For	rm 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed u	е	2013						
Employee B	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal F			s Open to Public pection					
	enefit Guaranty Corporation	 Complete all entries in accorda 	ance with the instruc	ctions to the Form 550	0-SF.		poolion			
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 ret	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan			
B This ret	turn/report is:	the first return/report the first return/report	he final return/report							
	Γ	an amended return/report	short plan year return	n/report (less than 12 mo	nonths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC program					
• • • • • • • • •										
Part II	Part II Basic Plan Information—enter all requested information									
1a Name		nation—enter all requested informati	1011		1h	Three-digit				
	•	C. 401K PROFIT SHARING PLAN				plan number				
						(PN) ▶	001			
					1c	Effective date of	fplan			
						01/01/	(1991			
	ponsor's name and addre	ess; include room or suite number (em IC.	ployer, if for a single-	employer plan)		Employer Identit (EIN) 52-15				
1200 16TH \$	STREET NORTH				2c	Sponsor's telep 727-522	ephone number 522-2900			
ST PETERSBURG, FL 33705						Business code (see instructions) 713900				
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address						3b Administrator's EIN				
3c Administrator's telephone numb						elephone number				
		lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b EIN					
	, EIN, and the plan numb or's name	per from the last return/report.			4c PN					
<u> </u>		the beginning of the plan year			5a		116			
		the end of the plan year			5b		118			
		count balances as of the end of the pla					110			
comp	lete this item)				5c		113			
	•	luring the plan year invested in eligible	•	,			X Yes No			
		ne annual examination and report of an See instructions on waiver eligibility an					X Yes 🗌 No			
	```	er line 6a or line 6b, the plan cannot	,							
-		blan, is it covered under the PBGC inst					Not determined			
					····· 🛛		Not determined			
Caution: A	A penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ise is o	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/valid electronic signature.         10/14/2014		10/14/2014	SHEILA DROHAN							
HERE	HERE			Enter name of individu	ual sig	ning as plan adn	ninistrator			
SIGN										
HERE Signature of employer/plan sponsor Date Enter name of individ			Enter name of individu	idual signing as employer or plan sponsor						
Preparer's		ne, if applicable) and address; include			Preparer's telephone number (optional)					

Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar		(b) End of Year				
a Total plan assets	7a	278282	2		3343239				
<b>b</b> Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	278282	2	3343239					
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
a Contributions received or receivable from:	80(1)	3660	5						
(1) Employers	8a(1)	11773	-						
(2) Participants	8a(2)								
(3) Others (including rollovers) b Other income (loss)	8a(3) 8b	52817	5						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u> </u>			682515			
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	00					002010			
to provide benefits)	8d	10921	0						
e Certain deemed and/or corrective distributions (see instructions)	8e	422							
f Administrative service providers (salaries, fees, commissions)	8f	866	0						
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					122098			
i Net income (loss) (subtract line 8h from line 8c)	8i			_		560417			
J Transfers to (from) the plan (see instructions)         Part IV       Plan Characteristics	8j								
b       If the plan provides welfare benefits, enter the applicable welfare fe         Part V       Compliance Questions	eature codes	s from the List of Plan Charac	cterist		ies in t	ne instructions:			
10 During the plan year:				Yes	No	Amount			
<b>a</b> Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		250000			
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benef	its under the plan? (See	10e	x		6097			
${f f}$ Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	d.)	10q		Х				
<b>h</b> If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х				
	i 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								
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									
11a Enter the unpaid minimum required contribution for current year from	om Schedul	e SB (Form 5500) line 39			11a				
12 Is this a defined contribution plan subject to the minimum funding	requirement	ts of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver					enter th Day	-			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule		<i>r</i> •		<u> </u>	105				
b Enter the minimum required contribution for this plan year					12b	l			

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 of the PBGC?	control		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tru	ust's EIN	

For	m 5500-SF	Short Form Annual Ret		f Small Emplo	yee	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 Employee						2013				
	epartment of Labor enefits Security Administration	B(a) of	This Form is Open to Public							
Pension Be	enefit Guaranty Corporation	Complete all entries in accordance	nce with the instruc	tions to the Form 550	0-SF.	Inspection				
Part I		dentification Information								
	ar plan year 2013 or fisc		01/2013	and ending an (not multiemployer)	1	2/31/2013				
e mare i contravence do		_	a one-participant plan							
B This return/report is: an amended return/report an amended return/report b the final return/report a short plan year return/report (less than 12 months)										
<b>^</b>		onths)								
Check t	box if filing under:		utomatic extension			DFVC program				
Part II	Papie Dian Inform	special extension (enter description)								
1a Name		mation—enter all requested information	n		1h T	There digit				
		RKS INC. 401K PROFIT SHA	ARING PLAN		1b Three-digit plan number (PN) ▶ 001					
					1c Effective date of plan 01/01/1991					
2a Plan s	ponsor's name and addr	ress; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b E	mployer Identification Number				
CORPOR	ATE FITNESS WO	RKS, INC.			(E	EIN) 52-1563984				
1200 10	6TH STREET NOR	TH			1	ponsor's telephone number				
1000 10		***				27-522-2900 Jusiness code (see instructions)				
ST PETI	ERSBURG	FL 33705			713900					
3a Plan a	idministrator's name and	i address XSame as Plan Sponsor Nar	ne XSame as Plan	Sponsor Address	3b Administrator's EIN					
			2764							
					3c Administrator's telephone number					
		plan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b E	EIN				
name	, EIN, and the plan num	plan sponsor has changed since the las ber from the last return/report.	t return/report filed fo	r this plan, enter the	10000 C	10/15-				
name <b>a</b> Spons	e, EIN, and the plan num or's name				4c F	² N				
name a Spons 5a Total i	e, EIN, and the plan num sor's name number of participants a	ber from the last return/report.			4c F 5a	אי 116				
name a Spons 5a Total i b Total i	e, EIN, and the plan num sor's name number of participants a number of participants a	ber from the last return/report.			4c F	² N				
a Spons 5a Total i b Total i C Numb compl	e, EIN, and the plan num sor's name number of participants a number of participants a per of participants with a lete this item)	ber from the last return/report. It the beginning of the plan year It the end of the plan year ccount balances as of the end of the pla	n year (defined bene	fit plans do not	4c F 5a 5b 5c	אי 116 118 113				
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a Spons 5a Total of b Total of c Numb compl 6a Were b Are you under If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	e, EIN, and the plan num sor's name number of participants a number of participants a per of participants with ad lete this item)	ber from the last return/report. It the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.) use Form 5500-SF arance program (see rt will be assessed d declare that I have a as the electronic vers 10/9/2014 Date 10/9/2014	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable can examined this return/repor SHEILA DROHAN Enter name of individ SHEILA DROHAN Enter name of individ	4c F 5a 5b 5c IPA) Form 5 	116         118         113         113         X         Yes         No         X         Yes         No         Yes         No         Yes         No         Stablished.         Iuding, if applicable, a Schedule         the best of my knowledge and         ing as plan administrator         ing as employer or plan sponsor				
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name a Spons 5a Total of b Total of c Numb compl 6a Were b Are you under If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	e, EIN, and the plan num sor's name number of participants a number of participants a per of participants with ac lete this item)	ber from the last return/report. It the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.) use Form 5500-SF arance program (see t will be assessed of declare that I have d as the electronic vers 10/9/2014 Date 10/9/2014 Date noom or suite number	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable car examined this return/repor SHEILA DROHAN Enter name of individ SHEILA DROHAN Enter name of individ r (optional)	4c F 5a 5b 5c IPA) Form 5 	116         118         113         113         X         Yes         No         X         Yes         No         Yes         No         Yes         No         Stablished.         Iuding, if applicable, a Schedule         the best of my knowledge and         ing as plan administrator         ing as employer or plan sponsor				

<ul> <li>7 Plan Assets and Liabilities</li> <li>a Total plan assets</li> </ul>									
a Total plan assets		(a) Beginning of Yea	ar			(b) End of Year			
	7a	278	8282	2		3343239			
<b>b</b> Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	273	8282	2		3343239			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a Contributions received or receivable from:	<b>a</b> (1)		3660	5					
(1) Employers			1773						
(2) Participants		۲.	1//3	0.5					
(3) Others (including rollovers)		E .	2817						
<b>b</b> Other income (loss)		5.	201/	5		682515			
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c					002515			
to provide benefits)	8d	10	0921	.0					
e Certain deemed and/or corrective distributions (see instructions)			422	8					
f Administrative service providers (salaries, fees, commissions)	8f		866	0					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					122098			
i Net income (loss) (subtract line 8h from line 8c)	8i					560417			
j Transfers to (from) the plan (see instructions)	···· 8j								
Part IV Plan Characteristics									
<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare</li> <li>Part V Compliance Questions</li> </ul>	e feature codes	s from the List of Plan Chara	cterist	ic Cod	les in th	ne instructions:			
10 During the plan year:				Yes	No	Amount			
<ul> <li>Was there a failure to transmit to the plan any participant contril</li> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary F</li> </ul>			10a		х	Junount			
<b>b</b> Were there any nonexempt transactions with any party-in-intere on line 10a.)	•	•	10b		х				
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		250000			
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?		· · · · · · · · · · · · · · · · · · ·	10d		х				
e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.)	all of the benef	its under the plan? (See	10e	х		6097			
					v				
f Has the plan failed to provide any benefit when due under the plan?									
			10f		X				
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount			10f		X				
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> </ul>	? (See instruct	tions and 29 CFR							
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.</li> </ul>	? (See instruct	tions and 29 CFR	10g		Х				
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		1					
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 of the PBGC?	contro	l			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) which assets or liabilities were transferred. (See instructions.)	to					
	<b>3c(1)</b> Name of plan(s):	3c(2)	EIN	l(s)		13c(3	<b>)</b> PN(s)
r							
Part	VIII Trust Information (optional)	•					
14a	Name of trust	14b	Tru	sťs Ell	N		