

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
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Part I Annual Report Identification Information		
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>11/30/2017</u>		
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan	
B This return/report is	<input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)	
C Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)	

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>ILLUSIONS SIGNATURE CORP 401(K) PROFIT SHARING PLAN & TRUST</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ILLUSIONS SIGNATURE CORP</u> <u>BETSAIDA ORONO</u> <u>18775 SW 104TH AVE UNIT C</u> <u>CUTLER BAY, FL 33157-6839</u>		1c Effective date of plan <u>01/01/2015</u> 2b Employer Identification Number (EIN) <u>26-2512110</u> 2c Sponsor's telephone number <u>305-591-7484</u> 2d Business code (see instructions) <u>446120</u>
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN 3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN 4d PN	
5a Total number of participants at the beginning of the plan year	5a	<u>13</u>
b Total number of participants at the end of the plan year.....	5b	<u>0</u>
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	5c	<u>0</u>
d(1) Total number of active participants at the beginning of the plan year.....	5d(1)	<u>11</u>
d(2) Total number of active participants at the end of the plan year	5d(2)	<u>0</u>
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	<u>0</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
 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 SB or 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 HERE	Filed with authorized/valid electronic signature.	11/20/2019	BETSAIDA ORONO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/20/2019	BETSAIDA ORONO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ 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.) ☒ Yes ☐ 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.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	89367	0
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	89367	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	1772	
(2) Participants	8a(2)	3783	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	3878	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		9433
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	98032	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	768	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		98800
i Net income (loss) (subtract line 8h from line 8c)	8i		-89367
j Transfers to (from) the plan (see instructions)	8j	0	

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:
2T 2J 3D 2G 2E 2K 2F
- 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	Amount
a 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		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		20000
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	
e 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		117
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			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☐ Yes ☒ 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 302 of ERISA? ☐ Yes ☒ No
(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 instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If 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**

c 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**

e 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? ☒ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** 0

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

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

NUMBER OF THIS NOTICE: CP-406
DATE OF THIS NOTICE: 11-18-2019
TAXPAYER IDENT. NUM: 26-2512110
FORM: 5500SF PLAN #: 001
PLAN YEAR ENDING: 12-31-2017

ILLUSIONS SIGNATURE CORP
18775 SW 104TH AVE STE C
CUTLER BAY FL 33157-6839753



000040

COMPLETE AND RETURN WITH YOUR REPLY

Section I

Enter the information exactly as shown on the form filed with EBSA.

Name and address as shown on the form Employer Identification
Number (EIN)

Plan Year Ending

Date filed with EBSA and Acknowledgement Plan Number
number:

Section II
Not Required to File

Please check the box that applies to you, a form was not filed
because:

- ☐ Plan in question is a Savings Incentive Match Plan for
Employees of Small Employers (SIMPLE) that involves
SIMPLE IRAs.
- ☐ Plan in question is a Simplified Employee Pension (SEP).
- ☒ Plan was terminated or merged into a new plan. You must
still file a "Final" return showing zero end-of-year assets,
zero participants, and mark "the final return filed for
the plan" box in part 1 of the form.
- ☐ Other: _____

Section III
Reason for not filing on time

Explain why you did not file on time:

Attached letter with explanation.

November 20th, 2019

IRS
Department of Labor
Employee Benefits Security Administration

To whom it may concern:

The reason for this letter is to explain why we have not file the 5500 form corresponding to period: 01/01/2017 - 11/30/2017 for ILLUSIONS SIGNATURE CORP.

Unfortunately I was not correctly informed of what we needed to do, the person in charge of this matters left due to a downsize in the company and also this issue was handled by Paychex who was at that time the entity in charge of our Payroll and Employee Benefits Plan. I did not know that we needed to file the 5500 form after we ended our relationship with them.

The first letter we received from the IRS regarding this issue was on 05-27-2019 and we sent our response 06-18-19 (documents attached). At that time we contacted Paychex and they sent us that form. We thought that we had closed this case. After that we received another letter from the IRS again on 08-01-2019 saying that we needed to file this return and show it on "0", and that is when we called Paychex again for an explanation of this file and they sent the information and said that we needed to file the 5500 form. We opened the account on EFAST and tried several times to file the return but were not able due to continues errors in the system. We called Efast but did not understand and kept getting the same error.

I understand that this is a very serious matter but I want you to understand that for reasons beyond my control we have not fulfilled this duty.

I would really appreciate you could review this information and let me know what should I do in order to amend this unfortunate misunderstanding.


Sincerely,

Betsaida Orono
President
Illusion's Signature Corp
18775 SW 104TH AVE #C
CUTLER BAY FL 33157-6839
Telf: (305) 591.7484 | Fax. (305) 328-9424
Email: betsvorono@illusionsusa.us



ILLUSION'S SIGNATURE CORP
18775 SW 104TH AVE #C
MIAMI, FL 33157

INTERNAL REVENUE SERVICE
OGDEN UT 84201-0018
[Barcode]



\$0.50
US POSTAGE
FIRST-CLASS
062S0009365127
33157
[Barcode]
B4308402

20-18-19 See Series

NUMBER OF THIS NOTICE: CP-403
DATE OF THIS NOTICE: 05-27-2019
TAXPAYER IDENT. NUM: 26-2512110
FORM: 5500SF PLAN #: 001
PLAN YEAR ENDING: 12-31-2017

ILLUSIONS SIGNATURE CORP
18775 SW 104TH AVE # C
CUTLER BAY FL 33157-6839753



000843

COMPLETE AND RETURN WITH YOUR REPLY

Section I

Enter the information exactly as shown on the form filed with EBSA.

Name and address as shown on the form

Employer Identification
Number (EIN)

202512110

Plan Year Ending 2017

Date filed with EBSA and Acknowledgement Plan Number
number: 001

Section II

Not Required to file

Please check the box that applies to you, a form was not filed
because:

- ☐ Plan in question is a Savings Incentive Match Plan for
Employees of Small Employers (SIMPLE) that involves
SIMPLE IRAs.
- ☐ Plan in question is a Simplified Employee Pension (SEP).
- ☒ Plan was terminated or merged into a new plan. You must
still file a "Final" return showing zero end-of-year assets,
zero participants, and mark "the final return filed for
the plan" box in part 1 of the form.
- ☐ Other: _____

Section III

Reason for not filing on time

Explain why you did not file on time:

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For plan year beginning 1/1/2017 and ending 11/30/2017

A Name of plan ILLUSIONS SIGNATURE CORP	B Three-digit plan number 001
C Plan sponsor's name as shown on line 2a of Form 5500 Illusions Signature Corp	D Employer Identification Number 262512110

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines c(9) through c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions.

Assets		End of Year
a Total noninterest-bearing cash	a	0.00
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	b(1)	0.00
(2) Participant contributions	b(2)	0.00
(3) Other	b(3)	0.00
c General investments:		
(1) Interest-bearing cash (incl. money market accounts and certificates of deposit)	c(1)	0.00
(2) U.S. Government securities	c(2)	0.00
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	c(3)(A)	0.00
(B) All other	c(3)(B)	0.00
(4) Corporate stocks (other than employer securities):		
(A) Preferred	c(4)(A)	0.00
(B) Common	c(4)(B)	0.00
(5) Partnership/joint venture interests	c(5)	0.00
(6) Real estate (other than employer real property)	c(6)	0.00
(7) Loans (other than to participants)	c(7)	0.00
(8) Participant loans	c(8)	0.00
(9) Value of interest in common/collective trusts	c(9)	0.00
(10) Value of interest in pooled separate accounts	c(10)	0.00
(11) Value of interest in master trust investment accounts	c(11)	0.00
(12) Value of interest in 103-12 investment entities	c(12)	0.00
(13) Value of interest in registered investment companies (e.g., mutual funds)	c(13)	0.00
(14) Value of funds held in insurance co. general account (unallocated contracts)	c(14)	0.00
(15) Other	c(15)	0.00
d Employer-related investments:		
(1) Employer securities	d(1)	0.00
(2) Employer real property	d(2)	0.00
e Buildings and other property used in plan operation	e	0.00
f Total assets (add all amounts in lines 1a through 1e)	f	0.00
Liabilities		
g Benefit claims payable	g	0.00
h Operating payables	h	0.00
i Acquisition indebtedness	i	0.00
j Other liabilities	j	0.00
k Total liabilities (add all amounts in lines 1g through 1j)	k	0.00
Net Assets		
l Net assets (subtract line 1k from line 1f)	l	0.00

For plan year beginning 1/1/2017 and ending 11/30/2017

A Name of plan ILLUSIONS SIGNATURE CORP	B Three-digit plan number 001
C Plan sponsor's name as shown on line 2a of Form 5500 Illusions Signature Corp	D Employer Identification Number 262512110

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines c(9) through c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions.

Assets		Beginning of Year
a Total noninterest-bearing cash	a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	b(1)	0.00
(2) Participant contributions	b(2)	0.00
(3) Other	b(3)	0.00
c General investments:		
(1) Interest-bearing cash (incl. money market accounts and certificates of deposit)	c(1)	0.00
(2) U.S. Government securities	c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	c(3)(A)	
(B) All other	c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	c(4)(A)	
(B) Common	c(4)(B)	
(5) Partnership/joint venture interests	c(5)	
(6) Real estate (other than employer real property)	c(6)	
(7) Loans (other than to participants)	c(7)	
(8) Participant loans	c(8)	2,084.00
(9) Value of interest in common/collective trusts	c(9)	0.00
(10) Value of interest in pooled separate accounts	c(10)	87,283.00
(11) Value of interest in master trust investment accounts	c(11)	0.00
(12) Value of interest in 103-12 investment entities	c(12)	0.00
(13) Value of interest in registered investment companies (e.g., mutual funds)	c(13)	0.00
(14) Value of funds held in insurance co. general account (unallocated contracts)	c(14)	
(15) Other	c(15)	0.00
d Employer-related investments:		
(1) Employer securities	d(1)	
(2) Employer real property	d(2)	
e Buildings and other property used in plan operation	e	
f Total assets (add all amounts in lines 1a through 1e)	f	89,367.00
Liabilities		
g Benefit claims payable	g	
h Operating payables	h	
i Acquisition indebtedness	i	
j Other liabilities	j	
k Total liabilities (add all amounts in lines 1g through 1j)	k	0.00
Net Assets		
l Net assets (subtract line 1k from line 1f)	l	89,367.00

Employee Benefits Security Administration

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EBSA

Register - Confirmation (Step 7 of 7)

Successful Account Activation!

Here is your EFAST2 profile information. Your account setup is now complete. Please retain your User ID and password to access the site in the future. Transmitters should also note their ETIN.

IMPORTANT: Please print this page for your records. Failure to recall your PIN or correctly answer your challenge question may require you to register for a new account with EFAST2.

User ID:	A2466684
PIN:	6739
ETIN:	
* Last Name:	Orono
* First Name:	Betsaida
* Address:	18775 SW 104TH AVE UNIT C
Address 2:	
* City/Town:	CUTLER BAY
* State:	Florida
* Country:	US - United States
* ZIP:	33157
* Daytime Phone:	(305) 591-7484
Fax:	
* Email:	yrodriguez@illusionsusa.us
* Company Name:	Illusions Signature Corp
* User Type:	<input checked="" type="checkbox"/> Filing Author
	<input checked="" type="checkbox"/> Filing Signer
	<input type="checkbox"/> Schedule Author
	<input type="checkbox"/> Transmitter
	<input type="checkbox"/> Third Party Software Developer
* Challenge Question:	What is your date of birth?
* Challenge Answer:	January 22, 1963

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Validate - In Progress Filing Errors

Below is a list of problems the EFAST2 automated system has identified in your return/report.

Please review the form or schedule that contains an error to review and/or correct the responses.

Records Found: 2

Filing Name: Illusions Signature Corp		
Severity	Error Code	Description
ERROR	X-034SF	Error: Either Form 5500-SF, Line B4 (short plan year filing) is checked, but the Plan Year End minus the Plan Year Begin date is not less than 12 months or Form 5500-SF, Line B4 (short plan year filing) is not checked, but the Plan Year End minus the Plan Year Begin date is less than 12 months.
WARNING	I-101SF	Warning: The Form 5500-SF Return was received after the due date (or extended due date). If the return was accepted, the IRS may be contacting you concerning the late filing. If the return was not accepted, when correcting the errors on the filing, make sure to check the appropriate box on Form 5500-SF, Part I, Line C if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an

If after reasonable attempts to correct your filing to eliminate the identified problem(s), you are unable to address them, or you believe that you are receiving the message in error, call the EFAST2 Help Desk at 1-866-GO EFAST (1-866-463-3278) or contact the service provider you used to help prepare and file your annual return/report.

Close this window