Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

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Pa	rt I	Annual Report	lder	ntification In	nformatio	วท					
For c	calenda	ar plan year 2013 or fis	cal p	olan year begin	ning 01/0	01/2013		and ending	12/31/	/2013	
A T	his ret	urn/report is for:	X	a single-employ	yer plan	ar	multiple-employer pl	an (not multiemploy	er)	a one-partici	pant plan
Вт	his ret	urn/report is:	1	the first return/r	report	the	e final return/report				
				an amended re	turn/report	a s	hort plan year returr	n/report (less than 1	2 months	s)	
C 0	Check b	oox if filing under:	X	Form 5558		au	tomatic extension			DFVC progra	am
			<u> </u>	special extension	on (enter de:	escription)				_	
Pai	rt II	Basic Plan Info	rma	tion—enter a	II requested	informatio	n				
1a	Name	of plan							1b	Three-digit	
RICHA	ARD S	RHODES, PA PROFI	ΓSH	ARING PLAN						plan number	004
									10	(PN)	001
									10	Effective date o	
		consor's name and ad RHODES, PA	dress	; include room	or suite num	nber (empl	loyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 59-15	fication Number 15349
									2c	Sponsor's telep	
126 E	AST JE	EFFERSON ST FL 32801							0-1	407-84	
OKLA	INDO,	1 L 32001							20	Business code 6 5411	
3a	Plan ad	dministrator's name ar	ıd ad	dress XSame	as Plan Spo	onsor Nam	e Same as Plan	Sponsor Address	3b	Administrator's	EIN
									3с	Administrator's	telephone number
4	I£ 415 a	anna and/an FINI af the				+ +			41-		
		name and/or EIN of the					return/report filed fo	or this plan, enter the	4b	EIN	
	name,	name and/or EIN of the EIN, and the plan nur or's name					return/report filed fo	or this plan, enter the		EIN PN	
a :	name, Sponso	EIN, and the plan nur	mber	from the last re	eturn/report.		· 		4c	PN	2
a : 5a	name, Sponso Total r	EIN, and the plan nur or's name	at the	from the last re	eturn/report. the plan yea	ar			4c 5a	PN	2 2
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities						(b) End of Year			
	Total plan assets	(1)					(b) End 0	6366	14	
	tal plan assets							-		
	Net plan assets (subtract line 7b from line 7a)	7c	61647	71				6366	14	
	Income, Expenses, and Transfers for this Plan Year	70		•			(b) To			
	Contributions received or receivable from:		(a) Amount				(b) To	ıaı		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	2014	3						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						201	43	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i	Net income (loss) (subtract line 8h from line 8c)	8i						201	43	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	-,								
9a	If the plan provides pension benefits, enter the applicable pension 2E	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructi	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	ic Coc	les in t	he instructio	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Ι ,	mount		
a		tions withi	n the time period described in		163	140	,	unoun		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X				
	on line 10a.)			10b		X				
	Was the plan covered by a fidelity bond?			10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100						
C	insurance service, or other organization that provides some or all					X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X				4	2705
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i		X				
Part		-			<u> </u>					
11	Is this a defined benefit plan subject to minimum funding requirem							П Үе	s X	No
110	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr							Ц.	- ^	10
	· · · · · · · · · · · · · · · · · · ·		,			11a	EDICAC	□ v ₂		No
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction	3U2 Of	EKISA?	Ye	ъ <mark>/</mark>	INO
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling									
	granting the waiver Day Year									
<u>If</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		ı		ı			
b	Enter the minimum required contribution for this plan year					12b	ĺ			

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

Complete all entries in accordance with the instructions to the Form 5500-SF. Date | Appual Papart Identification Inform

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Branch and	Annual Report Identification into						
	calendar plan year 2013 or fiscal plan year beginnir		013	and e	nding	12/31/20	13
110000000000000000000000000000000000000	This return/report is for:	er plan a mult	tiple-employer plan (no	t mult	iemployer)	a one-particip	ant plan
В	This return/report is: the first return/r		nal return/report				
_	an amended ret		rt plan year return/repo	ort (les	s than 12 mo	<u>nt</u> hs)	
C	Check box if filing under: X Form 5558	autom	natic extension			DFVC program	m
posterior:		n (enter description)					
Pa	Hasic Plan Information - enter all re	equested Information					
	lame of plan			1b	Three-digit	1	
RIC	CHARD S RHODES, PA PROFIT	SHARING PLA	AN		plan number	(PN) ▶	001
				1c	Effective dat	e of plan 01/1974	Anthron
	lan sponsor's name and address; include room or suite r CHARD S RHODES, PA	number (employer, if for s	ingle-employer plan)	2b	Employer Ide	entification Numb	per (EIN)
126	EAST JEFFERSON ST			2c	Sponsor's te	lephone number	
120	HADI OBITEROON OI				-843-43	Comment of the comment	
ORI	ANDO FL 32	2801		2d	Business coo	de (see instructio L 1 0	ens)
3a P	lan administrator's name and address 🛚 🗓 s _{ame as}	Plan Sponsor Name X San	ne as Plan Sponsor Address	3b	Administrator	's EIN	
				3с	Administrator	's telephone nur	mber
	he name and/or EIN of the plan sponsor has chang		n/report filed for this	4b	EIN	- National Action of the Control of	
5.0	n, enter the name, EIN, and the plan number from	the last return/report.					- Constantin
a s	Sponsor's name			4c	PN		
	- 1 1 1 1 1 1 1 1 1 1	- 1	. ,	_			
	otal number of participants at the beginning of the			5a		2	
	otal number of participants at the end of the plan		NAMES OF THE PROPERTY OF THE P	5b		2	
	lumber of participants with account balances as o	The state of the s	The state of the s			2	
***				5c	-	2	
Sa V	Vere all of the plan's assets during the plan year in	vested in eligible asset	s? (See instructions.)	••••		X Yes	s No
	re you claiming a waiver of the annual examination					_	
(1	QPA) under 29 CFR 2520.104-46? (See instruction	is on waiver eligibility a	and conditions.)			X Yes	s No
H	you answered "No" to either line 6a or line 6b,	the plan cannot use F	orm 5500-SF and mu	st ins	tead use For	m 5500.	-
	the plan is a defined benefit plan, is it covered under the				Yes	No Not	t determined
Cauti	on: A penalty for the late or incomplete filing of	this return/report wil	l be assessed unless	reasc	nable cause	is established.	
cnea	penalties of perjury and other penalties set forth ir ule SB or Schedule MB completed and signed by owledge and belief, it is true, correct, and complete	an enrolled actuary, as	clare that I have examing well as the electronic	ned th versio	is return/repoint of this return	t, including, if and to	oplicable, a the best of
SIGN	11 1 100 1	9/20/2011	ρ		O .		
IERE	my fune	9/29/2014	Kichard	る、	Rhodes	5	
*****	Signature of plan administrator	Date	Enter name of individ	ual sig	ning as plan a	administrator	
SIGN	4					***************************************	***************************************
IERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual sic	ning as emplo	over or plan enor	2004
Prepa	rer's name (including firm name, if applicable) and	address: include room	or suite number (ontic		The second secon	ephone number	~~~~
RICH VEF	HARD L. PILHORN, CPA RETT WARMUS DURKEE PA FE CONCORD STREET ANDO FL 328		a. saka namaar (apita		107-849-		(Optional)

Part III Financial Information			·	· · · · · · · · · · · · · · · · · · ·
7 Plan Assets and Liabilities		(a) Beginnir	of Year	(b) End of Year
a Total plan assets	7a	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	61647	
b Total plan liabilities	7b			2 00014
C Net plan assets (subtract line 7b from line 7a)	7c	***************************************	61647	636614
8 Income, Expenses, and Transfers for this Plan Year		(a) Am	***************************************	(b) Total
a Contributions received or receivable from:		***************************************	**	
(1) Employers	8a(1)			
(2) Participants	The second secon			
(3) Others (including rollovers)			***************************************	
b Other income (loss) SEE STATEMENT 1	8b	***************************************	20143	***************************************
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				20143
d Benefits paid (including direct rollovers and insurance premiums to provide			********************	ZV145
benefits)	1 1			
e Certain deemed and/or corrective distributions (see instructions)	The second second second second	· · · · · · · · · · · · · · · · · · ·	***************************************	**************************************
f Administrative service providers (salaries, fees, commissions)	8f	······································	***************************************	***************************************
g Other expenses	8a		***************************************	
h Total expenses (add lines 8d, 8e, 8f, and 8g)			5	
i Net income (loss) (subtract line 8h from line 8c)		46-2914444444444444444	-	20143
Transfers to (from) the plan (see instructions)	8j	***************************************	************	20143
Part IV Plan Characteristics			***************************************	
9a If the plan provides pension benefits, enter the applicable pension feature $2\mathrm{E}$				
b If the plan provides welfare benefits, enter the applicable welfare feature	codes from th	e List of Plan (Characteris	tic Codes in the instructions:
Part V Compliance Questions	· · · · · · · · · · · · · · · · · · ·		**************************************	
10 During the plan year:			Yes No	A
a Was there a failure to transmit to the plan any participant contributions within the ti	me period descri	hed	162 140	Amount
in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co.			X	
b Were there any nonexempt transactions with any party-in-interest? (Do no		iliza I IVa		
transactions reported on line 10a.)		10ь	х	
C Was the plan covered by a fidelity bond?			X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity	hond that	106	Λ	
was caused by fraud or dishonesty?		10d	x	
e Were any fees or commissions paid to any brokers, agents, or other person	one by an incur	2000	- ^	
carrier, insurance service, or other organization that provides some or all	of the benefite	Inder		
		ALCOHOLOGICA IN THE PROPERTY OF THE PROPERTY O	v	
the plan? (See instructions.) f Has the plan falled to provide any benefit when due under the plan?	******************************	10e	X	
g Did the plan have any participant loans? (If "Yes," enter amount as of yea		10f	X	
h If this is an individual account plan, was there a blackout period? (See ins		10g	X	42705
and 29 CFR 2520.101-3.)	tructions		,,	10000
i If 10h was answered "Yes," check the box if you either provided the requi		10h	<u> </u>	***************************************
of the exceptions to providing the notice applied under 29 CFR 2520.101-			1	
Part VI Pension Funding Compliance	3	10i	<u> </u>	Assets the same of
	C 13.4		***************************************	
1 Is this a defined benefit plan subject to minimum funding requirements? (I Schedule SB (Form 5500) and line 11a below)	r Yes," see ins	tructions and o	complete	
				Yes X No
1a Enter the unpaid minimum required contribution for current year from Sch. 2 Is this a defined contribution plan subject to the minimum funding requirements at a	edule SB (Form	5500) line 39	11a	
	ection 412 of the	Code or section	302 of ERIS	A? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as appl	cable.)		· · · · · · · · · · · · · · · · · · ·	L.
a If a waiver of the minimum funding standard for a prior year is being amort			ructions, ar	id enter the date of the letter
ruling granting the walver.	Mont	th	Day	Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	rm 5500), and	skip to line 13		
b Enter the minimum required contribution for this plan year	· · · · · · · · · · · · · · · · · · ·	Merchanis and the same management	12b	