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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pa	rt I	Annual Repor	: Id	<u>entification Informatior</u>	n				
For	calenda	ır plan year 2015 or f	isca	I plan year beginning 01/01/	/20	and ending 1:	2/31/2	2015	
A T	his ret	urn/report is for:	X	a single-employer plan a one-participant plan		a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	•	-	
Вт	his retu	rn/report is		the first return/report an amended return/report		the final return/report a short plan year return/report (less than 12 m	onths)	
C	Check b	ox if filing under:	X	Form 5558 special extension (enter desc	crip	automatic extension		DFVC progr	ram
Pa	rt II	Basic Plan Info	orn	nation—enter all requested in	nfo	rmation			
	Name o	of plan					1b	Three-digit plan number (PN)	001
							1c	Effective date of 08/0	f plan 1/1992
	Mailing	address (include roo	m, a	, if for a single-employer plan) apt., suite no. and street, or P.C		Box) code (if foreign, see instructions)		()	451634
		HERMETICS OF MIA			,,,,,	(2c	Sponsor's telep 305-59	hone number 92-8958
′478 N	NW 55T	TH ST		7478 NV	W 5	55TH ST	2d	Business code (see instructions)
		166-4218				33166-4218		8113	310
3a	Plan ac	Iministrator's name a	nd a	address XSame as Plan Spon	ารด	ır.	3b	Administrator's I	ΞIN
							3с	Administrator's t	elephone number
4				an sponsor has changed since er from the last return/report.	e th	ne last return/report filed for this plan, enter the	4b	EIN	
а	Sponso	or's name		•			4c	PN	
5a	Total n	umber of participant	s at	the beginning of the plan year.			5	ia	5
b	Total n	umber of participant	s at	the end of the plan year			5	b	5
С						e plan year (defined benefit plans do not	5	ic	5
d(1) Tota	I number of active pa	artic	pants at the beginning of the p	olar	n year	5d	(1)	4
d (2) Tota	al number of active p	artic	ipants at the end of the plan ye	ear		5d	(2)	4
	than 1	00% vested			·····	plan year with accrued benefits that were less		ie	0
						report will be assessed unless reasonable car			abla a Cabadala
						ions, I declare that I have examined this return/re well as the electronic version of this return/repor			

belief, it is true, correct, and complete ALBERT LAMELAS SIGN Filed with authorized/valid electronic signature 08/01/2016 **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 Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit ot use Fo	ndent qualified public a tions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)?		Yes	No	1	Not det	ermined
Par	t III Financial Information		1								
7	Plan Assets and Liabilities		(a) Beginning					(b) Eı	nd of	Year	
	Total plan assets	. 7a		304	566	-				31:	2361
	Total plan liabilities	7b		204	297	-				241	0
	Net plan assets (subtract line 7b from line 7a)	7c	(-) A		269				\ T		2361
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	ınt				a)) To	tai	
	(1) Employers	8a(1)		6	339						
((2) Participants	8a(2)		9	466						
	(3) Others (including rollovers)	8a(3)			0						
<u>b</u>	Other income (loss)	8b		-6	060						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c									9745
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0						
	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	8f			0						
g	Other expenses	. 8g		1	653						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									1653
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i									8092
j ·	Transfers to (from) the plan (see instructions)	8j			0						
Par	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in t	he inst	ructi	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	les in th	e instr	uctio	ns:	
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A			Amoun	t
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest										
	reported on line 10a.)			10b		X					
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 by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a				X						3939
h	If this is an individual account plan, was there a blackout period?	-		10g		V					3939
	2520.101-3.)			10h		X					
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	es X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a		,		
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?	·[Ye	es X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗆	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount	······	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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

2015

This Form is Open to Public Inspection

	rt Identification Information		and anding 4	0/04/0045	
For calendar plan year 2015 or	fiscal plan year beginning 01/01/ x a single-employer plan		and ending 12 plan (not multiemployer)	2/31/2015 (Filers checking this	hav must attach a
A This return/report is for:	M a single-employer plan		pian (not multiemployer) mployer information in ac	,	
	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 retu	ım/report (less than 12 m	onths)	
C Check box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram
	special extension (enter desc	cription)		_	
Part Basic Plan Inf	formation—enter all requested in	nformation			
1a Name of plan				1b Three-digit	
AFL 401K PŁAN				plan number (PN) ▶	001
				1c Effective date	e of plan 8/01/1992
	oloyer, if for a single-employer plan)			2b Employer Ide	ntification Number 5-0451634
City or town, state or provin	nce, country, and ZIP or foreign pos		tructions)	2c Sponsor's te	
AMERICAN HERMETICS OF MI	AMI, INC.			305	5-592-8958
7478 NW 55TH ST	7478 N	W 55TH ST		2d Business cod	e (see instructions)
MIAMI, FL 33166-4218		FL 33166-4218		8:	11310
3a Plan administrator's name	and address XSame as Plan Spon	nsor.		3b Administrator	's FIN
William 1 Special Section 2.2.2	Уил волите П.				's telephone number
4 If the name and/or EIN of the	he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
name, EIN, and the plan n	umber from the last return/report.		·	_	
a Sponsor's name 5a Total number of participant	44 the haginning of the plan year			4c PN 5a	5
_	ts at the beginning of the plan year. ts at the end of the plan year			5a 5b	5
C Number of participants with	ts at the end of the plan yearh h account balances as of the end of	f the plan year (defined ben	efit plans do not	5c	5
• • • • • • • • • • • • • • • • • • • •	participants at the beginning of the p			5d(1)	4
• •	participants at the end of the plan ye			5d(2)	4
	at terminated employment during the	e plan year with accrued be		5e	0
Caution: A penalty-for the late	e or incomplete filing/of this retur	rn/report will be assessed			No.
Under penalties of penuly and o	other senalities set forthlin the instru and signed by an enrolled actuary,	ictions, I declare that I have	e examined this return/rep	port, including, if app	plicable, a Schedule
belief, it is true correct /a/tt/con	polete.		13ion of this folding specia	i, and to the sect th	IIIy MIOWICE SCI
SIGN TUCK	2 aml	8116			
HERE Signature of plan	administrator	Date	Enter name of individu	ual signing as plan a	dministrator
SIGN					
	loyer/plan sponsor	Date	Enter name of individu		
Preparer's name (including tirm	name, if applicable) and address (i	nclude room or suite number	êr)	Preparer's telepho	ne number
					The state of the s

Form 5500-SF 2015		Page 2							•		
 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) 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)? Yes No 								<u> </u>	Yes		No No
	nsurance pro	gram (see ERISA se	ction 4	021)?	<u>L</u>	Yes	No	No	deter	mine	:d
Par III Financial Information	Special and 14										
7 Plan Assets and Liabilities	1.00	(a) Beginning			+		(b) En	d of Y			
a Total plan assets	. 7a			566 297	+				3123	0	
b Total plan liabilities	7b			269	+				3123		
C Net plan assets (subtract line 7b from line 7a)	7c	(a) Amai		208	+		/h\	Total	3123		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ını		+		(10)	Total			
(1) Employers	8a(1)		6	339				1.5	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(2) Participants	8a(2)		9	466	-				 - 	<u> </u>	
(3) Others (including rollovers)	8a(3)			0	_			To. 1		<u> </u>	<u> </u>
b Other income (loss)	. 8b		-6	060		•		- :		<u> </u>	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				+				97	45	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				*			
e Certain deemed and/or corrective distributions (see instructions)	8e			0							
f Administrative service providers (salaries, fees, commissions)	. 8f			0							<u> </u>
g Other expenses	. 8g		1	653							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								16	53	
i Net income (loss) (subtract line 8h from line 8c)	. 8I								80	92	
j Transfers to (from) the plan (see instructions)	8j			0							
Part W Plan Characteristics											
B If the plan provides welfare benefits, enter the applicable welfare to Part V Compliance Questions	eature codes	s from the List of Piai	n Chara	cterist	ic Cod		e instru	ctions:	_		
10 During the plan year:				Yes	No	N/A		Am	ount		
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary Fid	uciary Correction	10a		x						
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х						
C Was the plan covered by a fidelity bond?			10c		х	2					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	······································		10d		х						
Were any fees or commissions paid to any brokers, agents, or otler carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of th	e benefits under	10e		х						
f Has the plan failed to provide any benefit when due under the pla	in?		10f		х						
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g	Х						39	939
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	ions and 29 CFR	10h		х				in way	#1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	S. S.
If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required r 1-3	notice or one of the	10i							5 . GA	. (. (2)
j Did the plan trust incur unrelated business taxable income?			10j	L		L					
Part VI Pension Funding Compliance											
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								[Yes	×	No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	B (Form 5500) line 4	00	,,		11a					
12 Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?	[Yes	X	No

	Form 5500-SF 2015 Page 3 - 1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			Ĩ		
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.		enter th Day	e date of th	ie letter ru Year	ling
<u>If y</u>	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	······	T		
<u>b</u>	Enter the minimum required contribution for this plan year		12b			
	Enter the amount contributed by the employer to the plan for this plan year		12c			
	negative amount)		120	<u> </u>		
Street Street	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Pant	Plan Terminations and Transfers of Assets					
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?			∐ Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?				Yes 🛚	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identified which assets or liabilities were transferred. (See instructions.)	y the plan(s) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
SCONGO OVERO						
Part	Vill Trust Information					
14a n	Name of trust		14b ⁻	Trust's EIN		
INAMEDIA INSTANC	Name of trustee or custodian		14d	Trustee's telephone		an's
Part	IRS Compliance Questions				·	<u> </u>
15a	is the plan a 401(k) plan?		Ye	s	□No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	i employer	ba ha	esign- esed safe erbor ethod	ADF test	
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "ci testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	01(m)-	Ye	***	□ No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		atio ercentage st	Ave	erage efit test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?		Ye	s	□No	
17a	Has the plan been timely amended for all required tax law changes?		Ye	S	□No	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted// for tax law changes and codes).		·		_ (See ins	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter // and the letter's serial n	umber		<u> </u>		ог
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter/	nter the date of	the pla	n's last fav	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes	3	□ No	
19	Were in-service distributions made during the plan year?		Ye	s	No	
	If "Yes," enter amount		19			
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of what retired), as required under section 401(a)(9)?		Ye	s	No	∏ N/A