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

2017

This Form is Open to Public Inspection

Part I		Identification Information						
For calend	ar plan year 2017 or fi	iscal plan year beginning 01/01/2	2017		and ending 12	2/31/2017		
A This re	turn/report is for:	x a single-employer plan			n (not multiemployer) (loloyer information in ac		-	
		a one-participant plan	a foreign p	lan				
B This reti	urn/report is	the first return/report	the final ret					
		an amended return/report	a short plar	n year return	/report (less than 12 me	onths)		
C Check	box if filing under:	X Form 5558	automatic	extension		DFVC pro	ogram	
		special extension (enter descri	. ,					
Part II		ormation—enter all requested in	formation		ı			
1a Name	•					1b Three		
VERTICAL I	DE AVIACION U.S.A.,	INC. 401(K) PLAN				pian n (PN)	umber •	001
						1c Effect		
						IC LIIGU		/2011
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)			2b Emplo		ication Number
City or		ce, country, and ZIP or foreign post		ın, see instru	uctions)	, ,		none number
VERTIONE	<i>32</i>					2d Busine	305-592	see instructions)
2020 PONCI	E DE LEON BLVD.					La Dasini	5416	
SUITE 905B	3LES, FL 33134						3410	00
CORAL GAL	DLLO, FL 33134							
3a Plan a	idministrator's name a	nd address X Same as Plan Spor	nsor.			3b Admin	istrator's E	ΞIN
						3c Admin	istrator's t	elephone number
		e plan sponsor or the plan name ha				4b EIN		
	ian, enter the pian spo sor's name	onsor's name, EIN, the plan name a	and the plan hun	nber from th	e iast return/report.	4d PN		
C Plan N								
		s at the beginning of the plan year			ľ	5a		24
		s at the end of the plan year				5b		24
		account balances as of the end of				5c		24
` '		articipants at the beginning of the pl	-			5d(1)		3
		articipants at the end of the plan year			•	5d(2)		2
than	100% vested	terminated employment during the				5e		1
		or incomplete filing of this return						abla a Cabadula
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, and lete.						
SIGN		I/valid electronic signature.	09/22/2	018	FERNANDO LOPEZ			
HERE	Signature of plan a	administrator	Date		Enter name of individu	ual signing a	s plan adn	ninistrator
SIGN	Filed with authorized	d/valid electronic signature.	09/22/2	018	FERNANDO LOPEZ			

Date

HERE

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligib		,					X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determ	nined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See instructi	ions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
а	Total plan assets	. 7a	87	76551				735299	
b	Total plan liabilities	. 7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	. 7c	87	76551				735299	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) ⁻	Γotal	
а	Contributions received or receivable from:	90(1)		1772					
	(1) Employers	8a(1)		0	-				
	(2) Participants	8a(2)		0					
	Other income (loss)	8a(3) 8b	11	23427					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	12	20421				125199	
	Benefits paid (including direct rollovers and insurance premiums	. 60						120100	
	to provide benefits)	. 8d	26	60115					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f		6336					
g	Other expenses	. 8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						266451	
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						-141252	
j	Transfers to (from) the plan (see instructions)	· 8j		0					
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acteris	tic Cod	des in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period		103	110		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest			100					
	reported on line 10a.)			10b		X			
С				10c	X			90000)
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 other								
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e	X			6713	3
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ			
g		-		10g		Χ			
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	he required	d notice or one of the	10i					
	The state of the s				<u> </u>				

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No
11a	Enter the unpaid minimum required contributions 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 ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
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			
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 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?		Ye	s X N	0
	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 under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

Department of Labor

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).

2017

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	alendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/	/2017
A TI	nis return/report is for:	a single-employer plan	a multiple-employer plating em	ın (not multiemployer) (F ployer information in acc		
D Th	is return/report is	a one-participant plan	a foreign plan			
D III	is return/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)	
C C	heck box if filing under:	Form 5558	automatic extension	[DFVC progra	ım
		special extension (enter des				
Par		ormation—enter all requested i	nformation		40	- I
	lame of plan tical De Aviacio	on U.S.A., Inc. 401()	k) Plan		1b Three-digiting plan number (PN) ▶	
					1c Effective of	date of plan
N	failing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer	Identification Number
	ity or town, state or provintical De Aviacio	on U.S.A., Inc.	stal code (if foreign, see instr	uctions)	2c Sponsor's	telephone number 592-1184
						code (see instructions)
Sui	0 Ponce de Leon te 905B	Blvd.		22124		,
	al Gables			33134	541600	
Ja P	rian administrators name a	and address 🛛 Same as Plan Sp	onsor.		3b Administra	ators EIN
						ator's telephone number
4 II	f the name and/or FIN of the	ne plan sponsor or the plan name	has changed since the last re	turn/report filed for	4b FIN	
		ne plan sponsor or the plan name l onsor's name, EIN, the plan name	•	e last return/report.	4b EIN	
t			•	e last return/report.	4b EIN 4d PN	
a S	his plan, enter the plan sp		•	e last return/report.		
a s c F	his plan, enter the plan sp sponsor's name Plan Name Fotal number of participant	onsor's name, EIN, the plan name	and the plan number from th	e last return/report.	4d PN 5a	24
a 9 c F 5a 1 b 1	his plan, enter the plan sp sponsor's name Plan Name Fotal number of participant Fotal number of participant	onsor's name, EIN, the plan name s at the beginning of the plan year s at the end of the plan year	and the plan number from the	e last return/report.	4d PN	24
5a 7 c N	his plan, enter the plan sp sponsor's name Plan Name Fotal number of participant Fotal number of participant Number of participants with	onsor's name, EIN, the plan name	and the plan number from the	e last return/report.	4d PN 5a 5b 5c	
a S C F 5a T C N	his plan, enter the plan sp sponsor's name Plan Name Fotal number of participant Fotal number of participant Number of participants with complete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of	and the plan number from the	e last return/report.	4d PN 5a 5b 5c 5d(1)	24
a s c F b 1 c N d(1	his plan, enter the plan sp sponsor's name Plan Name Total number of participant Total number of participant Number of participants with complete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of	and the plan number from the	e last return/report.	4d PN 5a 5b 5c	24
5a T C N C d(1 d(2 e	his plan, enter the plan specific ponsor's name Plan Name Total number of participant of participant of participants with complete this item) Total number of active p Total number of active p Number of participants when 100% vested	s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the end of the plan year articipants at the end of the plan year terminated employment during the plan year terminated employment during the	and the plan number from the plan year (only defined plan year	e last return/report. contribution plans nefits that were less	5a 5b 5c 5d(1) 5d(2) 5e	24
a s c F b 1 c N d d 1 d (2 e Cauti	his plan, enter the plan specific points of participant with complete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the beginning of the plan ye terminated employment during the por incomplete filing of this returns.	and the plan number from the plan year (only defined plan yearearearearearearene plan year with accrued be	e last return/report. contribution plans nefits that were less unless reasonable cau	4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is established	24 24 3 2 1
a S C F Sa T C N C C N C C C C C C C C C C C C C C	his plan, enter the plan specific plan Name Plan Name Total number of participant of participant of participant of participant with complete this item) Total number of active personal participants with the plant of participants where one of participants with the participant where of participants where one of participants	s at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan ye terminated employment during the process of the interpretation of the plan year articipants at the end of the plan year the plan year the plan year that are penalties set forth in the instruction of the plan year that year th	and the plan number from the plan year (only defined plan year with accrued be assessed uctions, I declare that I have as well as the electronic version of the plan year with accrued be assessed uctions, I declare that I have as well as the electronic version.	contribution plans nefits that were less unless reasonable cau examined this return/report,	5a 5b 5c 5d(1) 5d(2) 5e se is established port, including, if and to the best	24 24 24 24 26 26 26 26 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28
5a 1 b 1 c N d(1 d(2 e Cauti Under SB or belief, SIGN	his plan, enter the plan sproposor's name Plan Name Total number of participant Number of participants with complete this item) Total number of active p Total number of active p Number of participants when 100% vested	s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the end of the plan ye o terminated employment during the por incomplete filing of this return the penalties set forth in the instruction of the plan year and signed by an enrolled actuary, include	and the plan number from the plan year (only defined plan year with accrued be assessed uctions, I declare that I have as well as the electronic version of the plan year with accrued be assessed uctions, I declare that I have as well as the electronic version.	contribution plans mefits that were less unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e se is established port, including, if and to the best	24 24 24 24 26 26 26 26 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28
5a 1 b 1 c N d(1 d(2 e Cauti Under SB or belief.	his plan, enter the plan specific ponsor's name Plan Name Total number of participant of participant number of participants with complete this item) Total number of active pont of active pont number of participants when 100% vested not penalties of p	s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the end of the plan ye o terminated employment during the por incomplete filing of this return the penalties set forth in the instruction of the plan year and signed by an enrolled actuary, include	and the plan number from the plan year (only defined plan year with accrued be assessed uctions, I declare that I have as well as the electronic very page 19-18.	e last return/report. contribution plans mefits that were less unless reasonable cau examined this return/report, sion of this return/report, Fernando Lopez Enter name of individu	5a 5b 5c 5d(1) 5d(2) 5e se is established port, including, if and to the best	ed. applicable, a Schedule t of my knowledge and
5a 1 b 1 c N d(1 d(2 e Cauti Under SB or belief, SIGN	his plan, enter the plan sproposor's name Plan Name Total number of participant Number of participants with complete this item) Total number of active p Total number of active p Number of participants when 100% vested on: A penalty for the later penalties of perjury and consideration of the later Signature of plan	s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the beginning of the articipants at the end of the plan year the articipants at the end of the plan year the plants at the end of the plan year the properties of the plants at the end of the plants articipants at the end of the plants of terminated employment during the portion of this return the penalties set forth in the instruction of the plants are the properties.	and the plan number from the plan year (only defined plan year with accrued be assessed uctions, I declare that I have as well as the electronic veri	contribution plans mefits that were less unless reasonable cau examined this return/report, fernando Lopez Enter name of individu Fernando Lopez	5a 5b 5c 5d(1) 5d(2) 5e se is established bort, including, if and to the best	ed. applicable, a Schedule t of my knowledge and

P	a	n	6	2

Form			

	144		l	(O itti)				X Yes □ No
6a h		all of the plan's assets during the plan year invested in eligib ou claiming a waiver of the annual examination and report of						X tes No
~	under	29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ons.)				
		answered "No" to either line 6a or line 6b, the plan cann						
C		plan is a defined benefit plan, is it covered under the PBGC in					_	
	If "Ye	s" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r		(See instructions.)
Pai	t III	Financial Information						
7	Plan A	Assets and Liabilities		(a) Beginning (of Year			(b) End of Year
а	Total	plan assets	7a		876,			735,299
b	Total	plan liabilities	7b			0		0
С	Net pl	an assets (subtract line 7b from line 7a)	7c		876,	551		735,299
8	Incom	e, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а		butions received or receivable from: mployers	8a(1)		1,	772		
	(2) P	articipants	8a(2)			0		
	(3) O	thers (including rollovers)	8a(3)			0		
b	Other	income (loss)	8b		123,	427		
		income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		125,199
		its paid (including direct rollovers and insurance premiums vide benefits)	8d		260,	115		
		n deemed and/or corrective distributions (see instructions)	8e			0		
f	Admin	nistrative service providers (salaries, fees, commissions)	8f		6,	336		
		expenses	8g			0		
h	Total	expenses (add lines 8d, 8e, 8f, and 8g)	8h					266,451
		come (loss) (subtract line 8h from line 8c)	8i					-141,252
j	Transi	fers to (from) the plan (see instructions)	8j			0		
Par	t IV	Plan Characteristics						
9a		plan provides pension benefits, enter the applicable pension A 2E 2F 2G 2J 3D	feature co	des from the List of Pla	an Cha	racteri	stic Cod	des in the instructions:
b	If the	plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	tic Code	es in the instructions:
Раг	t V	Compliance Questions						
10	Duri	ng the plan year:				Yes	No	Amount
а	des	there a failure to transmit to the plan any participant contribucribed in 29 CFR 2510.3-102? (See instructions and DOL's Vigram)	/oluntary F	iduciary Correction	10a		х	
b	Wer	e there any nonexempt transactions with any party-in-interest rted on line 10a.)	? (Do not i	nclude transactions	10b		Х	
С	Was	s the plan covered by a fidelity bond?			10c	х		90,000
d	Did t	the plan have a loss, whether or not reimbursed by the plan's aud or dishonesty?	fidelity bo	nd, that was caused	10d		Х	
е	carri	e any fees or commissions paid to any brokers, agents, or other, insurance service, or other organization that provides somolan? (See instructions.)	ne or all of	the benefits under	10e	Х		6,713
f	Has	the plan failed to provide any benefit when due under the pla	ın?		10f		Х	
g	Did t	the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Х	
h	2520	s is an individual account plan, was there a blackout period? 0.101-3.)			10h		х	- 173454739011315
i		h was answered "Yes," check the box if you either provided to eptions to providing the notice applied under 29 CFR 2520.10			10i			

Form		

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11	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch	edule S	В	☐ Yes 🛛
	(Form 5500) and line 11a below)			
11a	Enter the unpaid minimum required contributions 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 ERISA?			☐ Yes 🏻
а	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter		f the letter ruling Year
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	nter the minimum required contribution for this plan year	12b		
C	nter 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
art \	II Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	⊠ 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 under the control of the PBGC?			Yes 🛛 No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)