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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accord	dance with the instru	ctions to the Form 550	0-SF.	1110	peotion	
Part I	Annual Report I	dentification Information						
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013								
A This ref	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan	
B This ref	turn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC program			
		special extension (enter description	on)					
Part II	Basic Plan Infor	mation—enter all requested inform	ation					
1a Name BISCAYNE I	•	(K) PROFIT SHARING PLAN			1b	Three-digit plan number		
						(PN) ▶	003	
					1c	Effective date of 06/01/		
	ponsor's name and add	dress; include room or suite number (e	mployer, if for a single-	-employer plan)		Employer Identif	fication Number 39623	
3555 POINC	CIANA AVENUE				2c Sponsor's telephone number 305-460-6818			
MIAMI, FL 3					2d	Business code (see instructions)	
3a Plan a	dministrator's name and	d address Same as Plan Sponsor N	lame Same as Plar	n Sponsor Address	3b	Administrator's I	EIN 05662	
ISCAYNE B	AY PILOTS, INC.	PORT OF MIA MIAMI, FL 331	MI, 2911 PORT BOUL 32	EVARD	3c		telephone number	
						303 37-	7 007 1	
		plan sponsor has changed since the l	ast return/report filed for	or this plan, enter the	4b	EIN		
name	, EIN, and the plan num	plan sponsor has changed since the laber from the last return/report.	ast return/report filed fo	or this plan, enter the				
name a Spons	, EIN, and the plan num or's name	nber from the last return/report.	<u> </u>		4c		30	
name a Spons 5a Total	, EIN, and the plan num or's name number of participants a				4c 5a		30	
name a Spons 5a Total b Total c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances	olan year (defined bene	efit plans do not	4c 5a 5b		30 29 27	
name a Spons 5a Total b Total c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	olan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	29	
name a Spons 5a Total b Total c Numb compi 6a Were b Are yo	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in eligib the annual examination and report of	plan year (defined bene le assets? (See instruc an independent qualifie	efit plans do not ctions.)	4c 5a 5b 5c	PN	29 27 X Yes No	
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder	, EIN, and the plan numor's name number of participants and participants and participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility	plan year (defined bene le assets? (See instruc an independent qualifie and conditions.)	efit plans do not ctions.)	4c 5a 5b 5c	PN	29	
name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under if you	, EIN, and the plan numor's name number of participants and participants and participants with a lete this item)	at the beginning of the plan year	plan year (defined bene le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF	efit plans do not ctions.)ed public accountant (IQ	4c 5a 5b 5c PA)	PN	29 27 X Yes No X Yes No	
name a Spons 5a Total of the point of the po	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	plan year (defined bene le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF asurance program (see	efit plans do not etions.) ed public accountant (IQ and must instead use ERISA section 4021)?	4c 5a 5b 5c PA)	PN	29 27 X Yes No	
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name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under if you c If the p Caution: A Under pens SB or Sche belief, it is so SIGN HERE Preparer's EJREYNOL 9050 PINES	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	plan year (defined beneficial plan year) (See instruction independent qualifier and conditions.)	efit plans do not ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report JOHN G. JACOBSEN Enter name of individ	4c 5a 5b 5c PA) Form use is coort, in the coort, and the coort and the coort are supported by the coor	5500. Yes No established. cluding, if applicate the best of my ning as plan adn ning as employee arer's telephone	29 27 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator or or plan sponsor number (optional)	
name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under if you c If the p Caution: A Under pens SB or Sche belief, it is: SIGN HERE Preparer's EJREYNOL EJREYNOL 9050 PINES SUITE 110	p. EIN, and the plan numor's name number of participants and participants are reflected by the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? If answered "No" to eithe plan is a defined benefit of the plan's assets out claiming a waiver of 29 CFR 2520.104-46? If answered "No" to eithe plan is a defined benefit of the plan's assets out claiming a waiver of the plan's assets out claiming a waive	at the beginning of the plan year	plan year (defined beneficial plan year) (See instruction independent qualifier and conditions.)	efit plans do not ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report JOHN G. JACOBSEN Enter name of individ	4c 5a 5b 5c PA) Form use is coort, in the coort, and the coort and the coort are supported by the coor	5500. Yes No established. cluding, if applicate the best of my ning as plan adn ning as employee arer's telephone	29 27 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator or or plan sponsor number (optional)	
name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under if you c If the p Caution: A Under pens SB or Sche belief, it is: SIGN HERE Preparer's EJREYNOL EJREYNOL 9050 PINES SUITE 110	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	plan year (defined beneficial plan year) (See instruction independent qualifier and conditions.)	efit plans do not ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report JOHN G. JACOBSEN Enter name of individ	4c 5a 5b 5c PA) Form use is coort, in the coort, and the coort and the coort are supported by the coor	5500. Yes No established. cluding, if applicate the best of my ning as plan adn ning as employee arer's telephone	29 27 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator or or plan sponsor number (optional)	

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	·						(b) End of Year				
	an Assets and Liabilities (a) Beginning of Your land plan assets				-		(b) End		ear 182306	3	
	ra ra				-				102000		
	Total plan liabilities			8					182306	3	
8	Net plan assets (subtract line 7b from line 7a)								_		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) 1	otai			
u	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1	8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							18	3	
	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							18	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics										
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	ions			
Dor	t V Compliance Questions										
Par	•				Vac	No	1	_			—
10	During the plan year: Was there a failure to transmit to the plan any participant contribute.	tiono withi	n the time period described in		Yes	No		Am	ount		—
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
N	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
				10c	X					500	0000
<u> </u>				100						300	1000
	or dishonesty?	······		10d		X					
е	 Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan?					X					
						Χ					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					X					
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
Dor		1-0		10i							
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form											
	5500) and line 11a below)										
	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
_12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA?		Yes	X	No
	(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.		Mon		, and e	enter th Day	ne date of	the le		ııng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1		ı				
I-	Enter the minimum required contribution for this plan year					12b	Ī				

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	4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury

Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

	This form is required to be filled under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of							
Emplayee	Department of Labor Benefits Security Administration	058(a) of	This Form is Open to Public					
Pension	Benefit Guarenty Corporation		Inspection					
Part I	Annual Report Id	> Complete all entries in acco	Adamée with the lust	uctions to the Form 5	500-SF.			
For calen	dar plan year 2013 or fiscs		1/01/2013	and ending		12/31/2013		
A This r	eturn/report is for:	a single-employer plan		plan (not multiemploye		a one-participant plan		
B This n	eturn/report is:	the first return/report	the final return/repor	` •	"' L	a crie-participant plan		
		an amended return/report	= '	ım/report (less than 12				
C Check	box if filing under:	montns)						
- Crigor	COX II ming under.	Ĺ	DFVC program					
Part II	Basic Plan Inform	special extension (enter descriptination—enter all requested inform						
1a Name		ration —eriter all requested inform	пацоп		1 4 5 .			
		Inc. 401(k) Profit St	haring Plan			Three-digit ofan number		
•	•	(11, 11, 11, 11, 11, 11, 11, 11, 11, 11,				(PN) 003		
					1c	Effective date of plan		
2- 0						6/01/1989		
John C	. Jacobsen, Inc	ess; Include room or suite number (employer, if for a single	-employer plan)		mployer Identification Number EIN) 65-0639623		
3555 -						ponsor's telephone number		
3555 F	oinciana Avenue					305-460-6818		
Miami		TT 55100 4514			2d E	Rusiness code (see instructions)		
	-declarate de la company	FL 33133-6526			4	188300		
	ne Bay Pilots, 1	address Same as Plan Sponsor I	Name Same as Pla	n Sponsor Address		dministrator's EIN		
	ne bay ritots,	inc.				59-1705662 dministrator's telephone number		
Fort o	f Miami, 2911 Po	ort Boulevard				05-374-0871		
Miami		FL 33132						
4 If the	name and/or EIN of the pla	an aponsor has changed since the	last return/report filed for	or this plan enter the	4b ∈	18.1		
name	, EIN, and the plan numbe	or from the last return/report.		or tria plant, and the	70 5	IN		
	or's name				4c P	N		
h Tale	number of participants at ti	he beginning of the plan year	***********************	***************	5a	30		
b Total	number of participants at ti	he end of the plan year	******************************	**************	. 5b	29		
comp	er or participants with acco lete this item)	ount balances as of the end of the p	plan year (defined bene	ofit plans do not	. 5c	27		
6a Were	all of the plan's assets dur	ring the plan year invested in eligib	le assets? (See instruc	tions)				
D Are yo	ou claiming a waiver of the	annual examination and recort of a	afilicus trabaanaanine	of muhlic mannument /10	*****	The state of the s		
if vou	25 OFR 2520, 104-46 (66 Brawered "No" to either	ee instructions on waiver eligibility : r line 6a or line 6b, the plan cann	and conditions.)		***************************************	X Yes No		
C If the	olan is a defined benefit nia	an is it covered under the DBCC is	ot use Form 5500-SF	and must instead use	Form 55	500.		
		an, is it covered under the PBGC in						
Caution: A	penalty for the late or in	ncomplete filing of this return/rep	ort will be assessed :	uniess reasonable ca	use is es	tablished.		
SB or Sche	attes of perjury and other p idule MB completed and si	penalties set forth in the instructions igned by an enrolled actuary, as we	s, I declare that I have a	examined this return/re	port, inclu	iding, if applicable, a Schedule		
bellef, it is t	rue, correct, and complete	is	an ga tue discriptific AGE	sion of this temutytebol	τ, and to t	ne best of my knowledge and		
SIGN	Ila is	1 1.00	1 + 12 - 11 W.	T. V				
HERE								
************	Signature of plan admir	dual signing as plan administrator						
SIGN IERE								
Signature of employer/plan aponsor Date Enter name of individual signing as employer or plan aponsor								
EJRevna	name (including ilim name, olds, Inc.	, ii applicable) and address; include	room or suite number	(optional)	Prepare	r's telephone number (optional)		
EJReynolds, Inc. 954-431-1774						954-431-1774		
_	nes Boulevard							
Suite 1	10					· · · · · · · · · · · · · · · · · · ·		
Pembrok	e Pines	FL 33024						
or Paparwo	rk Baduction Act Notice and	OMB Control Numbers, see the least				1		

Form 5500-SF (2013)