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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I		rt Identification Information								
For calend	ar plan year 2013 or	fiscal plan year beginning 01/01/	2014	and ending 1	0/15/	2014				
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer p	an (not multiemployer)	oyer) a one-participant plan					
B This ref	turn/report is:	the first return/report	x the final return/report							
		an amended return/report	x a short plan year return	n/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am			
	J	special extension (enter descr	iption)							
Part II	Basic Plan In	formation—enter all requested inf	· '							
1a Name		one an requested in			1b	Three-digit				
	ROFIT SHARING PL	AN AND TRUST				plan number				
					4-	(PN) •	002			
					10	Effective date o	•			
2a Plan s	ponsor's name and	address; include room or suite numbe	er (employer if for a single-	emplover plan)	2h	Employer Identi				
N L NAGLE			(_~		77952			
					2c	Sponsor's telep	hone number			
	ANADA WAY					561-63	7-5052			
DELRAY BE	EACH, FL 33446				2d		(see instructions)			
			🗖		01	54160				
		and address Same as Plan Spons	<u>—</u>	Sponsor Address	30	Administrator's 65-07	EIN '77952			
L NAGLE INC 7378 FLORANADA WAY DELRAY BEACH, FL 33446				3c	Administrator's	telephone number				
						561-637				
4 If the	nama and/or EIN of	the plan sponsor has changed since	the last return/report filed for	or this plan, optor the	46	FIN				
		number from the last return/report.	ille last return/report liled it	or this plant, enter the	40	EIN				
a Spons	or's name	·			4c	PN				
5a Total	number of participar	its at the beginning of the plan year			5a		3			
b Total	number of participar	its at the end of the plan year			5b		0			
		h account balances as of the end of t		•						
	,				5c		0			
		ets during the plan year invested in e	-				X Yes No			
		of the annual examination and report 6? (See instructions on waiver eligible					X Yes No			
		either line 6a or line 6b, the plan c								
C If the	plan is a defined ber	nefit plan, is it covered under the PBG	C insurance program (see	ERISA section 4021)? .		Yes No	Not determined			
Caution: /	A nenalty for the lat	e or incomplete filing of this return	dreport will be assessed	unless reasonable cau	ieo ie	established	-			
	· · · · · · · · · · · · · · · · · · ·	other penalties set forth in the instruc	•				able a Schedule			
SB or Sche	edule MB completed	and signed by an enrolled actuary, a								
belief, it is	true, correct, and co	mplete.								
SIGN	Filed with authorize	ed/valid electronic signature.	12/05/2014	N LAURANCE NAGLE						
HERE	Signature of plan	administrator	Date	Enter name of individu	ridual signing as plan administrator					
SIGN			_ 5.0		01	,g 20 p.a.r aar				
HERE	Signature of com	Nover/plan energy	Data	Enter name of individu	ual air	aning on ampleus	or or plan change			
Preparer's		oloyer/plan sponsor n name, if applicable) and address; in	Date clude room or suite numbe	Enter name of individence of continual in the continual i			number (optional)			
.,	,	, , , , , , , , , , , , , , , , , , , ,					()			
Ī										

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of V	oar		
	Total plan assets	7a	(a) beginning of Tea				(b) Liiu	01 1)	
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c	2773	6							
	Income, Expenses, and Transfers for this Plan Year	- 10	(a) Amount				(b) T	otal			
	Contributions received or receivable from:		(a) Amount				(6) 1	Jiai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	68	8							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							688	}	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2842	4							
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							2842	4	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-2773	3	
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 2A 2E 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruc	tions	S :		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cteristi	ic Coc	les in t	he instructi	ons:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а				10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
						Χ					
d				10c						—	
	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					V					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X					
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	•		10i							
Part										_	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	— П	No
112	Enter the unpaid minimum required contribution for current year fr					11a				ш	
12	· · · · · · · · · · · · · · · · · · ·		,				ERISA?	厂	Yes	X	No
	Is this a defined contribution plan subject to the minimum funding (If "Ves " complete line 12a or lines 12h, 12c, 12d, and 12e below	-		or se	CHOII .	JUZ UI	LNIOM!	L	1 63	^	-140
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and e	enter th	ne date of the	ne le	tter ru	lina	
	granting the waiver.		Mon		'	Day		Yea			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1				
1	Enter the minimum required contribution for this plan year					12b	1				

Page	3 -	. 1	
raye	J		

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?	X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	control		X 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) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089 2043

Department of Labor	I fils form is required to be filed in Retirement Income Security Act of the	under sections 104 a	nd 4065 of the Employe	38 24-) -4	2013			
Employee Benefits Security Administration								
Pension Benefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.							
Part : Annual Report Ide	entification information	INCO WITH THE INSTRUC	ctions to the Form 550	10-SF.				
For calendar plan year 2013 or fisca		01/2014	and ending		10/15/2014			
A This return/report is for:	7				10/15/2014			
	ዟ "		lan (not multiemployer)		a one-particip	ent plan		
B This return/report is:	; 말	ne final return/report						
	an amended return/report X a	short plan year return	n/report (less than 12 m	ionths)	·			
C Check box if filing under:] Form 5558 [] a	utomatic extension			DFVC program	m		
	special extension (enter description))			_			
Part II Basic Plan Inform	nation-enter all requested informati							
1a Name of plan				1h	Three-digit			
NLN Inc Profit Sharing	g Plan and Trust			'-	plan number			
				1		002		
					Effective date of	plan		
20 5		***************************************		<u> </u>	01/01/2010			
N L NAGLE INC	ss; include room or suite number (emp	ployer, if for a single-	employer plan)	2ь	Employer Identifi	ication Number		
110					(EIN) 65-077°			
7378 FLORANADA WAY			1		Sponsor's teleph			
					561-637-50			
DELRAY BEACH	FL 33446			2 a	Business code (s	see instructions)		
	uddress Same as Plan Sponsor Nan				541600			
N L Nagle Inc	duress Esame as Plan Sponsor Nan	ne USame as Plan	Sponsor Address	3b	Administrator's E 65-0777952			
N B Nagle Inc				30	Administrator's te			
7378 FLORANADA WAY				1	561-637-505			
7276 FBORANADA WAI				1	301-037-30.	J2		
DELRAY BEACH	FL 33446							
4 If the name and/or EIN of the pla	an sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b	EIN			
name, EIN, and the plan numbe a Sponsor's name	ir from the last return/report.							
	he becker of the state of			4c	FN			
	he beginning of the plan year			5a		3		
	he end of the plan year			5b		0		
complete this item)	ount balances as of the end of the plan	n year (defined bene	fit plans do not					
63 Were all of the closic secrets du				5c	<u> </u>	<u> </u>		
b Are you daiming a waiver of the	iring the plan year invested in eligible as annual examination and report of an	assets? (See instruct	ions.)	********		X Yes No		
under 29 CFR 2520.104-46? (S	ee instructions on waiver eligibility and	moepencent qualine d conditions)	a public accountant (IQ)	РА)		X Yes No		
If you answered "No" to eithe	r line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.	M 152 [] 110		
	an, is it covered under the PBGC insu					Not determined		
· · · · · · · · · · · · · · · · · · ·						THOI DECERTIFIED		
Caution: A penalty for the late or in	ncomplete filing of this return/repor	t will be assessed u	uniess reasonable cau	180 is 6	established.			
SB or Schedule MB completed and si	penalties set forth in the instructions, I igned by an enrolled actuary, as well a	declare that I have a	examined this return/rep	ort, in	cluding, if applical	ble, a Schedule		
belief, it is true, correct, and complete	3. A A	as the discharit vers	and or trus returnateport,	, and to	o ine best of my k	nowledge and		
1/13 1/0 24/44		, 						
SIGN	A / MACUL	11	N Laurance Nag	jle				
HERE Signature of plan admi	inistrator	Date WWW N	Enter name of individu	ual sign	ning as plan admi	nistrator		
SIGN 11 WWW	11. 11110	1/11	M. hell VA	7/	10 111			
HERE Signature of employer/		Date	44	W C		74		
Preparer's name (including firm name	e, if applicable) and address; include n		Enter name of individu	al Sign	ning as employer. arer's telephone n	or pian sponsor		
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For Paperwork Reduction Act Notice on	d OMI Control Numbers and the laster	sklade for Form Free 6						

Form 5500-SF 2013

_	Form 3500-SF 2013		Page 2								
P	art III Financial Information										
_7	Plan Assets and Liabilities	7			- 1				<u></u>		
_ 8	Total plan assets		(a) Beginning of Y				<u>(b) E</u>	nd of	Year		
t	Total plan liabilities	. 7a		277	36						
	Net plan assets (subtract line 7b from line 7a)	. <u>7</u> b									
8	Income, Expenses, and Transfers for this Plan Year	7c		277	36						~
a	Contributions received or receivable from:	 	(a) Amount				() Tot	al		
	(1) Employers	Ba(1)			İ						
-	(2) Participants	8a(2)									
-	(3) Others (including rollovers)	82(3)			\dashv						-
	Other income (loss)	8b		6	88				—–		A
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+						
_	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	88		284:	24		<u> </u>				68
e	Certain deemed and/or corrective distributions (see instructions)	8e		•	_						
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			+						
_ 9	Other expenses	8g							 -		
<u>_</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+						
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i			+						7736
<u>, j</u>	Transfers to (from) the plan (see instructions)	8j			_ _					-2/	/ 3 0
	rt IV Plan Characteristics										
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature cod	es from the List of Plan Char	acleris	stic Co	des i	n the instr	uction			
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Chara	cterist	ic Cod	es in	the instru	ctions	:	-	
Par											
10	Ouring the plan year:										
a	Was there a failure to transmit to the plan any participant contribut	inge videt	Al. Al		Yes	No		Am	ount		
	VARIABLE FIRM	CIORY CAPEA	wies December	10a	Į	Х	ł				
b	vere use any nonexempt (ransactions with any nerty-in-interpol?	2 /Da ant :-	alice and a second	100			 	<u>_</u>			
			************	10b	l	X					
	Was the plan covered by a fidelity bond?	***************		10c	T	X					
	Did the plan have a loss, whether or not reimbursed by the plan's to dishonesty?	delity bono	t, that was caused by fraud	10d		x	 				<u></u>
e	view only sees of commissions paid to any brokers; agents or other	0 = = = = = = = = = = = = = = = = = = =	Mark Aug (market)				 				
	insurance service, or other organization that provides some or all clinstructions.)	£ 48				х					
f	Has the plan failed to provide any benefit when due under the plan			10e			 				
g	Did the plan base and a provide any benefit when due under the plan	?	***************************************	10f		X					
	(ii res, tenter amount as	of year end	1.)	10g		X					
	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	****		16h		х					
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required n -3	otice or one of the	10í					——		
Part	VI Pension Funding Compliance			—— l,			<u></u>				
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)					le SE	(Form		Yes	П	
11a	Enter the unpaid minimum required contribution for current year fro	m Schedule	SS (Form 5500) line 30			10	************	1	- 65		No
12	Is this a defined contribution plan subject to the minimum funding of	equirement	s of section 412 of the Code	OF 0	tion 22	1a		T	12:		
	<u>(if res, complete line 12a or lines 12b, 12c, 12d, and 12e below a</u>	e analicahi	(a.)					Ш	Yes		No
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized	in this plan year, see instruc	tions, a	and en	ler th Day	e date of	the le	tter ru	ling	
lf ·	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500), and skip to line 13.			⊔øy.		Year			
<u>b</u>	Enter the minimum required contribution for this plan year				1	2b					

	Form 5500-SF 2013 Page 3 -				
<u> </u>	Enter the amount contributed by the employer to the plan for this plan year	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d	 		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes	No	□ N/A
Part \	/II Plan Terminations and Transfers of Assets		11.,100	1 140	14/24
13a	Has a resolution to terminate the plan been adopted in any plan year?	X.	Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a	T		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Ye	——— <u> </u>
U	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.)	lo		<u> </u>	5 [] 140
13	c(1) Name of plan(s):	13c(2) El	IN/s)	1306	3) PN(s)
				1301	3/1 (45)
Part \	/III Trust Information (optional)				
	ame of trust				
1 767 14	anie of trust	14b Tr	ust's EIN		