_	m 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emple	oyee	OMB Nos. 1210-0110 1210-0089			
Interna	al Revenue Service	This form is required to be filed Income Security Act of 1974 (I				al	2014		
Employee Ber	nefits Security Administration	-	Revenue Code (the Cod	de).		Form is Open to lic Inspection			
		Complete all entries in ac	ccordance with the ins	tructions to the Form 55	500-SF	<u>- </u>			
Part I		dentification Information cal plan year beginning 01/01/201	4 4	and ending 12/	/31/201	4 /			
FUI Calenuai	r plan year 2014 or nau								
A This retuB This return	rn/report is for:	a single-employer plan a one-participant plan the first return/report		plan (not multiemployer) (loyer information in accord		-			
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check be	ox if filing under:	☐ Form 5558 ☐ special extension (enter descrip	automatic extension		[DFVC progra	am		
Part II	Basic Plan Infor	mation—enter all requested info	rmation						
1a Name o SES AMERIC	of plan CA, INC. 401K PLAN					Three-digit plan number			
						(PN) ►	001		
					1c	Effective date o	of plan 1/2001		
2a Plan spo SES AMERIC/		lress; include room or suite number	r (employer, if for a single	e-employer plan)		Employer Identi	oloyer Identification Number		
21 QUINTON	STREET				-	Sponsor's telep			
WARWICK, RI					2d	2d Business code (see instructions) 423800			
3a Plan ad	ministrator's name and	d address Same as Plan Sponso	or.		3b .	Administrator's	EIN 420453		
SES AMERIC		WARWICK	ON STREET <, RI 02888	· · · · · · · · · · · · · · · · · · ·		401-23	telephone number 2-3370		
name, l	EIN, and the plan num	plan sponsor has changed since th ber from the last return/report.	ie last return/report filed	for this plan, enter the	4b				
a Sponsor		et et al a start an af tha plan yoor			4c				
		at the beginning of the plan year			5a		12		
		at the end of the plan year			5b	<u>) </u>	12		
complet	te this item)	ccount balances as of the end of th			5c		12		
d(1) Totai	number of active parti	icipants at the beginning of the plar	n year		5d(1	I)	8		
d(2) Tota	I number of active part	ticipants at the end of the plan year	·		5d(2	2)	9		
		minated employment during the pla			5e	÷	0		
		r incomplete filing of this return/			use is (established.			
Under penal SB or Scheo	Ities of perjury and othe	er penalties set forth in the instructi d signed by an enrolled actuary, as	tions, I declare that I have	e examined this return/rep	port, inc	cluding, if applic			
		alid electronic signature.	06/19/2015	PHILIPPE PERUT					
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual sigr	ning as plan adr	ministrator		
SIGN									
HERE	Signature of employ		Date	Enter name of individe	ual sigr	ning as employe	er or plan sponsor		
Preparer's n		ame, if applicable) and address (inc	lude room or suite numb				number (optional)		
				,	1 /				

	 a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) i Yes No i Yes 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.										
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 40	21)?		Yes	No	Not	detern	nined	
Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ear		
а	Total plan assets	. 7a	3074						31068	33	
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)	. 7c	3074	28					31068	33	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
а	Contributions received or receivable from:	- (1)	202	25							
	(1) Employers	. 8a(1)	320								
-	(2) Participants	. 8a(2)	520	00							
	(3) Others (including rollovers)	. 8a(3)	113	240							
	Other income (loss)	. 8b	110	040					0050		
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			_				6359	91	_
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	520	000							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	83	36							
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)								6033	36	_
	Net income (loss) (subtract line 8h from line 8c)				3255						
j	Transfers to (from) the plan (see instructions)	8j									
Par	Part IV Plan Characteristics										
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
	2A 2E 2F 2G 2J										
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
	Part V Compliance Questions										
10	During the plan year:		in the time power dependence in		Yes	No		Amo	ount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		х					
С	Was the plan covered by a fidelity bond?			10c	х					50000)
d				100							_
	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	of the ber	nefits under the plan? (See		X					4007	,
	instructions.)			10e	X					1327	
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g	Х					4002	2
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	Part VI Pension Funding Compliance										
11	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 fr	rom Scheo	dule 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,										

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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 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		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	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?		· 🗆 ۲	Yes 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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

Form 5500-SF	Bonofit Plan						
Department of the Treasury Internal Revenue Service	This form is required to be filed	d under sections 104 and	4065 of the Employee F	2014			
Department of Labor Employee Benefits Security Administration	Internal	This Form is Open to Public Inspection					
Pension Benefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.						
	dentification Information	01 (01 (001 4	and an alternation	10/	31/2014		
For calendar plan year 2014 or fisc		01/01/2014	and ending				
A This return/report is for: B This return/report is	X a single-employer plan a one-participant plan the first return/report		plan (not multiemployer) ayer information in accor		king this box must attach a list he form instructions)		
	an amended return/report	a short plan year retur	n/report (less than 12 m	ionths)			
C Check box if filing under:							
Į	special extension (enter descri	ption)					
Part II Basic Plan Infor	mation—enter all requested info	ormation		····	······		
1a Name of plan SES AMERICA, INC. 401	K PLAN			1b Three plan r (PN)	number 001		
					tive date of plan 01/2001		
2a Plan sponsor's name and addr SES AMERICA, INC.	ess; include room or suite number	r (employer, if for a single-	-employer plan)	(EIN)	oyer Identification Number 05-0420453		
21 OUINTON STREET				2c Sponsor's telephone number 401-232-3370			
				1	2d Business code (see instructions)		
WARWICK	RI 02888			4238			
3a Plan administrator's name and	address Same as Plan Sponso)r.			nistrator's EIN 0420453		
SES AMERICA, INC. 21 QUINTON STREET					nistrator's telephone number 232-3370		
WARWICK	RI 02888						
4 If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since th	e last return/report filed fo	or this plan, enter the	4b EIN			
a Sponsor's name	er nom me last return eport.			4c PN			
5a Total number of participants at	the beginning of the plan year			5a	12		
	the end of the plan year			5b	12		
C Number of participants with acc		e plan year (defined bene	fit plans do not	5c	12		
d(1) Total number of active partic				5d(1)	8		
d(2) Total number of active partic				5d(2)	9		
e Number of participants that term less than 100% vested	inated employment during the pla			5e	0		
Caution: A penalty for the late or	incomplete filing of this return/r	report will be assessed u	inless reasonable cau	se is establi	ished.		
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	penalties set forth in the instruction signed by an enrolled actuary, as	ons. I declare that I have e	examined this return/rep	ort, including	, if applicable, a Schedule		
SIGN	AKO	6/19/15	PHILIPPE PERUT	n			
HERE Signature of plan adar	Inistrator	Date	Enter name of individu	al signing as	plan administrator		
SIGN HERE							
Preparer's name (including firm name	r/plan sponsor e, if applicable) and address (incl	Date ude room or suite number			employer or plan sponsor elephone number (optional)		

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	Were all of the plan's assets during the plan year invested in eligit						X Yes No
b	 Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility 						X Yes No
	If you answered "No" to either line 6a or line 6b, the plan can						
с	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	program (see ERISA section 4	4021)1	? [] Yes	No Not determined
Pa	art III Financial Information		· · · · · · · · · · · · · · · · · · ·				
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year
a		. 7a		3074	28		310683
	Total plan liabilities						
c				3074	28		310683
8	Income, Expenses, and Transfers for this Plan Year	1	(a) Amount				(b) Total
a	Contributions received or receivable from:						
	(1) Employers	. 8a(1)		202	- 2.2		
	(2) Participants	. 8a(2)		320	08	unaivininini	
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		113	48		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					63591
d	Benefits paid (including direct rollovers and insurance premiums			520	00		a na ana ang ang ang ang ang ang ang ang
·····	to provide benefits)	8d	1		in the second		
	Certain deemed and/or corrective distributions (see instructions)	8e		83	36		
f	Administrative service providers (salaries, fees, commissions)	<u>8f</u>					
g	Other expenses	8g			111		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		د د د اد ا سیسی زداند			60336
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	81					3255
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2F$ $2G$ $2J$	feature co	des from the List of Plan Char	acteri	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cteris	lic Cod	les in t	he instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	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	Were there any nonexempt transactions with any party-in-interest?	? (Do not i	nclude transactions reported			x	
	on line 10a.) Was the plan covered by a fidelity bond?			10b	x		50000
				10c			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?			10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or othe	er persons	s by an insurance carrier,				-
	insurance service, or other organization that provides some or all o			100	X		1327
	instructions.)	******		10e			
t	Has the plan failed to provide any benefit when due under the plan			10f		X	4002
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	X		4002
h	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 exceptions to providing the notice applied under 29 CFR 2520.101	e required -3	notice or one of the	10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)						
11~	Enter the unpaid minimum required contribution for current year fro					11a	
							RISA? Yes X No
12	Is this a defined contribution plan subject to the minimum funding r	equiremen	ns or section 412 of the Code	01 56	CUOIT 3		

 (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.

 Month
 Day

 Year

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 12b		
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 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?			res X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?				Yes X No
c	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan	(s) to		
1	3c(1) Name of plan(s):		13c(2) El	N(s)	13c(3) PN(s)

Part VIII Trust Information (optional)	
14a Name of trust	14b Trust's EIN