For							OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed	1065 of the Employee Re	tirement	2015					
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the I			orm is Open to lic Inspection			
	nefit Guaranty Corporation	Complete all entries in a Information	accordance with the instr	ructions to the Form 55	00-SF.		•			
For calenda	ar plan year 2015 or fisca		015	and ending 12/	/31/2015					
	urn/report is for:			lan (not multiemployer) (nployer information in acc	Filers che	-				
B This retu	rn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	onths)					
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC prog	ram			
		special extension (enter descri	1 ,							
Part II		mation—enter all requested inf	ormation							
1a Name of LOTT & FIS	of plan CHER, PL 401(K) PLAN	I.			1b Threplan (PN	number	001			
				Ē	1c Effective date of plan 01/01/2015					
		r, if for a single-employer plan) apt., suite no. and street, or P.O	. Box)		2b Emp (EIN	oloyer Identii	fication Number 708996			
City or LOTT & FISC		country, and ZIP or foreign posta	al code (if foreign, see instr	ructions)	,	Sponsor's telephone number				
				-	2d Busi	305-448-7089 Business code (see instructions)				
	355 ALHAMBRA CIRCLE, SUITE 1100 CORAL GABLES, FL 33134				541110					
3a Plan ad	dministrator's name and	address XSame as Plan Spons	or.		3b Adm	ninistrator's I	EIN			
					3c Adm	ninistrator's t	elephone number			
name,	EIN, and the plan numb	olan sponsor has changed since t per from the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN					
a Sponso					4c PN		12			
_		the beginning of the plan year		Ē	5a 5b		12			
C Numbe	er of participants with ac	the end of the plan year count balances as of the end of t	he plan year (defined bene	efit plans do not	50 5c		12			
	,	cipants at the beginning of the pla		F	5d(1)		12			
• •		cipants at the end of the plan yea	-	F	5d(2)		12			
e Numb	er of participants that te	rminated employment during the	plan year with accrued be	nefits that were less	5e		0			
		incomplete filing of this return			se is esta	blished.				
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.								
SIGN	Filed with authorized/va		09/19/2016	LESLIE J. LOTT						
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	al signing	as plan adr	ninistrator			
SIGN										
HERE	Signature of employe		Date	Enter name of individu						
AUDREY D ERISA PEN 1035 NE 12		ne, if applicable) and address (in	clude room or suite numbe	ər) 	Preparer	s telephone 305-89	number 5-4949			
For Paperwo	ork Reduction Act Notice :	and OMB Control Numbers see the	instructions for Form 5500	SE			Form 5500-SE (2015)			

5500) and line 11a below)

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b 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.) 								No				
с	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determ	nined			
	rt III Financial Information		-3 - (- /							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year				
a	Total plan assets	7a	(0			5667	72			
	Total plan liabilities	7b			0				0			
	Net plan assets (subtract line 7b from line 7a)	7c			0			5667	72			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total				
а	Contributions received or receivable from:											
	(1) Employers	8a(1)			672	_						
	(2) Participants	8a(2)		24	000	_						
	(3) Others (including rollovers)	8a(3)			0							
b	Other income (loss)	8b			0	_						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		5667	72			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0							
е	Certain deemed and/or corrective distributions (see instructions)	8e			0							
f	Administrative service providers (salaries, fees, commissions)	8f			0							
q	Other expenses	8g			0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0					
	Net income (loss) (subtract line 8h from line 8c)	8i						5667	72			
	Transfers to (from) the plan (see instructions)			0								
Pa	Part IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension $2A$ 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the instructions:				
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Cod	les in th	e instructions:				
Par	V Compliance Questions											
10	During the plan year:				Yes	No	N/A	Amount				
а		oluntary F	iduciary Correction	10a		Х						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х						
c				10c		Х						
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused			X						
е		ner person	s by an insurance	10d		~						
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		x						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	ənd.)	10g		Х						
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								
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)								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 3	302 of F	RISA2	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.)								
a	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		12b					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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							
D		e PBGC?				Yes 🗙	No		
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	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?		Y	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No			
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No			
19	Were	in-service distributions made during the plan year?		Y	es	No			
	lf "Y€	es," enter amount		19					
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?	Y	es	No	N/A			

	m 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Employee							
	tment of the Treasury hal Revenue Service	This form is required to be file		065 of the Employee R	etirement		2015			
Employee Be	Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal This Form is Open for the Internal Employee Benefits Security Administration Revenue Code (the Code). Public Inspection									
Part I		→ Complete all entries in a Identification Information		uctions to the Form 5	500-SF.					
		cal plan year beginning	01/01/2015	and ending	12	/31/201	5			
A This return/report is for: a one-participant plan X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan										
B This retu	rn/report is	X the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)					
C Check b	box if filing under	X Form 5558	automatic extension			DFVC prog	ram			
Devid II	DI-DI-C-	special extension (enter descr								
Part II 1a Name		rmation—enter all requested inf	ormation		1b Thre	o diait				
	Fischer, PL 4	01(k) Plan				number	001			
						ctive date o				
		ver, if for a single-employer plan) n, apt., suite no. and street, or P.O	Box)		2b Emp		fication Number			
City or		e, country, and ZIP or foreign posta		uctions)			hone number			
					305-448-7089 2d Business code (see instructions)					
355 Alhambra Circle, Suite 1100						541110				
	Gables	FL 33134								
3a Plan ad	iministrator's name an	d address XSame as Plan Spons	ior.		3b Administrator's EIN					
					3C Adm	inistrator's	telephone number			
		plan sponsor has changed since hber from the last return/report.	the last return/report filed fo	or this plan, enter the	e 4b EIN					
a Sponso					4c PN					
5a Total r	number of participants	at the beginning of the plan year			<u>5</u> a	a				
		at the end of the plan year			5b		12			
		account balances as of the end of the			5c		12			
d(1) Tota	al number of active par	ticipants at the beginning of the pla	an year		5d(1)		12			
		ticipants at the end of the plan yea			5d(2)		12			
		erminated employment during the			5e		0			
Caution: A	penalty for the late of	or incomplete filing of this return	/report will be assessed	unless reasonable cau						
SB or Sche	atties of perjury and oth dule MB completed ar rue, correct, and comp	ner penalties set forth in the instructed signed by an enrolled actuary, a	tions, I declare that I have is well as the electronic ver	examined this return/re sion of this return/repor	port, includ t, and to the	ing, if applic e best of my	able, a Schedule knowledge and			
SIGN	the correct, and comp	Net C	and the first sector	Leslie J. Lot	t					
HERE Signature of plan administrator Date 9/19/16 Enter name of indi					ual signing	as plan adr	ministrator			
SIGN					aan argining	de plan de				
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual sionino	as employe	er or plan sponsor			
Audrey	Signature of employer/plan sponsor Date Enter name of indivi- Preparer's name (including firm name, if applicable) and address (include room or suite number) Audrey Dayan ERISA Pension Systems External					s telephone 305 - 895	number			
•	125 St, Ste									
North M	liami	FL 33161								
For Paperwo	ork Reduction Act Notic	and OMB Control Numbers, see the	Instructions for Form 5500-	SF.			Form 5500-SF (2015)			

Form 5500-SF 2015

	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	an indeper and condit	ndent qualified public a ions.)	accounta	ant (IQ	PA)			X Yes [X Yes [] No] No	
с	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in								Not determin	neđ	
-	rt III Financial Information				-						
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	эr	T		(b) End of	Year		
а	Total plan assets	7a				0				,672	
b	Total plan liabilities	7b				0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c				0			56,672		
8	Income, Expenses, and Transfers for this Plan Year		(а) Атто	unt			(b) Tol	al			
	Contributions received or receivable from:					-	2011		Sector Contraction		
	(1) Employers	<u>8a(1)</u>			2,67	-	_				
	(2) Participants	8a(2)		2	4,00	0	_				
	(3) Others (including rollovers)	8a(3)				0		1211			
	Other Income (loss)	8b				0					
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-			56	,672	
	Benefits paid (including direct rollovers and insurance premiums					0					
	to provide benefits)	8d				0		-			
-	Certain deemed and/or corrective distributions (see instructions)	80				0					
	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	<u>8g</u>									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>				-			56,	,672	
	Transfers to (from) the plan (see instructions)	8j				0					
<u> </u>	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	acteris	stic Co	des in t	he instruction	ons:		
в	2A 2E 2F 2G 2J 2K 3D		ing from the List of Dis	- Chave		- 0	las to th	- 1 47 47			
D	If the plan provides welfare benefits, enter the applicable welfare for	eature cou	es nom me List of Fia	n Unara	ICLERIST		es in m	e mstruction	15.		
Par	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
-	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time neriod		103		140		unount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x					
С	Was the plan covered by a fidelity bond?			10c		Х	14				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х					
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	he required	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance			,]			<u> </u>	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ients? (If "	Yes," see instructions	and con	nplete	Sched	ute SB	(Form	Yes [
<u>1</u> 1a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction :	302 of E	RISA?	Yes 3	No	

	Form 5500-SF 2015 Page 3 -						
	(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 instruction granting the waiver	ins, and e	nter the Day		e letter ruli 'ear	ng	
lf y	you 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				
	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 negative amount)		12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part \	/II Plan Terminations and Transfers of Assets						
13a	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				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought une of the PBGC?				Yes 🔀 I	No	
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to					
1	3c(1) Name of plan(s):	13c(2) i	EIN(s)		13c(3) P	N(s)	
Part	VIII Trust Information			I			
14a M	Name of trust		14b Trust's EIN				
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Part	IX IRS Compliance Questions						
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 emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	loyer	ba ba	esign- sed safe rbor ethod	ADP. test	/ACP	
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current testing method" for nonhighly compensated employees (Treas, Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m) 2(a)(2)(ii))?	:	Ye:		No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410)(b)	Ratio percentage test		Average benefit test		
	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:	6	No		
	Has the plan been timely amended for all required tax law changes?		Ye:	5	No	N/A	
	for tax law changes and codes).		••	le code		structions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that advisory letter, enter the date of that favorable letter and the letter's serial number				-	br	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter th determination letter		the plar	i's last favo	rable		
	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has b made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands		Yes		No		
19	Were in-service distributions made during the plan year?		Ye:	5	No No		
	If "Yes," enter amount		19				
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether retired), as required under section 401(a)(9)?		Ye:	5	No	N/A	