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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	 Complete all entries in accord 	dance with the instru	ctions to the Form 550	0-SF.		•
Part I		dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/201	3	and ending 1	2/31/20	013	
A This ret	urn/report is for:	x a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report		n/report (less than 12 mg	onths)		
C Check b	oox if filing under:	Form 5558	automatic extension		L	DFVC progra	am
D 4 II	5 . 5	special extension (enter description	*				
Part II		mation—enter all requested inform	ation				T
1a Name	•					Three-digit plan number	
KEITH S. FC	DLSE, LLC 401(K) PLAN	N				(PN)	001
						Effective date or	
						01/01/	
	oonsor's name and add	ress; include room or suite number (eCES, LLC	employer, if for a single-	-employer plan)			fication Number 50020
					Sponsor's telep	hone number	
330 JASMIN ORLANDO,					24	407-40	
	. 2 02000					61100	
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor N	Name Same as Plar	n Sponsor Address	3b /	Administrator's I	EIN
					3c /	Administrator's t	telephone number
					,	, tarrimiotrator o	
		plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN	
name,		plan sponsor has changed since the last return/report.	last return/report filed fo	or this plan, enter the	4b 4c		
name, a Sponse	, EIN, and the plan num or's name		· 		4c		2
name, a Sponse 5a Total r	EIN, and the plan num or's name number of participants a	ber from the last return/report.					2 2
name, a Sponso 5a Total r b Total r c Numb	EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the	plan year (defined bene	efit plans do not	4c 5a		
name, a Sponso 5a Total r b Total r c Numbo	EIN, and the plan num or's name number of participants a number of participants a er of participants with a ete this item)	at the beginning of the plan year	plan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	
name, a Sponso 5a Total r b Total r c Numbo compl 6a Were b Are yo	EIN, and the plan num or's name number of participants a number of participants a er of participants with a ete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the plan year invested in eligible the annual examination and report of	plan year (defined bene ble assets? (See instruc an independent qualifie	efit plans do not ctions.)	4c 5a 5b 5c	PN	Yes No
name, a Sponso 5a Total r b Total r C Numbo comple 6a Were b Are younder	EIN, and the plan number's name number of participants a number of participants are of participants with a ete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility	plan year (defined bene ble assets? (See instruc an independent qualifie and conditions.)	efit plans do not ctions.)	4c 5a 5b 5c	PN	2
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you	EIN, and the plan numor's name number of participants and participants are refunded in the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to either of some plan's assets of the plan's assets out claiming a waiver of the plan's answered "No" to either or the plan's answere	at the beginning of the plan year	plan year (defined bene- ble assets? (See instruc an independent qualifie and conditions.)	efit plans do not ctions.)ed public accountant (IQI	4c 5a 5b 5c PA)	PN	∠ Yes No Yes No
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name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of participants and the plan participants are reflected by the plan is a set of participants with an ete this item)	at the beginning of the plan year	plan year (defined beneated by the plan year (defined beneated by the plan year (defined beneated and conditions.)	efit plans do not etions.)	4c 5a 5b 5c Form 9 see is eport, inco, and to	PN 5500. Yes No established. Cluding, if applic of the best of my ning as plan admining as employe	Yes No Yes No Yes No Not determined able, a Schedule knowledge and ministrator

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Da	t III Financial Information									
Pa	rt III Financial Information									
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) En	d of Y		7
<u>а</u>	Total plan assets	7a 		0					64327	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	3453	0.1					64327	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b)	Total		
а	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)	2287	'5						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	786	4						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							30739)
	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	94	3						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							943	3
i	Net income (loss) (subtract line 8h from line 8c)	8i							29796	6
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	•			•					
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	S :	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Coc	des in t	he instru	ctions		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X				
C	Was the plan covered by a fidelity bond?			10c	X					50000
d	<u> </u>	fidelity bor	nd, that was caused by fraud	10d		X				00000
е	Were any fees or commissions paid to any brokers, agents, or oth			100						
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See		Χ					
	instructions.)			10e						943
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		X				
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			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							F	Yes	X No
11a	Enter the unpaid minimum required contribution for current year for					11a				
12	Is this a defined contribution plan subject to the minimum funding						FRISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 01 30	Jaon	30 <u>2</u> 01		<u> L</u>	1 . 23	
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortize	ed in this plan year, see instru		and e	enter th	ne date d	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Juy				
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -	1
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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?	Y	es X 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 coof the PBGC?	ontrol 		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) to which assets or liabilities were transferred. (See instructions.))				
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

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Form 5500-SF | Short Form Annual

Department of the Treasury Internal Revenue Service

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 Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public

P	ension Be	enefit Guarar	nty Corporation	Complete all entries in acco	ordance with the instruc	tions to the Form 550	00-SF	Ins	spection		
Pa	art I	Annu	al Report Id	lentification Information	radice with the manac	don's to the rollings.					
				al plan year beginning 01/01/20)13	and ending	12/31/2	2013			
		turn/repor	F	a single-employer plan the first return/report	a multiple-employer plate	an (not multiemployer)	employer) a one-participant plan				
Б	rnis ret	turn/repor	t is:		<u>-</u>	/roport (loss than 12 m	aontho)				
С	Check b	box if filin	g under:	an amended return/report Form 5558	a short plan year return automatic extension	rreport (less than 12 h	ionins)	DFVC progra	ım		
				special extension (enter descript	·						
	art II		Plan Inforn	nation—enter all requested inform	mation		1				
	Name S. Fols	•	01(k) Plan				1b	Three-digit plan number (PN) ▶	001		
							1c	Effective date o 01/01/2			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Keith Folse Language Services, LLC						2b	Employer Identi (EIN) 27-455				
330.	330 Jasmine Avenue						2c	Sponsor's telep (407) 40			
Orlando, FL 32806					2d	Business code (611000	(see instructions)				
3a	Plan a	dministra	tor's name and	address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's	ΞΙΝ		
							3c	Administrator's	telephone number		
4				lan sponsor has changed since the per from the last return/report.	e last return/report filed fo	r this plan, enter the	4b	EIN			
а		or's name		·			4c	PN			
5a	Total r	number o	f participants at	the beginning of the plan year			- 5a		2		
b	Total r	number o	f participants at	the end of the plan year			- 5b		2		
С		•	•	count balances as of the end of the	. , ,	•	. 5c				
				luring the plan year invested in elig					X Yes No		
b	under	29 CFR 2	2520.104-46? (ne annual examination and report of See instructions on waiver eligibility	y and conditions.)				X Yes No		
С	•			er line 6a or line 6b, the plan can plan, is it covered under the PBGC					Not determined		
Cau	ıtion: A	penalty	for the late or	incomplete filing of this return/re	eport will be assessed u	unless reasonable ca	use is	established.			
SB	or Sche	edule MB		r penalties set forth in the instructio signed by an enrolled actuary, as v te. sy:	well as the electronic vers						
SIG	N		keith Fo	lse	6/23/2014	Leah James					
HEI	RE	Signati	i re of oplancaein	Miffistrator	Date	Enter name of individ	dual sig	ning as plan adr	ninistrator		
SIG	N										
HEI	RE	Signati	ure of employe	r/plan sponsor	Date	Enter name of individ	dual sig	ning as employe	r or plan sponsor		
Pre	parer's	name (ind	cluding firm nar	ne, if applicable) and address; inclu	ıde room or suite number	(optional)	Prep	arer's telephone	number (optional)		

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Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	. 7a	3453	1			64327
b	Total plan liabilities	al plan liabilities					0
С	Net plan assets (subtract line 7b from line 7a)						64327
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total
а	Contributions received or receivable from:						
	1) Employers						
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3) 8b	786				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	700	·			30739
	Benefits paid (including direct rollovers and insurance premiums	00					30739
	to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f	94	3			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					943
i_	Net income (loss) (subtract line 8h from line 8c)	8i					29796
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
Part	V Compliance Questions			1			Γ
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corr	ection Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Х		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		Х	
е							
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	х		943
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 e	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х	
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			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding		· · ·			302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedulo						
b	Enter the minimum required contribution for this plan year					12b	

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	Form 5500-SF 2013 Page 3 - 1						
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 negative amount)	of a	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?			′es X	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 upon the PBGC?		ne control				X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s)	to				
1	3c(1) Name of plan(s):	1	3 c(2) El	N(s)	13	3c(3)	PN(s)
Part	VIII Trust Information (optional)				•		
14a	Name of trust		14b T	rust's EIN	I		