-	rm 5500-SF	Short Form Annua	Short Form Annual Return/Report of Small Emp Benefit Plan					
Inter De	rtment of the Treasury rnal Revenue Service epartment of Labor	This form is required to be filed Income Security Act of 1974 (	d under sections 104 and (ERISA), and sections 60	057(b) and 6058(a) of the			<b>2014</b>	
	Benefits Security Administration enefit Guaranty Corporation	—	Revenue Code (the Cod	,			orm is Open to lic Inspection	
Part I		Complete all entries in a     Identification Information	ccordance with the ins	tructions to the Form 55	500-SF.	<u> </u>		
		scal plan year beginning 01/01/20	14	and ending 12/	/31/2014			
<ul> <li>A This ret</li> <li>B This return</li> </ul>	s return/report is for: a one-participant plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan							
	литерон із	an amended return/report	H .	urn/report (less than 12 mo	onths)			
C Check b	box if filing under:	Form 5558  special extension (enter descrip				DFVC progra	ım	
Part II	Basic Plan Info	rmation—enter all requested info	ormation					
1a Name SPECTRUM	of plan 1 401(K) RETIREMENT	ΓPLAN	_		р	hree-digit lan number PN) ►	001	
					· · · ·	ffective date o		
	ponsor's name and add GLOBAL FUND ADMI	dress; include room or suite number	r (employer, if for a single	e-employer plan)			fication Number 261892	
960 NORTH	DS PENSION ADVISO SHORE DRIVE	)RS, LLC			2c Sponsor's telephone number 847-582-9710			
LAKE BLUFF					<b>2d</b> B	2d Business code (see instructions) 523110		
					3c A	dministrator's t	telephone number	
name,	, EIN, and the plan nun	e plan sponsor has changed since the mber from the last return/report.	he last return/report filed	for this plan, enter the				
- <u>-</u> ·	or's name				4C P	'N		
		at the beginning of the plan year			5a		18	
C Numb	per of participants with a	at the end of the plan year account balances as of the end of th	he plan year (defined ber	nefit plans do not	5b 5c		0	
•	,	rticipants at the beginning of the pla			5d(1)	,	18	
<b>d(2)</b> Tota	al number of active par	rticipants at the end of the plan year	، <b>r</b>		5d(2	·	0	
		erminated employment during the pla			5e		0	
Caution: A Under pena SB or Sche	A penalty for the late of alties of perjury and oth	or incomplete filing of this return/ her penalties set forth in the instruct nd signed by an enrolled actuary, as	I/report will be assessed tions, I declare that I have	d unless reasonable cau e examined this return/rep	port, inclu	uding, if applic	able, a Schedule knowledge and	
SIGN		valid electronic signature.	04/27/2015	JOHN KOLLENG				
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual signi	ng as plan adr	ninistrator	
SIGN HERE								
	Signature of employ	yer/plan sponsor name, if applicable) and address (inc	Date	Enter name of individe			er or plan sponsor number (optional)	

	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								No
_	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	)21)?		Yes		lot deterr	nined
Pa	t III Financial Information				-				
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of	Year	-
<u> </u>	Total plan assets	7a	1924	106	_				0
	Total plan liabilities	7b	100.0	100	_				0
	Net plan assets (subtract line 7b from line 7a)	7c	1924	106	_				0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) Tot	al	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	61	16					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						61	16
-	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d	1833	383					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	151	39					
	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			198522				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			_			-1924	06
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteri	stic Co	des in	the instruction	ins:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	otorict		loc in t	be instruction	c.	
N				SIGNSI		103 111		5.	
Par	V Compliance Questions								
10	During the plan year:				Yes	No	A	mount	
а	Was there a failure to transmit to the plan any participant contribut	tions within	n the time period described in						
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	-		10a		Х			
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	· · · · · ·	10b		х			
c					~			1	00000
				10c	X				000000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or oth								
	insurance service, or other organization that provides some or all			100		х			
	instructions.)			10e 10f					
	<b>f</b> Has the plan failed to provide any benefit when due under the plan?					Х			
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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)							Yes	No
11a	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						İ. İ.		

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
<b>b</b> Enter the minimum required contribution for this plan year		12b				
C Enter the amount contributed by the employer to the plan for this plan year		12c				
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	a 	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	s	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?		XY	res 🗌	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					X Yes	No
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to	D				
13c(1) Name of plan(s):	13	13c(2) EIN(s)			13c(3) PN(s)	
Part VIII Trust Information (optional)				I		
14a Name of trust	1	<b>4b</b> ⊺	rust's E	IN		

		OLANA CAMPA	al Daturn/Dana	+ of Cmall Empl	waa	0	MB Nos. 1210-0110		
Forn	n 5500-SF	Short Form Annu	Jyee	1210-0089					
	nent of the Treasury Il Revenue Service	This form is required to be file	tirement	2014					
	artment of Labor efits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of the	Internal	This Form is Open to Public Inspection			
Pension Ben	efit Guaranty Corporation	➤ Complete all entries in	accordance with the ins	structions to the Form 55	00-SF.		mspection		
Part I		lentification Information	01 (01 (0014		107	31/2014	<u></u>		
For calendar	Action of the second second second second second second second second second second second second second second	anth (				*******	muet attach a liet		
B This return C Check b Part II 1a Name of SPECTRU 2a Plan sp Spectru Crossroads 960 Nor Lake Bl	Name of plan       1b         PECTRUM 401(K) RETIREMENT PLAN       1c         A Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b         Dectrum Global Fund Administration       2c         So North Shore Drive       2c         ake Bluff       IL       60044				rdance with the form instructions)				
		plan sponsor has changed since ber from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN				
a Sponso	and a second second second second second second second second second second second second second second second	t the beginning of the plan year .		antinus hund in a den den simply function in the for the fortune of the second system and a second second second	4c PN 5a	p	1.8		
	• •	t the end of the plan year				· · · ·			
		ccount balances as of the end of			50				
comple	te this item)	icipants at the beginning of the p			·		(		
					5d(1)		18		
• •		icipants at the end of the plan ye minated employment during the			5d(2)		(		
		minated employment during the			5e		(		
Under pena SB or Sche	lities of periury and other	r incomplete filing of this return or penalties set forth in the instru- d signed by an enrolled actuary, etc.	ctions, I declare that I ha	ve examined this return/re	port, includi	ng, if applica	ble, a Schedule knowledge and		
SIGN	MAK	Hanna and a second and a second and a second and a second and a second and a second and a second and a second a	4/27/15	- JOHN KOLLENG		uning of the analysis of the second sector sector sector sector sector sector sector sector sector sector sector	مى بارىمىنى بىرىمىنى		
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	lual signing	as plan adm	inistrator		
SIGN HERE Preparer's	Signature of employ name (including firm na								
	:								

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Page	2
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b	Were all of the plan's assets during the plan year invested in eligibil Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use For	tent qualified public accountan ons.) m 5500-SF and must instead	t (IQF use f	°A) Form !	5500.		Not of	Yes Yes determ	No No No No	
/pariasebeniminte	t III Financial Information			*****				ويتحدر مستديبيه	1	un an	tationism
<u> </u>		r i	(a) Beginning of Year	******	The second second second second second second second second second second second second second second second se		(b) End	of Ye	ar	<u>yinyi miyotokete</u> tet	dribtini to.
	Plan Assets and Liabilities	7a		240	6		and the second second second second second second second second second second second second second second second			aninek virdelski	0
water to be a service of	Total plan assets	176 76	to of desired and open instrumentation and any description in the description of the					99999999999999999999999999999999999999	******		
	Total plan liabilities	70	19	240	6	والمكار المستعد بسيعي			a de la construction de la const	00000001010000000000000000000000000000	0
'ereni-terresiet	Net plan assets (subtract line 7b from line 7a)	16	*****			animusi ny kataologia	(b) T	otal	*****		titini (
8	Income, Expenses, and Transfers for this Plan Year	$\left  \right $	(a) Amount	interioristation of the			<u> (w) i</u>	VLai			
8	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	. 8a(2)	n yn am Llynnig am Annal an a rae yw frian y fri ar yn yw annaf an fran y frifan yn								
	(2) Others (including rollovers)	8a(3)					8 8 8 8	1212			
	Other income (loss)	. 8b	iye dan katan da katan da katan da katan (aya tinan da katan da katan di data katan da ta da katan katan da kat	611	6						
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							alastatijoiniiniiniiniinii	61:	16
	Benefits paid (including direct rollovers and insurance premiums										
Q	to provide benefits)	. 8d	18	338	3						
é	Certain deemed and/or corrective distributions (see instructions)	- 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	1	513	9						
g	Other expenses	1	an an an an an an an an an an an an an a								
Longenioria	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							1	985	22
i	Net income (loss) (subtract line 8h from line 8c)					ara)anianianianianiani			- 1	924	06
 Î	Transfers to (from) the plan (see instructions)										
in the second second second second second second second second second second second second second second second	rt IV Plan Characteristics	8	l A a view in the second second second second second second second second second second second second second second				<u></u>		<u></u>		
b	If the plan provides welfare benefits, enter the applicable welfare t	feature cod	es from the List of Plan Charac	teristi	ic Cod	es in ti	ne instruct	ions:	u da maria da		rayinderi
Pa	t V Compliance Questions		a a se a se a se a se a se a se a se a		r	palateriation	,	annenaemenn			سروندوه هوی
10	During the plan year:	Marananan mananan ar an an an an an an an an an an an an an			Yes	No		Am	ount		ani proive taket
	<ul> <li>Was there a failure to transmit to the plan any participant contribing 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fide)</li> <li>Were there any nonexempt transactions with any party-in-interest</li> </ul>	luciary Con	rection Program)	10a		X		washeejin alaase			instant-cist
8	on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?		**************************************	10c	X				10	0000	00
	Did the plan have a loss, whether or not reimbursed by the plan		and an a second second second second second second second second second second second second second second seco		<b> </b>			300999999999	*****	uniaborieciede	******
	or dishonesty?			10d		X			daraðant <del>er terlen 'r</del>		alaaliydad
(	Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or al instructions.)	ll of the ber	efits under the plan? (See	10e		x					-
بيستوسيني <del>أ</del>	Has the plan failed to provide any benefit when due under the pl			10f	[	X					
-	and a second second second second second second second second second second second second second second second	en la contractario esta de la contractario en esta de la contractario esta de la contractario esta de la contra	i na fan sken en men were en sken en sken en sken en sken en sken en sken en sken en sken en sken en sken er sk I	100		x		a janijani kabak	******	م <del>ا</del> لماسمانية مالما	esinalogiando
	Did the plan have any participant loans? (if Yes, enter amount If this is an individual account plan, was there a blackout period?	and the second second second second second second second second second second second second second second second		109							
hariwinte	<ul> <li>If this is an individual account plan, was there a blackout period a 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided</li> </ul>			10h		X					<u>.</u>
	exceptions to providing the notice applied under 29 CFR 2620.1	01-3		10i		ļ			and the second s		
Pa	rt VI Pension Funding Compliance										replaced on the
11		ments? (If '	'Yes," see instructions and con	nplete	Sche	dule S	B (Form		Yes		No
11	a Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 39			11a			<del>niminindatsi</del>	-	*****
12	Is this a defined contribution plan subject to the minimum fundir	ng requirem	ents of section 412 of the Cod	e or s	ection	302 of	ERISA?.		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	w, as applic	able.)					desimination			
	a If a waiver of the minimum funding standard for a prior year is be	eing amortiz	ed in this plan year, see instru Mor	ictions hth	s, and	enter t Dav	he date of	the k Ye	etter ru ar	ling	

granting the waiver	 	 	Month

Day

	Form 5500-SF 2014 Page 3 -				
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		nji guine dualizzation in control no conjine	an second s	-
b	Enter the minimum required contribution for this plan year	12b	L	6444502000000000000000000000000000000000	
	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			
e	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?		Yes 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 th of the PBGC?		X Yes	No	
C	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			
io/i-i-i-i-i-i-i-i-i-i-i-i-i-i-i-i	13c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PI	N(\$)

Part VIII Trust Information (opti	onal)		an ta an an an an an an an an an an an an an	
14a Name of trust		***************************************	14b Trust's EIN	
				•

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