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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pai		t Identification Information						
For c	alendar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 and ending 1	2/31/2016				
A TI	his return/report is for:	a single-employer plan a one-participant 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 Th	nis return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)					
-	heck box if filing under:	Form 5558 special extension (enter description)	<u>'</u>	X DFVC pro	ogram			
Par		ormation—enter all requested in	formation		1			
	Name of plan NG ALL SHIPS LLC 401(K) PROFIT SHARING PLAN & TRUS	ST	1b Three-plan n (PN)	umber	001		
				1c Effecti	ve date of 01/01			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)			2b Employer Identification Number (EIN) 35-2536557					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CALLING ALL SHIPS LLC				2c Sponsor's telephone number 305-820-3207				
			2d Business code (see instructions)					
5860 MIAMI LAKES DR E MIAMI LAKES, FL 33014-2402				424400				
3a F	Plan administrator's name a	and address 🛚 Same as Plan Spor	nsor.	3b Admin	istrator's E	IN		
				3c Admin	istrator's te	elephone number		
	name, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN				
as	Sponsor's name			4c PN				
5a ⁻	Total number of participant	s at the beginning of the plan year		5a				
b .	Total number of participant	s at the end of the plan year		5b				
			the plan year (only defined contribution plans	5c		(
d(1	l) Total number of active p	articipants at the beginning of the pl	an year	5d(1)				
d(2	2) Total number of active p	articipants at the end of the plan year	ar	5d(2)				
	than 100% vested		plan year with accrued benefits that were less	5e				
			n/report will be assessed unless reasonable ca					
Unde	er penalties of perjury and o	other penalties set forth in the instru	ctions, I declare that I have examined this return/re	eport, includin	g, if applica	able, a Schedule		

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief it is true, correct, and complete

SIGN	Filed with authorized/valid electronic signature.	09/28/2018	CAROLYN DELGADO				
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 spons				
Preparer's name (including firm name, if applicable) and address (include room or suite number)			er) Preparer's telephone number				

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

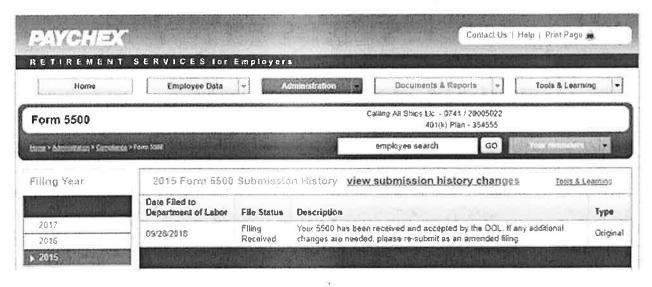
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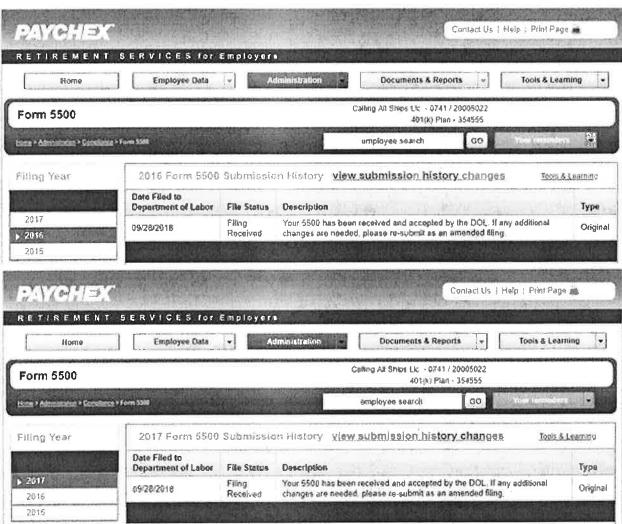
	Were all of the plan's assets during the plan year invested in eligib		` ,					X	Yes No	
D	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X	Yes No		
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	□No □ No	ot determined	
	rt III Financial Information						1			
7	Plan Assets and Liabilities		(a) Beginning	of Year				b) End of Ye	ar	
a	Total plan assets	7a	(a) Deginning	1578		(b) End of Teal				
	Total plan liabilities	7b		0			0			
	Net plan assets (subtract line 7b from line 7a)	7c	1578			0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt		(b) Total				
а	Contributions received or receivable from:		(17					<u> </u>		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		0						
<u>b</u>	Other income (loss)	8b		-23						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-23			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1425						
	Certain deemed and/or corrective distributions (see instructions).	8e		0						
c	Administrative service providers (salaries, fees, commissions)	8f		130						
_ <u>'</u>	Other expenses	8g		0)					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1555			
-	Net income (loss) (subtract line 8h from line 8c)	8i					-1578			
÷	Transfers to (from) the plan (see instructions)			C						
Do										
9a	Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
	3D 2E 2T 2G 2J 2F									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instructions	S:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Am	ount	
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	,	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				20000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X				
е	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	f Has the plan failed to provide any benefit when due under the plan?			10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		X				
h	1 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X				
i										

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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 So (Form 5500) and line 11a below)						\	∕es X No	
		r 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 3 ERISA?									
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d				
		he 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		1					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		r the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to				
	13c(1)	Name of plan(s):	1	3c(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 the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L		n-based arbor	d [Prior ye test	ear" ADP	
				Curre	ent year est	<u>"</u>	N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:			entage	age Average N/A benefit test N/A					
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?					☐ No				
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter/									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s [No		
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s	No		





If you have any questions or require any additional information please do not hesitate to contact me.

Thank you very much.