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).

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		t identification information						
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017		and ending 1	1/30/2017		
A This re	turn/report is for:	x a single-employer plan			in (not multiemployer) (ployer information in ac	_		
		a one-participant plan	af	oreign plan				
B This reti	urn/report is	the first return/report		final return/report				
		an amended return/report	X a s	hort plan year return	/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558 special extension (enter description)		tomatic extension		DFVC program		
Part II	Racio Blan Inf							
		ormation—enter all requested in	iioimalic	ווע		1b Three-digit		
1a Name	•	401(K) PROFIT SHARING PLAN &	TRUST	г		plan number	r	
ILLUGIONO	OIOIWITOILE OOIII	TOTAL PROPERTY OF MARKET ENTRE	· moor			(PN) •	001	
						1c Effective dat	te of plan 1/01/2015	
		loyer, if for a single-employer plan)					entification Number	
		om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		(if foreign, see instru	uctions)	\ /	6-2512110	
,	SIGNATURE CORP			(rereign, eeee	20.101.0)	2c Sponsor's te	elephone number -591-7484	
BETSAIDA (2d Business co	de (see instructions)	
	04TH AVE UNIT C Y, FL 33157-6839					446120		
COTLETEDA	1,1 = 33137-0039							
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.			3b Administrato	r's EIN	
		_				20. Administrator	wa talaahana mumahan	
						3C Administrato	r's telephone number	
4 If the	name and/or EIN of t	he plan sponsor or the plan name h	as chan	ged since the last re	turn/report filed for	4b EIN		
this p	an, enter the plan sp	onsor's name, EIN, the plan name a						
•	or's name					4d PN		
C Plan N	lame							
5a Total	number of participant	ts at the beginning of the plan year				5a	13	
		ts at the end of the plan year				5b	0	
		n account balances as of the end of				5c	0	
d(1) Tot	al number of active p	articipants at the beginning of the pl	lan year			5d(1)	11	
		participants at the end of the plan ye				5d(2)	0	
than	100% vested	o terminated employment during the				5e	0	
		e or incomplete filing of this return						
SB or Sche		other penalties set forth in the instru- and signed by an enrolled actuary, a nplete.						
SIGN		d/valid electronic signature.		11/20/2019	BETSAIDA ORONO			
HERE	Signature of plan	administrator		Date	Enter name of individ	ual signing as plan	administrator	

11/20/2019

Date

BETSAIDA ORONO

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

SIGN

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 Are you claiming a waiver of the annual examination and report of	an indepei	ndent qualified public a	account	ant (IC	QPA)		
С	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the state of the plan is a defined benefit plan, is it covered under the PBGC in the plan is a checked, enter the My PAA confirmation number from the plan is a defined benefit plan, is it covered under the PBGC in the plan is a checked, enter the My PAA confirmation number from the plan is a checked, enter the My PAA confirmation number from the plan is a checked, enter the My PAA confirmation number from the plan is a checked, enter the My PAA confirmation number from the plan is a checked, enter the My PAA confirmation number from the plan is a checked in the plan in the plan is a checked in the plan in	ot use Fo nsurance p	rm 5500-SF and must	t instea ection 4	ad use 021)?	Form	5500.] Yes	_
Par	t III Financial Information	1						
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year
a	Total plan assets	. 7a	8	89367				0
b	Total plan liabilities	. 7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	8	89367				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
	Contributions received or receivable from: (1) Employers	. 8a(1)		1772				
	(2) Participants	8a(2)		3783				
	(3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	8b		3878				
-	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	\neg			
е	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)							98800
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						-89367
j	Transfers to (from) the plan (see instructions)	- 8i		0				
Par	t IV Plan Characteristics	-,						
	If the plan provides pension benefits, enter the applicable pension 2T 2J 3D 2G 2E 2K 2F	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:
Part	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ		
С	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 by fraud or dishonesty?	•	•	10d		Х		
е	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			117
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.) <u> </u>	10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ		
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				

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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 S (Form 5500) and line 11a below)		SB	Ye	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 sect ERISA?	on 302 o	f 	Ye	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, a granting the waiver		the date y		ruling
lf	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?		X Yes	s No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	e		X Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to			
1	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 th	e information exactly as shown o	n the form filed with EBSA.
	address as shown on the form	
		Plan Year Ending
Date file	ed with EBSA and Acknowledgement	Plan Number
	Section II	
	Not Required t	o File
Please ch	neck the box that applies to you	, a form was not filed
	Plan in question is a Savings	Incentive Match Plan for
[]	Employees of Small Employers (SIMPLE TRAS.	SIMPLE) that involves
	SIMPLE IRAs. Plan in question is a Simplifi Plan was terminated or merged still file a "Final" return sh zero participants, and mark "t	ed Employee Pension (SEP). into a new plan. You must owing zero end-of-year assets, he final return filed for
[]	SIMPLE IRAs. Plan in question is a Simplifi Plan was terminated or merged still file a "Final" return sh	ed Employee Pension (SEP). into a new plan. You must owing zero end-of-year assets, he final return filed for
[] [×]	SIMPLE IRAs. Plan in question is a Simplifi Plan was terminated or merged still file a "Final" return sh zero participants, and mark "t the plan" box in part 1 of the	ed Employee Pension (SEP). into a new plan. You must owing zero end-of-year assets, he final return filed for form.

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: betsyorono@illusionsusa.us



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MIAMI, FL 33157

INTERNAL REVENUE SERVICE OGDEN OT 84201-0018

2-18-19 see ceree

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) 2025/2/10
	Plan Year Ending 2017
	ed with EBSA and Acknowledgement Plan Number
	Section II Not Required to file
Please ch	eck the box that applies to you, a form was not filed
[]	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 w	hy you did not file on time:

Branch/Cleint: 0741-20004399

Filing year: 2017

Case Number: 315586

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	D Employer Identification Number			
Illusions Signature Corp Part Asset and Liability Statement	262512110			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. C trust. Report the value of the plan's interest in a commingled fund containing the asset value is reportable on lines c(9) through c(14). Do not enter the value of that portion of year, to pay a specific dollar benefit at a future date. Round off amounts to the neare	s of more than one plan on a line-by-line basis unless the lan insurance contract which guarantees, during this plan			

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

Total noninterest-bearing cash

Total noninterest-bearing cash

(1) Employer contributions

(2) Participant contributions

DEMAND ASSETS

ASSETS

DOLL DEMAND ASSETS

DOLL DEMA

Heceivables (less sflowance for doubtful accounts): (1) Employer contributions. (2) Participant contributions. (3) Other. C General investments: (1) Interest-bearing cash (incl. money market accounts and certificates of deposit) (2) U.S. Government securities (3) Corporate debt instruments (other than employer securities): (4) Preferred. (5) All other. (6) All other. (7) Common. (8) All other. (8) Common. (9) Common. (9) Common. (10) Partnership/joint venture interests. (11) Loans (other than employer real property) (12) Ushue of interest in common/collective trusts (13) Value of interest in nosater trust investment accounts (14) Value of interest in nosater trust investment accounts (15) Value of interest in nosater trust investment accounts (16) Ushue of unterest in registered investment companies (e.g., mutual funds) (15) Other (15) Other (16) Employer securities (17) Employer securities (18) Employer securities (19) Componer securities (10) Componer securities (11) Componer securities (12) Value of interest in registered investment companies (e.g., mutual funds) (13) Value of interest in registered investment companies (e.g., mutual funds) (14) Value of interest in registered investment companies (e.g., mutual funds) (15) Other (16) Componer securities (17) Componer securities (18) Employer real property (19) Componer securities (19) Employer real property (10) Componer securities (10) Componer securities (11) Componer securities (12) Employer real property used in plan operation. (18) Employer real property (19) Componer securities (19) Employer real property used in plan operation. (19) Componer securities (10) Componer securities (11) Componer securities (12) Componer securities (13) Componer securities (14) Componer securities (15) Componer securities (16) Componer securities (17) Componer securities (18) Componer securities (19)	4	-	al dointralest-nearith case '		151 3
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Other liabilities					0.00
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Net Assets	k			k	0.00
	4.0	1 1/1			
	i	Nat	assats (subtract line 1k from line 1f)		0.00

Filing year: 2017

262512110

Case Number: 315586 Branch/Cleint: 0741-20004399

A Name of plan B Three-dight plan number 001	For	plan year beginning 1/1/2017 and ending 11/30/2017			
C Plan sponsor's name as shown on line 2a of Form 5500 Busines Signature Corp Busines Signat	A	Name of plan		B Three-digit	
Illustones Signature Corp 20251211 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 commingied fund containing the seeset of more than one plan on a line-by-line sale unless the value is reportable on lines of linesput (1-4). Do not enter the value of the period of an intervence command which plan year, to pay a specific oddin benefit investment accounts, also do not complete lines 1d and 1e. See instructions. Assets		ILLUSIONS SIGNATURE CORP		plan number	001
Asset and Liability Statement 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 plan assets held in more than one plan on a line-by-line basis unless the value is reportable on lines (cl) through cl14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan is reportable on lines (cl) through cl14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific officer benefit at a forth case. Richard off amounts to the plan the value of plan assets held in more than one year, to pay a specific officer benefit at a forth case. Plant year, to pay a specific officer benefit at the value of the value of that portion of an insurance contract which guarantees, during this plan year. Assets	C	Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identific	cation Number
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Employee Benefits Security Administration

EBSA HOME ASK EBSA ABOUT EBSA WORKERS & FAMILIES EMPLOYERS & ADVISERS RESEARCHERS KEY TOPICS LAWS & REGULATIONS

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- EFAST2 Publications
- Contact Us

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: Filing Author

Filing Signer
Schedule Author
Transmitter

i 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: Illu	sions 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.

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