	m 5500-SF	Short Form Annual Return/Report of Small Emplo Benefit Plan				OME	Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be fil	This form is required to be filed under sections 104 and 4065 of the Employee F							
	epartment of Labor enefits Security Administration	Income Security Act of 197				n is Open to				
Pension Be	enefit Guaranty Corporation	<ul> <li>Complete all entries in</li> </ul>	accordance with the ins	tructions to the Form 550	00-SF.	Public I	nspection			
Part I	Annual Repor	t Identification Information								
For calenda	ar plan year 2018 or i	fiscal plan year beginning 01/01/			/31/2018					
A This ret	urn/report is for:	X a single-employer plan	list of participating e	plan (not multiemployer) (F employer information in acc		0				
		a one-participant plan	a foreign plan							
<b>B</b> This retu	urn/report is	X the first return/report	the final return/repor	t						
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	nths)					
C Check t	box if filing under:	X Form 5558	automatic extension	Г	DFVC p	rogram				
		special extension (enter deso		L	_ ·	U U				
Part II	Basic Plan Inf	ormation—enter all requested in	1 )							
1a Name					1b Thre					
	TROL 401(K) PLAN				•	number	001			
					(PN)	tive date of pla	001			
						01/01/20				
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	.O. Box)		2b Empl (EIN)	2b Employer Identification Numb				
City or WING CONT		ce, country, and ZIP or foreign pos	stal code (if foreign, see ins	structions)	2c Sponsor's telephone number 305-698-2568					
				F	<b>2d</b> Business code (see instructions)					
975 W. 22ND HIALEAH, FL					336410					
	_ 33010									
<b>3a</b> Plan ad	dministrator's name a	and address 🛛 Same as Plan Spo	onsor.		3b Admi	nistrator's EIN				
					3c Admi	nistrator's tele	phone number			
		ne plan sponsor or the plan name h onsor's name. FIN, the plan name		return/report filed for	4b EIN					
this pla		ne plan sponsor or the plan name f onsor's name, EIN, the plan name		return/report filed for the last return/report.						
this pla	an, enter the plan sp or's name			return/report filed for the last return/report.	4b EIN					
this pla <b>a</b> Sponso <b>c</b> Plan N	an, enter the plan sp or's name lame	onsor's name, EIN, the plan name	and the plan number from	return/report filed for the last return/report.	4b EIN 4d PN					
this pla a Sponso c Plan N	an, enter the plan sp or's name lame number of participant	onsor's name, EIN, the plan name	and the plan number from	return/report filed for the last return/report.	4b EIN 4d PN 5a		14			
this pla a Sponse c Plan N 5a Total r b Total r	an, enter the plan sp or's name lame number of participant 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	return/report filed for the last return/report.	4b EIN 4d PN		13			
this pla a Sponso c Plan N 5a Total r b Total r c Numbe	an, enter the plan sp or's name lame number of participant number of participant er of participants with	onsor's name, EIN, the plan name	and the plan number from	return/report filed for the last return/report.	4b EIN 4d PN 5a					
this pla a Sponso c Plan N 5a Total r b Total r c Numbe completer	an, enter the plan sp or's name lame number of participant number of participant er of participants with lete this item)	onsor's name, EIN, the plan name s at the beginning of the plan year s at the end of the plan year n account balances as of the end o	and the plan number from	return/report filed for the last return/report.	4b EIN 4d PN 5a 5b		13			
this pla a Sponse c Plan N 5a Total r b Total r c Numbe comple d(1) Tota	an, enter the plan sp or's name lame number of participant number of participant er of participants with lete this item)	onsor's name, EIN, the plan name s at the beginning of the plan year s at the end of the plan year n account balances as of the end o	and the plan number from	return/report filed for the last return/report.	4b EIN 4d PN 5a 5b 5c		13 7			
this pla a Sponso c Plan N 5a Total r b Total r c Numbe comple d(1) Tota e Numbe	an, enter the plan sp or's name lame number of participant number of participants er of participants with lete this item) al number of active p al number of active p per of participants wh	onsor's name, EIN, the plan name s at the beginning of the plan year s at the end of the plan year n account balances as of the end o articipants at the beginning of the p articipants at the end of the plan ye o terminated employment during th	and the plan number from of the plan year (only define plan year ear he plan year with accrued l	return/report filed for the last return/report.	4b EIN 4d PN 5a 5b 5c 5d(1)		13 7 14			
this pla a Sponse c Plan N 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe than f	an, enter the plan sp or's name lame number of participant number of participants er of participants with ete this item)	onsor's name, EIN, the plan name s at the beginning of the plan year s at the end of the plan year n account balances as of the end o articipants at the beginning of the p articipants at the end of the plan year	and the plan number from f the plan year (only define plan year he plan year with accrued l	return/report filed for the last return/report.	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e	blished.	13 7 14			
this pla a Sponse c Plan N 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numb than caution: A Under pena SB or Sche	an, enter the plan sp or's name lame number of participant number of participant er of participants with ete this item)	onsor's name, EIN, the plan name s at the beginning of the plan year s at the end of the plan year n account balances as of the end o articipants at the beginning of the p articipants at the end of the plan year o terminated employment during the or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary,	and the plan number from of the plan year (only define plan year he plan year with accrued l rn/report will be assesse uctions, I declare that I hav	return/report filed for the last return/report.	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is estal ort, includi	ng, if applicabl	13 7 14 13 e, a Schedule			
this pla a Sponse c Plan N 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numb than caution: A Under pena SB or Sche	an, enter the plan sp or's name lame number of participant number of participant er of participants with ete this item)	onsor's name, EIN, the plan name s at the beginning of the plan year s at the end of the plan year n account balances as of the end o articipants at the beginning of the p articipants at the end of the plan year o terminated employment during the or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary,	and the plan number from of the plan year (only define plan year he plan year with accrued l rn/report will be assesse uctions, I declare that I hav	return/report filed for the last return/report.	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is estal ort, includi	ng, if applicabl	13 7 14 13 e, a Schedule			
this pla a Sponso c Plan N 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t	an, enter the plan sp or's name lame number of participant number of participant er of participants with ete this item)	onsor's name, EIN, the plan name s at the beginning of the plan year s at the end of the plan year n account balances as of the end o articipants at the beginning of the p articipants at the end of the plan year o terminated employment during the o terminated employment during the ther penalties set forth in the instru- and signed by an enrolled actuary, nplete.	and the plan number from of the plan year (only define plan year he plan year with accrued l rn/report will be assesse uctions, I declare that I hav as well as the electronic v	return/report filed for the last return/report.	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is estal ort, includi and to the	ng, if applicabl best of my kn	13         7         14         13         e, a Schedule owledge and			
this pla a Sponso c Plan N 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t	an, enter the plan sp or's name lame number of participant number of participant er of participants with ete this item)	onsor's name, EIN, the plan name s at the beginning of the plan year s at the end of the plan year n account balances as of the end o articipants at the beginning of the p articipants at the end of the plan year o terminated employment during the o terminated employment during the ther penalties set forth in the instru- and signed by an enrolled actuary, nplete.	and the plan number from f the plan year (only define plan year he plan year with accrued l rn/report will be assesse uctions, I declare that I hav as well as the electronic v 10/02/2019	return/report filed for the last return/report.	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is estal ort, includi and to the	ng, if applicabl best of my kn	13         7         14         13         e, a Schedule owledge and			

6a b	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.)								
	If you answered "No" to either line 6a or line 6b, the plan cann								
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this plan year	(See instructions.)					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	0	44052					
b	Total plan liabilities	7b		1174					
С	Net plan assets (subtract line 7b from line 7a)	7c	0	42878					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	21580						
			0.4050						

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End of Year
<b>a</b> Total plan assets	7a		0			44052
<b>b</b> Total plan liabilities	7b					1174
<b>C</b> Net plan assets (subtract line 7b from line 7a)	7c		0			42878
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)		21580			
(2) Participants	8a(2)		24853			
(3) Others (including rollovers)	8a(3)					
<b>b</b> Other income (loss)	8b		-3450			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					42983
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f		105			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					105
i Net income (loss) (subtract line 8h from line 8c)	8i					42878
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
2A       2E       2F       2G       2J       2K       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare for         Part V       Compliance Questions	eature cod	les from the List of Pla	n Chara	acterist	tic Code	s in the instructions:
10 During the plan year:				Yes	No	Amount
<ul> <li>a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	/oluntary F 	iduciary Correction	10a		x	Anoun
reported on line 10a.)			10b		X	
C Was the plan covered by a fidelity bond?			10c		Х	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x	
e 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	
<b>f</b> Has the plan failed to provide any benefit when due under the pla	n?		10f		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		X	
h If this is an individual account plan, was there a blackout period? 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			10i			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er 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	X No
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 granting the waiver							tter rul	ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b	<b>b</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 N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		13	<b>:(3)</b> PN	۱(s)

	Form 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan				OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee <b>2018</b>					
	Department of Labor ployee Benefits Security Administration	Retirement Income Security Act of the Internation	f 1974 (ERISA), and s al Revenue Code (the		a) of	This Form is Open to Public Inspection		
F	Pension Benefit Guaranty Corporation	Complete all entries in accord	lance with the instru	ctions to the Form 5500	-SF.			
		dentification Information						
For	calendar plan year 2018 or fisca		01/01/2018	and ending		1/2018		
	This return/report is for:	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 one-participant plan       a foreign plan         x       the first return/report       the final return/report						
	[	rn/report (less than 12 mo	onths)					
С	Check box if filing under:	x Form 5558	automatic extension			FVC program		
_		special extension (enter description	,					
-		mation enter all requested inform	mation	<u>г</u>	41 -			
1a	Name of plan Wing Control 401(k)	Plan			(PN	number )▶ 001		
						ctive date of plan /01/2018		
2a	Mailing Address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O. Bo , country, and ZIP or foreign postal co		ructions)	2b Employer Identification Number (EIN) 46-1450583			
	Wing Control LLC.		ue (e.e.g., eeee		2c Sponsor's telephone number (305) 698-2568			
	975 W. 22nd Street			-	2d Business code (see instructions) 336410			
_	US Hialeah FL 33010							
за	Plan administrator's name and	address X Same as Plan Sponsor	r		3D Adm	ninistrator's EIN		
				-	<b>3c</b> Administrator's telephone number			
4	•	blan sponsor or the plan name has ch or's name, EIN, the plan name and th	•		4b EIN			
а	Sponsor's name				<b>4d</b> PN			
	Plan Name							
	Total number of participants at	t the beginning of the plan year			5a	14		
b		t the end of the plan year		F	5b	13		
С	Number of participants with ac	count balances as of the end of the p	lan year (only defined	contribution plans	5c	7		
d(	1) Total number of active partic	pipants at the beginning of the plan ye	ar	•••••	5d(1)	14		
d(	2) Total number of active partic	pipants at the end of the plan year	*****	-	5d(2)	13		
e	Number of participants who te	rminated employment during the plan			5e			
Са		r incomplete filing of this return/rep			se is esta	blished.		
Un SB	der penalties of perjury and other	er penalties set forth in the instruction d signed by an enrolled actuary, as we	s, I declare that I have	examined this return/rep	<mark>ort, includ</mark> i	ing, if applicable, a Schedule		
		R	10/2/2019	beida casanova				
	IGN ERE Signature of plan admir	nistrator	Date	Enter name of individual	signing a	s plan administrator		
			10/2/2019	beida casanc				

HEF	E Signature of employer/plan sponsor	- fee	Date	Enter name of individual signing as employer or plan sponsor
For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.				Form 5500-SF (2

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	XYes No
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.)	XYes No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year	(See instructions.)
P	Part III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	0	44,052
b	Total plan liabilities	7b		1,174
С	Net plan assets (subtract line 7b from line 7a)	7c	0	42,878
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	21,580	
	(2) Participants	8a(2)	24,853	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	(3,450)	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		42,983
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	105	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		105
i	Net income (loss) (subtract line 8h from line 8c)	8i		42,878
j	Transfers to (from) the plan (see instructions)	8j		

## 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:

2A 2E 2F 2G 2J 2K 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction					
	Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
С	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 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	Has the plan failed to provide any benefit when due under the plan?	10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x		
i	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				

Page **3 -**

Part	: VI	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)		nedule S	8B	Te:	s 🗴 No	)
11a	Enter t	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	********	11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the C ? s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		on 302 o	of	Ye:	s I No	)
а	If a wai grantin	ver of the minimum funding standard for a prior year is being amortized in this plan year, see in g the waiver M	Ionth	id enter Da		of the lette	er ruling	
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Enter t	ne minimum required contribution for this plan year.	••••••	12b				
С	<b>C</b> Enter the amount contributed by the employer to the plan for the plan year							
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)								
е	Will the	e 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 i	resolution to terminate the plan been adopted in any plan year?	••••••	Yes X No			lo	
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	••••••	13a				
b		II the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	0		י 🗌	res 🗴	No	
С	,	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden assets or liabilities were transferred. (See instructions.)	tify the plan(s	s) to				
1:	3c(1) Na	me of plan(s):	<b>13c(2)</b> El	N(s)		13c(3)	<b>)</b> PN(s)	