-	m 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan				OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employe			е	2013				
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 Employee Benefits Security Administration the Internal Revenue Code (the Code).						This Form is Open to Public Inspection				
	enefit Guaranty Corporation	Complete all entries in accordation	ance with the instruc	ctions to the Form 550	0-SF.	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										
	5			G	2/31/					
	urn/report is for:		1 1 7 1	lan (not multiemployer)		a one-participant plan				
B This ret	urn/report is:		he final return/report							
0		an amended return/report a short plan year return/report (less than 12 mo								
C Check	box if filing under:		automatic extension		DFVC program					
		special extension (enter description								
Part II		nation—enter all requested informat	ion		1h	Throe digit				
1a Name	of pian S TRUST, LLC RETIREN	MENT TRUST				Three-digit plan number				
						(PN) ▶ 001				
					1c	Effective date of plan				
			alaria if fan a sin da		01	12/01/2012				
	ponsor's name and address STRUST, LLC	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	(EIN) 26-4410870				
	SIDE AVENUE				2c	Sponsor's telephone number 904-482-4068				
SUITE 550 JACKSONV	ILLE, FL 32202				2d	Business code (see instructions) 524290				
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plar	n Sponsor Address	3b Administrator's EIN					
					30	Administrator's telephone number				
					00					
4 If the r	ama and/or EIN of the n	lan anonaar has abangad since the lar	t roturn/roport filed fo	or this plan optor the	4b EIN					
name	, EIN, and the plan numb	plan sponsor has changed since the las per from the last return/report.	st return/report med it	or this plan, enter the	40	EIN				
	or's name				4c PN					
5a Total number of participants at the beginning of the plan year				5a						
b Total i	number of participants at	the end of the plan year			5b	30				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					50	50				
		luring the plan year invested in eligible			5c	24 X Yes _ No				
	•	ne annual examination and report of ar	•	,		X Yes No				
under	29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditions.)							
-		er line 6a or line 6b, the plan canno			_					
C If the p	plan is a defined benefit p	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)? .		Yes No Not determined				
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ise is	established.				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
SIGN	Filed with authorized/va	lid electronic signature.	09/29/2014	MICHAEL WALLACE	E					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	nter name of individual signing as plan administrator					
SIGN	Filed with authorized/va	lid electronic signature.	09/29/2014	MICHAEL WALLACE	HAEL WALLACE					
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	nter name of individual signing as employer or plan spo					
Preparer's		ne, if applicable) and address; include				parer's telephone number (optional)				

a Contributions received or receivable from: 8a(1) 48168 (1) Employers 8a(2) 76759 (2) Participants 8a(2) 7781 b Others (including rollowers) 8a(3) 7781 b Others (including rollowers) 8a(3) 7781 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 149287 d Benefits paid (including direct rollowers and insurance perimums to provide benefits) 8d 12169 g Other segments 9 0 144287 d Benefits paid (including direct rollowers and insurance perimums to provide periodic scalars, fees, commissions) 8f 951 g Other segments 9 0 13120 1320 i Antionem (closs) (subtract line 8h from line 8c) 8i 133120 136167 j Taranfers to (from) the pain (see instructions) 8j 0 1320 1320 j Taranfers to (from) the pain (see instructions) 8j 0 1320 1320 1320 j Taranfers to (from) the pain (see instructions) 8j 0 2 2 2 X Z 3 3 0 V Compliance Questions 0 X 0 X	7 Plan Assets and Liabilities	(a) Beginning of Yea		ar			(b) End of Year		
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(a) Other (including rollovers)									
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 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not ind s fidelity bond her persons l l of the benefi an? (See instruct (See instruct	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h		× × × × ×			727
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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not ind s fidelity bond her persons I l of the benefit an? (See instruct (See instruct the required r 01-3	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR motice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X	(Form		1
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	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.). c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not ind s fidelity bond her persons l l of the benefi an? (See instruct the required r 01-3 nents? (If "Ye	ction Program) clude transactions reported clude transactions reported it, that was caused by fraud by an insurance carrier, its under the plan? (See constructions and 29 CFR constructions and 29 CFR constructions and com e SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	X Schedu	X X X X X X X Lule SE	3 (Form	Yes X	
	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year finance 	uciary Correct t? (Do not ind s fidelity bond her persons l l of the benefit an? (See instruct the required r 01-3 nents? (If "Ye from Scheduling g requirement	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X Schedu	X X X X X X X Lule SE	3 (Form	Yes X	
	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not ind a fidelity bond her persons l of the benefit an? (See instruct the required r 01-3 nents? (If "Ye from Schedulu g requirement A s applicab ing amortized	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i plete \$ 	X Schedu	X X X X X X X Ulle SE 11a 02 of nter th	B (Form B (Form ERISA?	Yes X	
	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not ind a fidelity bond her persons l of the benefit an? (See instruct (See instruct the required r 01-3 nents? (If "Ye from Schedulu g requirement v, as applicab ing amortized Ie MB (Form	ction Program) clude transactions reported l, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR notice or one of the ess," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code ole.) I in this plan year, see instruc Mont 5500), and skip to line 13.	10b 10c 10d 10e 10f 10g 10h 10i	X Schedu 1 ction 3 and er	X X X X X X X Ulle SE 11a 02 of nter th	B (Form B (Form ERISA?	Yes X	

C	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
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?	Ye	es X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		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.)								
13c(1) Name of plan(s): 13				13c(3) PN(s)				
Part	VIII Trust Information (optional)		1					
14a	lame of trust	14b Tru	ust's EIN					