian				14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Yes		No	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/A harbor test method			
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					/es No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					Ratio bercentage Aver bene		erage nefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				Ye	es	No		
17a Has the plan been timely amended for all required tax law changes?			Ye	es	No	N/A		
	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).							
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/								
18					Yes No			
19 Were in-service distributions made during the plan year?					es	No		
If "Yes," enter amount								
20						No	N/A	