Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
JAX INC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (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)

JAX INC

PO BOX 469
BELLVUE, CO 80512

2b Employer Identification Number (EIN)
84-1087636

2c Sponsor's telephone number
970-488-3250

2d Business code (see instructions)
339900

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 accompanying schedules, statements and attachments, 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.	09/10/2014	REBECCA ALLEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	264
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	213
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	33
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	246
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	246
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	104
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2T 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
JAX INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAX INC

D Employer Identification Number (EIN)
84-1087636

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PAYCHEX SECURITIES CORPORATION

16-1486352

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PAYCHEX, INC.

16-1124166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	7661	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
JAX INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAX INC

D Employer Identification Number (EIN)
84-1087636

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 1c(9) through 1c(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.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	47253	17311
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	36375	
(8) Participant loans	1c(8)	0	20464
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1534435	2058777
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)	0	
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	1618063	2096552
Liabilities			
g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1618063	2096552

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	44852	
(B) Participants	2a(1)(B)	152112	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		196964
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1396	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1396
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	71013	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		71013
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		333064
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		602437
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	98466	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		98466
f Corrective distributions (see instructions)	2f		17221
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	860	
(3) Investment advisory and management fees	2i(3)	6751	
(4) Other	2i(4)	650	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		8261
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		123948
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		478489
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KNOLL & COMPANY, PC (2) EIN: 84-0801829

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		161806
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☒ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
JAX INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAX INC

D Employer Identification Number (EIN)
84-1087636

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 16-1470238

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Jax Merchantile 401 (K)
Profit Sharing Plan

FINANCIAL STATEMENTS

DECEMBER 31, 2013



JAX MERCANTILE 401(K) PROFIT SHARING PLAN

DECEMBER 31, 2013

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Lee L. Knoll, C.P.A.

Lee J. Knoll Jr., C.P.A.

INDEPENDENT AUDITOR'S REPORT

To Plan Administrator of Jax Mercantile 401(K) Profit Sharing Plan

We were engaged to audit the financial statements of the Jax Mercantile 401(K) Profit Sharing Plan as of December 31, 2013, and for the year then ended, as listed in the accompanying table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, of the United States of American, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Mid Atlantic Trust Company for 2013 the custodian of the Plan, except for comparing the information with the related information included in financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements other than that derived from the information certified by the custodian, have been audited by us in accordance auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Knoll & Company, P.C.

KNOLL & COMPANY, P. C.

July 28, 2014

JAX MERCANTILE 401(K) PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2012

ASSETS

Investments: (at fair value)		
American Funds Money Market Fund R-3	$	17,311
Shares of registered investment companies:		
Invesco Comstock Fund Class R		3,641
Alger Capital Appreciation Institutional Fund Class R		283,824
Calvert Social Index Fund Class A		85,745
Calvert Capital Accumulation Fund Class A		81,494
Delaware Small Cap Core Fund Class R		80,759
Franklin Rising Dividends Fund Class R		408,341
Lord Abbett Developing Growth Fund Class R		63
MFS Blended Research Core Equity Find Class R2		1,817
MFS Mid Cap Value Fund Class R2		100,058
MFS Massachusetts Investors Growth Stock Class R		334
Prudential Jennison Mid Cap Growth Fund Class R		3,109
American Funds EuroPacific Growth Fund Class R-3		281,365
American Funds New Perspective Fund Class R-3		3,741
MFS Government Securities Fund Class R2		437
PIMCO Real Return Fund Class R		1,484
PIMCO Total Return Fund Class R		13,112
PIMCO Total Income Fund Class R		8,968
Invesco Balanced-Risk Allocation Fund Class R		9,110
Columbia Dividend Income Fund Class R		1,845
Victory Small Company Fund Class R		923
American Funds Target Date Retirement;		
2010 Fund Class R-3		41,440
2015 Fund Class R-3		90,754
2020 Fund Class R-3		257,127
2025 Fund Class R-3		9,230
2030 Fund Class R-3		15,801
2040 Fund Class R-3		262,152
2050 Fund Class R-3		10,065
DWS Alternative Asset Allocation Fund Class R		719
Oppenheimer Developing Markets Fund N		168
Nationwide Mid Cap Market Index Fund Class R2		1,060
MFS International New Discovery Fund Class R2		91
Total current assets		2,076,088
Participants notes receivable		20,464
TOTAL ASSETS		$ 2,096,552
LIABILITIES Total Liabilities		$ -
NET ASSETS		
Net assets available for benefits		$ 2,096,552

See notes to financial statements.

JAX MERCANTILE 401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2012

ADDITIONS	
Additions to net assets attributed to:	
Contributions:	
Participants - Pre tax	$ 103,932
Participants - Roth	48,180
Employer	53,752
Total	205,864
Investment income:	
Net appreciation (depreciation) in fair value of investments	316,444
Dividend income	71,013
Realized Gain (Loss)	-
Interest on participants' loans	1,395
TOTAL ADDITIONS	594,716
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	99,116
Excess contributions returned	17,221
Administrative & Forfeiture Fees	(107)
TOTAL DEDUCTIONS	116,230
NET INCREASE (DECREASE)	478,486
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	1,618,066
END OF YEAR	$ 2,096,552

See notes to financial statements.

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

1. DESCRIPTION OF PLAN:

The following description of the Jax Mercantile ("Company") 401(K) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for more complete description of the Plan's provision.

General: The Plan is a defined contribution plan covering all employees of the Company who are not employees governed by a collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Each year, participants may contribute up to annual limit as set by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Company match and profit sharing contributions are all discretionary and the amount is determined each year by the employer.

Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants contributions are always 100% vested. Company match contributions and profit sharing contributions are vested at the rate of 20% for each year of service by the employee.

Investment Options: Upon enrollment in the Plan, the Administrator has approved that each participant may direct their contributions to any of thirty-two different investment options. All are registered investment companies that invest in all forms of government and corporate securities, both domestic and foreign.

Participants may change their investment options at any time. However, there are a few funds with redemptions fees, which are incurred if shares are sold before the required holding time has passed, e.g., 30 days, 90 days.

Participant Notes Receivable: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range up to 5 years or longer if loan is for purchase of a primary residence. A maximum number of two loans are allowed. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate of interest. Principal and interest is paid ratably through payroll deductions. All loans are considered a directed investment by the employee. All payments of principal and interest are credited to that employee's account.

1. DESCRIPTION OF PLAN (continued):

Payment of Benefits: Distribution of benefits will be made upon normal retirement, death or disability. A participant may elect to receive the value of the participant's vested interest upon late retirement or upon termination of employment before normal retirement. Benefits will be in one lump-sum cash payment. Hardship withdrawals may be available.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting: The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affects certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participants' notes receivables are valued at cost, which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits: Benefits are recorded when paid.

3. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan at any time, subject to the provisions of ERISA. Upon termination, all amounts credited the participants' accounts will become 100% vested.

4. TAX STATUS:

The Plan was adopted under a Mid Atlantic Trust Company Retirement Plan Services prototype plan document ("prototype plan"). The prototype plan has received a determination letter on March 31, 2008, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with a the applicable requirements of the Internal Revenue Code (IRC). Although, the prototype plan and Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is qualified under section 401(a) of the IRC and the related trust is tax exempt as of December 31, 2013.

The original effective date of the JAX Mercantile 401(K) Profit Sharing Plan is January 1, 2007 and the Plan as adopted the restated prototype.

5. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN:

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian.

Investments, at fair value:	
Shares of registered investment companies:	$ 2,076,088
Participants notes receivable	20,464
Investment income from registered investment companies	71,013

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	Invesco Endeavor Fund	Invesco Comstock Fund	Alger Capital Apprec/	Calvert Social Index Fd
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 141	$ 340	$ 11,787	$ 1,443
Employer	-	109	4,994	1,045
Total	141	449	16,781	2,488
Investment income:				
0.85 Net appreciation (depreciation) in fair value of investments	941	265	36,630	18,955
Dividend income	-	10	-	708
Realized Gain	-	-	34,023	1,812
Interest on participants' loans	-	-	6	9
TOTAL ADDITIONS	1,082	724	87,440	23,972
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returnec	8	3	8,326	973
Administrative fees & forfeitures	-	-	9	2
TOTAL DEDUCTIONS	8	3	8,335	975
Net increase (decrease) prior to interfund transfers	1,074	721	79,105	22,997
Interfund transfers	(8,167)	2,821	888	1,265
NET INCREASE (DECREASE)	(7,093)	3,542	79,993	24,262
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	7,093	99	203,831	61,483
END OF YEAR	$ -	$ 3,641	$283,824	$ 85,745

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	Calvert Capital Accum. Fd	Delaware Small Cap Core	Franklin Rising Dividends	Franklin Small Cap Value
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 5,645	$ 6,331	$ 19,850	$ 72
Employer	1,172	2,834	4,903	-
Total	6,817	9,165	24,753	72
Investment income:				
Net appreciation (depreciation) in fair value of investments	11,006	20,978	79,955	30
Dividend income	-	-	2,655	-
Realized Gain	5,542	2,040	-	-
Interest on participants' loans	4	258	-	-
TOTAL ADDITIONS	23,369	32,441	107,363	102
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	3,690	11,727	15,664	-
Administrative fees & forfeitures	4	(52)	(12)	-
TOTAL DEDUCTIONS	3,694	11,675	15,652	-
Net increase (decrease) prior to interfund transfers	19,675	20,766	91,711	102
Interfund transfers	772	7,966	3,148	(419)
NET INCREASE (DECREASE)	20,447	28,732	94,859	(317)
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	61,047	52,027	313,482	317
END OF YEAR	$ 81,494	$ 80,759	$408,341	$ -

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	L Abbett Developing Growth	MFS Blended Research	MFS Mid Cap Value	MFS Mass Investors Growth
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ -	$ 189	$ 4,471	$ 249
Employer	-	117	1,259	-
Total	-	306	5,730	249
Investment income:				
Net appreciation (depreciation) in fair value of investments	12	266	18,850	33
Dividend income	4	19	274	1
Realized Gain	7	4	4,624	3
Interest on participants' loans	-	-	-	-
TOTAL ADDITIONS	23	595	29,478	286
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returne	-	4	2935	-
Administrative fees & forfeitures	-	(1)	3	-
TOTAL DEDUCTIONS	-	3	2,938	-
Net increase (decrease) prior to interfund transfers	23	592	26,540	286
Interfund transfers	-	789	3,479	-
NET INCREASE (DECREASE)	23	1,381	30,019	286
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	40	436	70,039	48
END OF YEAR	$ 63	$ 1,817	$ 100,058	$ 334

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	Prud Jenn Mid Cap Growth	American Euro-Pac Growth	L Abbett Int'l Opport	American New Perspective
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 512	$ 15,047	$ 16	$ 106
Employer	247	3,883	-	61
Total	759	18,930	16	167
Investment income:				
Net appreciation (depreciation) in fair value of investments	939	37,297	1	239
Dividend income	-	1,850	-	19
Realized Gain	79	-	-	168
Interest on participants' loans	-	-	-	-
TOTAL ADDITIONS	1,777	58,077	17	593
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returne	2,522	7,162	-	7
Administrative fees & forfeitures	(3)	9	-	-
TOTAL DEDUCTIONS	2,519	7,171	-	7
Net increase (decrease) prior to interfund transfers	(742)	50,906	17	586
Interfund transfers	(2,807)	4,384	(28)	1,968
NET INCREASE (DECREASE)	(3,549)	55,290	(11)	2,554
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	6,658	226,075	11	1,187
END OF YEAR	$ 3,109	$281,365	$ -	$ 3,741

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	Templeton Developing Markets	Calvert Bond Portfolio	Franklin Strategic Income	MFS Government Securities
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 71	$ 40	$ 447	$ 235
Employer	-	-	-	76
Total	71	40	447	311
Investment income:				
Net appreciation (depreciation) in fair value of investments	2	-	104	(14)
Dividend income	-	-	226	6
Realized Gain	-	-	-	-
Interest on participants' loans	-	-	-	-
TOTAL ADDITIONS	73	40	777	303
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	-	-	73	2
Administrative fees & forfeitures	-	-	-	-
TOTAL DEDUCTIONS	-	-	73	2
Net increase (decrease) prior to interfund transfers	73	40	704	301
Interfund transfers	(177)	(48)	(22,835)	-
NET INCREASE (DECREASE)	(104)	(8)	(22,131)	301
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	104	8	22,131	136
END OF YEAR	$ -	$ -	$ -	$ 437

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	PIMCO Real Return	PIMCO Total Return	PIMCO Total Income	Invesco Balance-Risk Alloc.
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 462	$ 2,025	$ 1,180	$ 3,828
Employer	348	822	880	250
Total	810	2,847	2,060	4,078
Investment income:				
Net appreciation (depreciation) in fair value of investments	(117)	(534)	20	(586)
Dividend income	5	339	371	-
Realized Gain	8	76	13	650
Interest on participants' loans	-	-	-	-
TOTAL ADDITIONS	706	2,728	2,464	4,142
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	4	15,070	16,351	399
Administrative fees & forfeitures	(1)	(3)	(20)	-
TOTAL DEDUCTIONS	3	15,067	16,331	399
Net increase (decrease) prior to interfund transfers	703	(12,339)	(13,867)	3,743
Interfund transfers	-	(1,876)	22,835	5,367
NET INCREASE (DECREASE)	703	(14,215)	8,968	9,110
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	781	27,327	-	-
END OF YEAR	$ 1,484	$ 13,112	$ 8,968	$ 9,110

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	Columbia Dividend Income	Victory Small Co. Opportunity	American Target 2010	American Target 2015
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 35	$ 185	$ 12,525	$ 18,265
Employer	101	192	4,954	2,469
Total	136	377	17,479	20,734
Investment income:				
Net appreciation (depreciation) in fair value of investments	95	72	1,441	8,202
Dividend income	13	23	735	1,186
Realized Gain	24	37	1,246	1,611
Interest on participants' loans	-	-	567	-
TOTAL ADDITIONS	268	509	21,468	31,733
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	1	2	2,150	695
Administrative fees & forfeitures	-	1	(158)	(4)
TOTAL DEDUCTIONS	1	3	1,992	691
Net increase (decrease) prior to interfund transfers	267	506	19,476	31,042
Interfund transfers	1,578	417	(307)	(5,701)
NET INCREASE (DECREASE)	1,845	923	19,169	25,341
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	-	-	22,271	65,413
END OF YEAR	$ 1,845	$ 923	$ 41,440	$ 90,754

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	American Target 2020	American Target 2025	American Target 2030	American Target 2040
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 18,358	$ 3,196	$ 3,469	$ 13,853
Employer	10,203	1,935	765	6,713
Total	28,561	5,131	4,234	20,566
Investment income:				
Net appreciation (depreciation) in fair value of investments	34,332	1,030	2,517	41,526
Dividend income	3,036	95	160	2,465
Realized Gain	2,167	72	129	2,248
Interest on participants' loans	452	-	-	94
TOTAL ADDITIONS	68,548	6,328	7,040	66,899
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	1,053	24	766	1,443
Administrative fees & forfeitures	(175)	3	2	135
TOTAL DEDUCTIONS	878	27	768	1,578
Net increase (decrease) prior to interfund transfers	67,670	6,301	6,272	65,321
Interfund transfers	(36,331)	-	-	43,998
			24	
NET INCREASE (DECREASE)	31,339	6,301	6,272	109,319
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	225,788	2,929	9,529	152,833
END OF YEAR	$257,127	$ 9,230	$ 15,801	$262,152

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	American Target 2050	DWS Altern Asset	Oppen. Developing Markets	Nationwide Mid Cap Mkt Index
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 5,081	$ 245	$ 96	$ 185
Employer	1,555	220	11	329
Total	6,636	465	107	514
Investment income:				
Net appreciation (depreciation) in fair value of investments	923	-	8	384
Dividend income	94	7	-	8
Realized Gain	74	-	1	45
Interest on participants' loans	-	-	-	-
TOTAL ADDITIONS	7,727	472	116	951
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returne	47	2	-	6,719
Administrative fees & forfeitures	20	-	-	(10)
TOTAL DEDUCTIONS	67	2	-	6,709
Net increase (decrease) prior to interfund transfers	7,660	470	116	(5,758)
Interfund transfers	1,341	-	52	6,818
NET INCREASE (DECREASE)	9,001	470	168	1,060
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	1,064	249	-	-
END OF YEAR	$ 10,065	$ 719	$ 168	$ 1,060

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	MFS INTL NEW DISC	American Money Market Fd	Partici-pantts Loans	Total
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	45	2,087	$ -	$ 152,112
Employer	11	1,294	-	53,752
Total	56	3,381	-	205,864
Investment income:				
Net appreciation (depreciation) in fair value of investments	6	636	-	316,444
Dividend income	1	-	-	14,310
Realized Gain	-	-	-	56,703
Interest on participants' loans	-	5	-	1,395
TOTAL ADDITIONS	63	4,022	-	594,716
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants				-
and excess contributions returne	-	18,515	-	116,337
Administrative fees & forfeitures	-	20	-	(231)
TOTAL DEDUCTIONS	-	18,535	-	116,106
Net increase (decrease) prior to interfund transfers	63	(14,513)	-	478,610
Interfund transfers	28	(15,431)	(15,911)	(124)
NET INCREASE (DECREASE)	91	(29,944)	(15,911)	478,486
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	-	47,255	36,375	1,618,066
END OF YEAR	$ 91	$ 17,311	$ 20,464	$2,096,552

Jax Merchantile 401 (K)
Profit Sharing Plan

FINANCIAL STATEMENTS

DECEMBER 31, 2013



JAX MERCANTILE 401(K) PROFIT SHARING PLAN

DECEMBER 31, 2013

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INDEPENDENT AUDITOR'S REPORT

To Plan Administrator of Jax Mercantile 401(K) Profit Sharing Plan

We were engaged to audit the financial statements of the Jax Mercantile 401(K) Profit Sharing Plan as of December 31, 2013, and for the year then ended, as listed in the accompanying table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, of the United States of American, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Mid Atlantic Trust Company for 2013 the custodian of the Plan, except for comparing the information with the related information included in financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements other than that derived from the information certified by the custodian, have been audited by us in accordance auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Knoll & Company, P.C.

KNOLL & COMPANY, P. C.

July 28, 2014

JAX MERCANTILE 401(K) PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2012

ASSETS

Investments: (at fair value)		
American Funds Money Market Fund R-3	$	17,311
Shares of registered investment companies:		
Invesco Comstock Fund Class R		3,641
Alger Capital Appreciation Institutional Fund Class R		283,824
Calvert Social Index Fund Class A		85,745
Calvert Capital Accumulation Fund Class A		81,494
Delaware Small Cap Core Fund Class R		80,759
Franklin Rising Dividends Fund Class R		408,341
Lord Abbett Developing Growth Fund Class R		63
MFS Blended Research Core Equity Find Class R2		1,817
MFS Mid Cap Value Fund Class R2		100,058
MFS Massachusetts Investors Growth Stock Class R		334
Prudential Jennison Mid Cap Growth Fund Class R		3,109
American Funds EuroPacific Growth Fund Class R-3		281,365
American Funds New Perspective Fund Class R-3		3,741
MFS Government Securities Fund Class R2		437
PIMCO Real Return Fund Class R		1,484
PIMCO Total Return Fund Class R		13,112
PIMCO Total Income Fund Class R		8,968
Invesco Balanced-Risk Allocation Fund Class R		9,110
Columbia Dividend Income Fund Class R		1,845
Victory Small Company Fund Class R		923
American Funds Target Date Retirement;		
2010 Fund Class R-3		41,440
2015 Fund Class R-3		90,754
2020 Fund Class R-3		257,127
2025 Fund Class R-3		9,230
2030 Fund Class R-3		15,801
2040 Fund Class R-3		262,152
2050 Fund Class R-3		10,065
DWS Alternative Asset Allocation Fund Class R		719
Oppenheimer Developing Markets Fund N		168
Nationwide Mid Cap Market Index Fund Class R2		1,060
MFS International New Discovery Fund Class R2		91
Total current assets		2,076,088
Participants notes receivable		20,464
TOTAL ASSETS		$ 2,096,552
LIABILITIES Total Liabilities		$ -
NET ASSETS		
Net assets available for benefits		$ 2,096,552

See notes to financial statements.

JAX MERCANTILE 401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2012

ADDITIONS	
Additions to net assets attributed to:	
Contributions:	
Participants - Pre tax	$ 103,932
Participants - Roth	48,180
Employer	53,752
Total	205,864
Investment income:	
Net appreciation (depreciation) in fair value of investments	316,444
Dividend income	71,013
Realized Gain (Loss)	-
Interest on participants' loans	1,395
TOTAL ADDITIONS	594,716
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	99,116
Excess contributions returned	17,221
Administrative & Forfeiture Fees	(107)
TOTAL DEDUCTIONS	116,230
NET INCREASE (DECREASE)	478,486
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	1,618,066
END OF YEAR	$ 2,096,552

See notes to financial statements.

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

1. DESCRIPTION OF PLAN:

The following description of the Jax Mercantile ("Company") 401(K) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for more complete description of the Plan's provision.

General: The Plan is a defined contribution plan covering all employees of the Company who are not employees governed by a collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Each year, participants may contribute up to annual limit as set by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Company match and profit sharing contributions are all discretionary and the amount is determined each year by the employer.

Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants contributions are always 100% vested. Company match contributions and profit sharing contributions are vested at the rate of 20% for each year of service by the employee.

Investment Options: Upon enrollment in the Plan, the Administrator has approved that each participant may direct their contributions to any of thirty-two different investment options. All are registered investment companies that invest in all forms of government and corporate securities, both domestic and foreign.

Participants may change their investment options at any time. However, there are a few funds with redemptions fees, which are incurred if shares are sold before the required holding time has passed, e.g., 30 days, 90 days.

Participant Notes Receivable: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range up to 5 years or longer if loan is for purchase of a primary residence. A maximum number of two loans are allowed. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate of interest. Principal and interest is paid ratably through payroll deductions. All loans are considered a directed investment by the employee. All payments of principal and interest are credited to that employee's account.

1. DESCRIPTION OF PLAN (continued):

Payment of Benefits: Distribution of benefits will be made upon normal retirement, death or disability. A participant may elect to receive the value of the participant's vested interest upon late retirement or upon termination of employment before normal retirement. Benefits will be in one lump-sum cash payment. Hardship withdrawals may be available.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting: The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affects certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participants' notes receivables are valued at cost, which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits: Benefits are recorded when paid.

3. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan at any time, subject to the provisions of ERISA. Upon termination, all amounts credited the participants' accounts will become 100% vested.

4. TAX STATUS:

The Plan was adopted under a Mid Atlantic Trust Company Retirement Plan Services prototype plan document ("prototype plan"). The prototype plan has received a determination letter on March 31, 2008, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with a the applicable requirements of the Internal Revenue Code (IRC). Although, the prototype plan and Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is qualified under section 401(a) of the IRC and the related trust is tax exempt as of December 31, 2013.

The original effective date of the JAX Mercantile 401(K) Profit Sharing Plan is January 1, 2007 and the Plan as adopted the restated prototype.

5. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN:

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian.

Investments, at fair value:	
Shares of registered investment companies:	$ 2,076,088
Participants notes receivable	20,464
Investment income from registered investment companies	71,013

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	Invesco Endeavor Fund	Invesco Comstock Fund	Alger Capital Apprec/	Calvert Social Index Fd
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 141	$ 340	$ 11,787	$ 1,443
Employer	-	109	4,994	1,045
Total	141	449	16,781	2,488
Investment income:				
0.85 Net appreciation (depreciation) in fair value of investments	941	265	36,630	18,955
Dividend income	-	10	-	708
Realized Gain	-	-	34,023	1,812
Interest on participants' loans	-	-	6	9
TOTAL ADDITIONS	1,082	724	87,440	23,972
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returnec	8	3	8,326	973
Administrative fees & forfeitures	-	-	9	2
TOTAL DEDUCTIONS	8	3	8,335	975
Net increase (decrease) prior to interfund transfers	1,074	721	79,105	22,997
Interfund transfers	(8,167)	2,821	888	1,265
NET INCREASE (DECREASE)	(7,093)	3,542	79,993	24,262
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	7,093	99	203,831	61,483
END OF YEAR	$ -	$ 3,641	$283,824	$ 85,745

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	Calvert Capital Accum. Fd	Delaware Small Cap Core	Franklin Rising Dividends	Franklin Small Cap Value
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 5,645	$ 6,331	$ 19,850	$ 72
Employer	1,172	2,834	4,903	-
Total	6,817	9,165	24,753	72
Investment income:				
Net appreciation (depreciation) in fair value of investments	11,006	20,978	79,955	30
Dividend income	-	-	2,655	-
Realized Gain	5,542	2,040	-	-
Interest on participants' loans	4	258	-	-
TOTAL ADDITIONS	23,369	32,441	107,363	102
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	3,690	11,727	15,664	-
Administrative fees & forfeitures	4	(52)	(12)	-
TOTAL DEDUCTIONS	3,694	11,675	15,652	-
Net increase (decrease) prior to interfund transfers	19,675	20,766	91,711	102
Interfund transfers	772	7,966	3,148	(419)
NET INCREASE (DECREASE)	20,447	28,732	94,859	(317)
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	61,047	52,027	313,482	317
END OF YEAR	$ 81,494	$ 80,759	$408,341	$ -

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	L Abbett Developing Growth	MFS Blended Research	MFS Mid Cap Value	MFS Mass Investors Growth
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ -	$ 189	$ 4,471	$ 249
Employer	-	117	1,259	-
Total	-	306	5,730	249
Investment income:				
Net appreciation (depreciation) in fair value of investments	12	266	18,850	33
Dividend income	4	19	274	1
Realized Gain	7	4	4,624	3
Interest on participants' loans	-	-	-	-
TOTAL ADDITIONS	23	595	29,478	286
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returne	-	4	2935	-
Administrative fees & forfeitures	-	(1)	3	-
TOTAL DEDUCTIONS	-	3	2,938	-
Net increase (decrease) prior to interfund transfers	23	592	26,540	286
Interfund transfers	-	789	3,479	-
NET INCREASE (DECREASE)	23	1,381	30,019	286
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	40	436	70,039	48
END OF YEAR	$ 63	$ 1,817	$ 100,058	$ 334

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	Prud Jenn Mid Cap Growth	American Euro-Pac Growth	L Abbett Int'l Opport	American New Perspective
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 512	$ 15,047	$ 16	$ 106
Employer	247	3,883	-	61
Total	759	18,930	16	167
Investment income:				
Net appreciation (depreciation) in fair value of investments	939	37,297	1	239
Dividend income	-	1,850	-	19
Realized Gain	79	-	-	168
Interest on participants' loans	-	-	-	-
TOTAL ADDITIONS	1,777	58,077	17	593
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returne	2,522	7,162	-	7
Administrative fees & forfeitures	(3)	9	-	-
TOTAL DEDUCTIONS	2,519	7,171	-	7
Net increase (decrease) prior to interfund transfers	(742)	50,906	17	586
Interfund transfers	(2,807)	4,384	(28)	1,968
NET INCREASE (DECREASE)	(3,549)	55,290	(11)	2,554
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	6,658	226,075	11	1,187
END OF YEAR	$ 3,109	$281,365	$ -	$ 3,741

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	Templeton Developing Markets	Calvert Bond Portfolio	Franklin Strategic Income	MFS Government Securities
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 71	$ 40	$ 447	$ 235
Employer	-	-	-	76
Total	71	40	447	311
Investment income:				
Net appreciation (depreciation) in fair value of investments	2	-	104	(14)
Dividend income	-	-	226	6
Realized Gain	-	-	-	-
Interest on participants' loans	-	-	-	-
TOTAL ADDITIONS	73	40	777	303
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	-	-	73	2
Administrative fees & forfeitures	-	-	-	-
TOTAL DEDUCTIONS	-	-	73	2
Net increase (decrease) prior to interfund transfers	73	40	704	301
Interfund transfers	(177)	(48)	(22,835)	-
NET INCREASE (DECREASE)	(104)	(8)	(22,131)	301
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	104	8	22,131	136
END OF YEAR	$ -	$ -	$ -	$ 437

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	PIMCO Real Return	PIMCO Total Return	PIMCO Total Income	Invesco Balance-Risk Alloc.
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 462	$ 2,025	$ 1,180	$ 3,828
Employer	348	822	880	250
Total	810	2,847	2,060	4,078
Investment income:				
Net appreciation (depreciation) in fair value of investments	(117)	(534)	20	(586)
Dividend income	5	339	371	-
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Interest on participants' loans	-	-	-	-
TOTAL ADDITIONS	706	2,728	2,464	4,142
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	4	15,070	16,351	399
Administrative fees & forfeitures	(1)	(3)	(20)	-
TOTAL DEDUCTIONS	3	15,067	16,331	399
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Interfund transfers	-	(1,876)	22,835	5,367
NET INCREASE (DECREASE)	703	(14,215)	8,968	9,110
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	781	27,327	-	-
END OF YEAR	$ 1,484	$ 13,112	$ 8,968	$ 9,110

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	Columbia Dividend Income	Victory Small Co. Opportunity	American Target 2010	American Target 2015
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 35	$ 185	$ 12,525	$ 18,265
Employer	101	192	4,954	2,469
Total	136	377	17,479	20,734
Investment income:				
Net appreciation (depreciation) in fair value of investments	95	72	1,441	8,202
Dividend income	13	23	735	1,186
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Administrative fees & forfeitures	-	1	(158)	(4)
TOTAL DEDUCTIONS	1	3	1,992	691
Net increase (decrease) prior to interfund transfers	267	506	19,476	31,042
Interfund transfers	1,578	417	(307)	(5,701)
NET INCREASE (DECREASE)	1,845	923	19,169	25,341
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	-	-	22,271	65,413
END OF YEAR	$ 1,845	$ 923	$ 41,440	$ 90,754

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	American Target 2020	American Target 2025	American Target 2030	American Target 2040
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 18,358	$ 3,196	$ 3,469	$ 13,853
Employer	10,203	1,935	765	6,713
Total	28,561	5,131	4,234	20,566
Investment income:				
Net appreciation (depreciation) in fair value of investments	34,332	1,030	2,517	41,526
Dividend income	3,036	95	160	2,465
Realized Gain	2,167	72	129	2,248
Interest on participants' loans	452	-	-	94
TOTAL ADDITIONS	68,548	6,328	7,040	66,899
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	1,053	24	766	1,443
Administrative fees & forfeitures	(175)	3	2	135
TOTAL DEDUCTIONS	878	27	768	1,578
Net increase (decrease) prior to interfund transfers	67,670	6,301	6,272	65,321
Interfund transfers	(36,331)	-	-	43,998
			24	
NET INCREASE (DECREASE)	31,339	6,301	6,272	109,319
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	225,788	2,929	9,529	152,833
END OF YEAR	$257,127	$ 9,230	$ 15,801	$262,152

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	American Target 2050	DWS Altern Asset	Oppen. Developing Markets	Nationwide Mid Cap Mkt Index
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 5,081	$ 245	$ 96	$ 185
Employer	1,555	220	11	329
Total	6,636	465	107	514
Investment income:				
Net appreciation (depreciation) in fair value of investments	923	-	8	384
Dividend income	94	7	-	8
Realized Gain	74	-	1	45
Interest on participants' loans	-	-	-	-
TOTAL ADDITIONS	7,727	472	116	951
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returne	47	2	-	6,719
Administrative fees & forfeitures	20	-	-	(10)
TOTAL DEDUCTIONS	67	2	-	6,709
Net increase (decrease) prior to interfund transfers	7,660	470	116	(5,758)
Interfund transfers	1,341	-	52	6,818
NET INCREASE (DECREASE)	9,001	470	168	1,060
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	1,064	249	-	-
END OF YEAR	$ 10,065	$ 719	$ 168	$ 1,060

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2013

	MFS INTL NEW DISC	American Money Market Fd	Partici-pantts Loans	Total
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	45	2,087	$ -	$ 152,112
Employer	11	1,294	-	53,752
Total	56	3,381	-	205,864
Investment income:				
Net appreciation (depreciation) in fair value of investments	6	636	-	316,444
Dividend income	1	-	-	14,310
Realized Gain	-	-	-	56,703
Interest on participants' loans	-	5	-	1,395
TOTAL ADDITIONS	63	4,022	-	594,716
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants				-
and excess contributions returne	-	18,515	-	116,337
Administrative fees & forfeitures	-	20	-	(231)
TOTAL DEDUCTIONS	-	18,535	-	116,106
Net increase (decrease) prior to interfund transfers	63	(14,513)	-	478,610
Interfund transfers	28	(15,431)	(15,911)	(124)
NET INCREASE (DECREASE)	91	(29,944)	(15,911)	478,486
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	-	47,255	36,375	1,618,066
END OF YEAR	$ 91	$ 17,311	$ 20,464	$2,096,552