## 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

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2013 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) the first return/report the final return/report **B** This return/report is: an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program **C** Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number DCSI-GROUP, INC. RETIREMENT PLAN AND TRUST (PN) ▶ 001 1c Effective date of plan 01/01/2010 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number DCSI-GROUP, INC. 33-1097873 (EIN) Sponsor's telephone number 305-377-2998 799 BRICKELL AVENUE 799 BRICKELL AVENUE **SUITE 801** SUITE 801 2d Business code (see instructions) MIAMI, FL 33131 MIAMI, FL 33131 523900 **3a** Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year ...... 5a **b** Total number of participants at the end of the plan year ...... 5<sub>b</sub> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes 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 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)? ..... Not determined 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. Filed with authorized/valid electronic signature. SIGN **HERE** Enter name of individual signing as plan administrator Signature of plan administrator Date **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Paginning of Vac				(b) En	d of V		
a	Total plan assets	7a	(a) Beginning of Yea		+		(b) En	d of Y	<b>ear</b> 546961	
	Total plan liabilities	7b		0	+				(	
	Net plan assets (subtract line 7b from line 7a)	7c	10384	5				546961		
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount		(b) Total					
	Contributions received or receivable from:		(a) Amount				(D)	TOLAI		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	44311	6						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	143116	i
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							(	)
i	Net income (loss) (subtract line 8h from line 8c)	8i						4	443116	5
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instr	uctions	S:	
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	Part 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	include transactions reported	10b		X				
C				40-		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10c		X				
	or dishonesty?			10d						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X				
	instructions.)					X				
	, , , , , , , , , , , , , , , , , , ,			10f						
<u>g</u>				10g		X				
h	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 requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12						X No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							<u> </u>	•	
а	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					ling				
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule								·	
	Enter the minimum required contribution for this plan year	•				12b				

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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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X 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.)						
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)		
Part	VIII Trust Information (optional)					
14a Name of trust			14b Trust's EIN			

## 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

2013

This Form is Open to Public Inspection

Part I		Identification Information							
For calend	ar plan year 2013 or fi	scal plan year beginning 01/01	/2013		and ending 1	2/31/	2013		
A This re	turn/report is for:	🛮 a single-employer plan	a multi	ple-employer pl	an (not multiemployer)		a one-particip	ant plan	
<b>B</b> This re	This return/report is:								
	·	an amended return/report	a short	plan year returr	n/report (less than 12 m	onths	)		
C Check	box if filing under:	☐ Form 5558	automa	atic extension			☐ DFVC progra	m	
• OHECK	box ii iiiiiig diidei.	special extension (enter desc							
Part II	Rasic Plan Info	rmation—enter all requested in		<u> </u>					
1a Name		Tination — enter air requested in	ionnadon			1b	Three-digit		
	JP, INC. RETIREMEN	Γ PLAN AND TRUST					plan number		
							(PN) <b>&gt;</b>	001	
						10	Effective date of 01/01/	•	
2a Plan s	nonsor's name and ad	dress; include room or suite numb	er (employer	r if for a single-	employer plan)	2h	Employer Identif		
DCSI-GRO		aroos, morado room or oano namo	o. (op.o.) o.	,,e. a eg.e	omproyer planty		(EIN) 33-10		
						2c	Sponsor's telep	hone number	
799 BRICKE	ELL AVENUE		CKELL AVE	NUE			305-377	7-2998	
SUITE 801 MIAMI, FL 3	33131	SUITE 8 MIAMI, F	.01 FL 33131			2d	Business code (	· · · · · · · · · · · · · · · · · · ·	
				٦			52390		
<b>3a</b> Plan a	dministrator's name ar	nd address XSame as Plan Spons	sor Name	_Same as Plan	Sponsor Address	36	Administrator's I	EIN	
						3c	Administrator's t	elephone number	
								•	
4 (61)				, , , FI 1.6					
		e plan sponsor has changed since mber from the last return/report.	the last retu	rn/report filed to	or this plan, enter the	4b	EIN		
	or's name					4c PN			
<b>5a</b> Total	number of participants	at the beginning of the plan year.				5a		5	
<b>b</b> Total	number of participants	at the end of the plan year				5b		5	
<b>C</b> Numb	er of participants with	account balances as of the end of	the plan yea	r (defined bene	fit plans do not				
comp	lete this item)					5c		1	
_	•	s during the plan year invested in e	-	•	•			X Yes No	
		f the annual examination and repor ? (See instructions on waiver eligib						X Yes ☐ No	
		ther line 6a or line 6b, the plan	-						
•		it plan, is it covered under the PBC				_	. – –	Not determined	
		·							
		or incomplete filing of this return	•					abla a Cabadula	
SB or Sche	aities of perjury and ot edule MB completed ai	her penalties set forth in the instructed signed by an enrolled actuary, a	as well as the	are that i have t e electronic vers	examined this return/rep sion of this return/report	οπ, ir , and	to the best of my	able, a Schedule knowledge and	
	true, correct, and com				•		•	-	
SIGN			87	20 :4					
HERE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7	<del> </del>	F-4				
	Signature of plan a	aministrator	Dat	ie .	Enter name of individu	uai sig	ining as plan adm	ninistrator	
SIGN HERE									
Signature of employer/plan sponsor  Date  Enter name of indivice Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)		Enter name of individu							
Preparers	name (including firm n	ame, ir applicable) and address; ir	iciuae room	or suite numbei	ι (ορτιοnal)	Prep	arer's telephone	number (optional)	
					ĺ				

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year	
а	Total plan assets	7a	10384	15				54696	61
b	Total plan liabilities	. 7b		0					0
c	Net plan assets (subtract line 7b from line 7a)	. 7c	10384	15	5469			54696	61
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	44311	6					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						44311	6
d	Benefits paid (including direct rollovers and insurance premiums			Λ.					
	to provide benefits)	8d		0	_				
_ <del>_</del>	Certain deemed and/or corrective distributions (see instructions)	8e		0	╬				
<del>-</del>	Administrative service providers (salaries, fees, commissions)	8f			+				
<u>g</u>	Other expenses (odd lines 2d, 2s, 26, and 2s)	8g		0			······································	<del>,</del>	
<del>"</del>	Total expenses (add lines 8d, 8e, 8f, and 8g)  Net income (loss) (subtract line 8h from line 8c)	8h	· · · · · · · · · · · · · · · · · · ·					44244	0
$\frac{\cdot}{i}$	Transfers to (from) the plan (see instructions)	8i			+-			44311	16
		8j	<u></u>	0					
	t IV Plan Characteristics	f1	d f #     f D						
Ja	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D	reature co	des from the List of Plan Char	acteris	STIC CO	aes ir	n the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in	the instruct	ions:	
Par									
10	During the plan year:				Yes	No	ļ	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)								
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?	• • • • • • • • • • • • • • • • • • • •		10c		Χ			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth	er person:	s by an insurance carrier,						
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	า?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (			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	e required	I notice or one of the	10i					
Part							I		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If ")	es," see instructions and com	plete	Sched	ule SI	B (Form	☐ Yes	X No
11a	Enter the unpaid minimum required contribution for current year fro				_	11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction 3	02 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mont	tions, th	and e	nter ti Day		he letter ru Year	iling
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
h	Enter the minimum required contribution for this plan year					12b			
	The state of the s	***************************************							

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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		
<u>e</u>	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?		res X N	0
	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 of the PBGC?	e control Yes X 1		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a I	Name of trust	<b>14b</b> ⊺ı	ust's EIN	