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

2014

This Form is Open to Public Inspection

		rt Identification Informatio									
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12/	31/2014						
a single-employer plan a multiple-employer plan (not multiemployer) A This return/report is for: of participating employer information in acco											
		a one-participant plan	a foreign plan								
B This ref	turn/report is	the first return/report	the final return/repo	the final return/report							
		an amended return/report	a short plan year re	eturn/report (less than 12 me	an 12 months)						
C Check	box if filing under:	Form 5558	automatic extension	on	DFVC pro	ogram					
		special extension (enter des	cription)								
Part II	Basic Plan In	formation—enter all requested i	nformation								
1a Name	e of plan	PROFIT SHARING PLAN			1b Three-digit plan numbe						
					(PN) •	001					
					1c Effective da	te of plan 1/01/2001					
2a Plan s	sponsor's name and a R & HERSCHER, PA	address; include room or suite num	ber (employer, if for a sin	ngle-employer plan)	' '	entification Number 5-0819250					
1550 MADD	RUGA AVENUE, SUIT	TE 120				elephone number 5-661-4600					
	BLES, FL 33146	12 120			2d Business co	de (see instructions)					
3a Plan (administrator's namo	and address XSame as Plan Spo	ncor		3b Administrato						
Ju i lali d	administrator s name	and address Againe as I lan opo	1301.		JD Administrate	JI S LIIV					
		the plan sponsor has changed sinc number from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN						
	e, Liiv, and the plant sor's name	idiliber from the last return/report.			4c PN						
5a Total	I number of participan	nts at the beginning of the plan year			5a						
b Total	I number of participan	its at the end of the plan year				3					
C Numl	ber of participants wit				5b						
оотпр	Nete this item)	th account balances as of the end of	of the plan year (defined b	penefit plans do not	5b 5c	3					
d(1) To	,	th account balances as of the end control of the end control of the beginning of the	of the plan year (defined b	penefit plans do not	5c	3					
	otal number of active p	participants at the beginning of the	of the plan year (defined b	penefit plans do not	5c 5d(1)	3 3 3					
d(2) To e Numb	otal number of active potal number of active potal number of active potential participants that	participants at the beginning of the participants at the end of the plan y	of the plan year (defined b plan year eare	penefit plans do not	5c	3					
d(2) To e Numb	otal number of active potal number of active potal number of active potential that the potal in	participants at the beginning of the participants at the end of the plan y terminated employment during the	of the plan year (defined b plan year earear with accrued b	penefit plans do not	5c 5d(1) 5d(2) 5e	3 3 3 3					
d(2) To e Numb less th Caution: Under per SB or Sch	otal number of active potal number of active potal number of active potential participants that than 100% vested A penalty for the lateralties of perjury and	participants at the beginning of the participants at the end of the plan y terminated employment during the eor incomplete filing of this retuother penalties set forth in the instrand signed by an enrolled actuary.	eare plan year (defined because plan year with accrued because plan year with accrued because plan year will be assess uctions, I declare that I have	penefit plans do not penefits that were sed unless reasonable cau	5c 5d(1) 5d(2) 5e see is established bort, including, if ap	3 3 3 4 5 copplicable, a Schedule					
d(2) To e Numb less th Caution: Under per SB or Sch	otal number of active potal number of active potential number of active potential number of active potential number of participants that all numbers of perjury and needule MB completed atrue, correct, and co	participants at the beginning of the participants at the end of the plan y terminated employment during the eor incomplete filing of this retuother penalties set forth in the instrand signed by an enrolled actuary.	eare plan year (defined because plan year with accrued because plan year with accrued because plan year will be assess uctions, I declare that I have	penefit plans do not penefits that were sed unless reasonable cau	5c 5d(1) 5d(2) 5e see is established bort, including, if ap	3 3 3 0 oplicable, a Schedule					
d(2) To e Numb less th Caution: Under per SB or Sch belief, it is	otal number of active potal number of active potential number of active potential number of active potential number of participants that all numbers of perjury and needule MB completed atrue, correct, and co	participants at the beginning of the participants at the end of the plan y terminated employment during the eor incomplete filling of this return other penalties set forth in the instrand signed by an enrolled actuary emplete.	eare plan year (defined because plan year with accrued because plan year with accrued because plan year will be assess uctions, I declare that I have	penefit plans do not penefits that were sed unless reasonable cau	5c 5d(1) 5d(2) 5e see is established bort, including, if ap and to the best of	. pplicable, a Schedule my knowledge and					
d(2) To e Numb less th Caution: Under per SB or Sch belief, it is SIGN HERE	otal number of active potal number of active potal number of active potal number of active potal number of participants that than 100% vested A penalty for the late nalties of perjury and needule MB completed is true, correct, and completed with authorize	participants at the beginning of the participants at the end of the plan y terminated employment during the eor incomplete filling of this return other penalties set forth in the instrand signed by an enrolled actuary emplete.	eareplan year (defined because plan year with accrued because plan year with accrued because year).	penefit plans do not penefits that were sed unless reasonable cau ave examined this return/report	5c 5d(1) 5d(2) 5e see is established bort, including, if ap and to the best of	. pplicable, a Schedule my knowledge and					
d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	otal number of active potal number of active potal number of active potal number of active potal number of participants that than 100% vested A penalty for the laternal number of perjury and needule MB completed at true, correct, and completed with authorized Signature of plants.	participants at the beginning of the participants at the end of the plan y terminated employment during the e or incomplete filing of this return other penalties set forth in the instrand signed by an enrolled actuary mplete. In administrator	plan year (defined because plan year with accrued because plan year with accrued because plan year will be assess fuctions, I declare that I has as well as the electronic plate	penefit plans do not penefits that were sed unless reasonable cau ave examined this return/report eversion of this return/report Enter name of individual	5c 5d(1) 5d(2) 5e see is established bort, including, if app, and to the best of the best	administrator					
d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	otal number of active potal number of active potal number of active potal number of active potal number of participants that than 100% vested A penalty for the laternal number of perjury and needule MB completed at true, correct, and completed with authorized Signature of plants.	participants at the beginning of the participants at the end of the plan y terminated employment during the e or incomplete filling of this return other penalties set forth in the instrand signed by an enrolled actuary emplete. End/valid electronic signature.	plan year (defined because plan year with accrued because plan year with accrued because plan year will be assess fuctions, I declare that I has as well as the electronic plate	penefit plans do not penefits that were sed unless reasonable cau ave examined this return/report eversion of this return/report Enter name of individual	5c 5d(1) 5d(2) 5e see is established bort, including, if approximately and to the best of	administrator					

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and conditio	ent qualified public accountans.)	nt (IQ	PA)				X Ye		No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA section 40	21)? .		Yes	No		ot det	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of	Year		
<u>a</u>	Total plan assets	. 7a	10797						1234	4873	
b	Total plan liabilities	. 7b	40707	0					400	0	
	Net plan assets (subtract line 7b from line 7a)	. 7с	10797	15					1234	4873	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(k	o) Tot	al		
	Contributions received or receivable from: (1) Employers	. 8a(1)	787	54							
	(2) Participants	. 8a(2)		0							
	(3) Others (including rollovers)	. 8a(3)		0							
b	Other income (loss)	. 8b	853	13							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							164	4067	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0							
	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
	Administrative service providers (salaries, fees, commissions)			0							
	Other expenses		89	09							
	Total expenses (add lines 8d, 8e, 8f, and 8g)								- 1	8909	
	Net income (loss) (subtract line 8h from line 8c)								15	5158	
j	Transfers to (from) the plan (see instructions)	. 8i		0							
b Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides	eature codes	s from the List of Plan Charac	cterist	ic Coc	des in t	he instr	uctior	is:		
10	During the plan year:				Yes	No	T	A	mount	t	
а	Was there a failure to transmit to the plan any participant contribu					V	 			-	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	t? (Do not in	clude transactions reported	10a		X					0
	on line 10a.)			10b		X	+				0
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X		<u> </u>			15	50000
d	or dishonesty?	·······		10d		X					0
<u> </u>	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					0
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					0
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		X					0
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		X					
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	es X	(No
11a	Enter the unpaid minimum required contribution for current year for					11a					0
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction	302 of	ERISA'	?	Ye	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and e	enter tl Day			e letter 'ear	rulin	g

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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)	- · · · · · · · · · · · · · · · · · · ·	1 124		(
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No X N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		l	'es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		(
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		der the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an 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)
					1

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

		Identification Informatio	n 4/4/2044	and anding	40/94/0044				
For calendar plan	year 2014 or fi	scal plan year beginning	1/1/2014	and ending	12/31/2014				
A This return/rep	ort is for:	a single-employer plan	a multiple-employer pla	ın (not multiemployer)					
		a one-participant plan	a foreign plan						
B This return/repo	ort ie	the first return/report	the final return/report						
D Illis lettilii/lept	DIT IS	an amended return/report	a short plan year return	report (less than 12 m	onths)				
			automatic extension		☐ DFVC prog	ıram			
C Check box if fil	ling under:	Form 5558	Н			, com			
		special extension (enter de	scription)						
20.744.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.		rmation—enter all requested	information		4 b Th 35-16				
1a Name of plan		DA Destina Man			1b Three-digit plan number	001			
Herscher &	& Herscher,	PA Profit Sharing Plan			(PN) •				
					1c Effective date				
20 Diamento	io nome and a	ddress; include room or suite nur	nher (employer if for a single-	amplover plan)	2b Employer ide	/2001			
Herscher & F	derscher, P	datess, include room of salte har A	tiber (employer, it for a single-	sinployer plany		650819250			
1550 Madrug	a Avenue, S	Suite 120			2c Sponsor's te	-			
						3614600 le (see instructions)			
Coral Gables 33146	\$	FL				41110			
	trator's name a	and address Same as Plan Sp	onsor.		3b Administrator	's EI N			
		L i⊶J			3c Administrator's telephone number				
		Turning light alor	a totophone number						
		•							
					1				
-			Abo Lot who welconord filed for	within plan anter the					
		ne plan sponsor has changed sir umber from the last return/report		or this plan, enter the	4b EIN				
name, EIN, a Sponsor's na	and the plan n	umber from the last return/report	•		4b EIN 4c PN				
name, EIN, a Sponsor's na 5a Total number	and the plan n ame er of participant	umber from the last return/report	ar		4b EIN 4c PN 5a	3			
name, EIN, a Sponsor's na 5a Total numbe b Total numbe	and the plan no ame er of participant er of participant	umber from the last return/report is at the beginning of the plan ye is at the end of the plan year	ar		4b EIN 4c PN 5a	3 3			
name, EIN, a Sponsor's na 5a Total numbe b Total numbe c Number of p	and the plan name or of participant or of participant oarticipants with	umber from the last return/report is at the beginning of the plan ye is at the end of the plan year in account balances as of the end	arof the plan year (defined bene	ofit plans do not	4b EIN 4c PN 5a				
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name, EIN, a Sponsor's na 5a Total number b Total number c Number of promplete this d(1) Total num e Number of prompless than 100 Caution: A pena Under penalties SB or Schedule	and the plan notation of participants with sitem)	umber from the last return/report is at the beginning of the plan ye is at the end of the plan year in account balances as of the end carticipants at the beginning of the participants at the end of the plan terminated employment during t is or incomplete filing of this re other penalties set forth in the ins and signed by an enrolled actua	ar	efits that were unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e susse is established.	3 3 3 0 splicable, a Schedule			
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name, EIN, a Sponsor's na 5a Total number b Total number c Number of promplete this d(1) Total num e Number of paragraphics than 10 Caution: A pena Under penalties SB or Schedule I belief, it is true, c SIGN HERE Sign	and the plan number of participants with sitem)	umber from the last return/report is at the beginning of the plan ye is at the end of the plan year in account balances as of the end carticipants at the beginning of the participants at the end of the plan terminated employment during t terminated employment during t be or incomplete filling of this re other penalties set forth in the incomplete and signed by an enrolled actual	of the plan year (defined bendere plan year	efit plans do not efits that were unless reasonable ca examined this return/resion of this return/repo	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if aport, and to the best of the destroy of	3 3 3 0 plicable, a Schedule my knowledge and administrator			
name, EIN, a Sponsor's na 5a Total number b Total number c Number of promplete this d(1) Total num e Number of paragraphics than 10 Caution: A pena Under penalties SB or Schedule I belief, it is true, c SIGN HERE Sign	and the plan number of participants with sitem)	umber from the last return/report is at the beginning of the plan ye is at the end of the plan year in account balances as of the end participants at the beginning of the participants at the end of the plan terminated employment during to the or incomplete filling of this re other penalties set forth in the incomplete and signed by an enrolled actual model?	of the plan year (defined bendere plan year	efit plans do not efits that were unless reasonable ca examined this return/resion of this return/repo	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if aport, and to the best of the destroy of	3 3 3 0 plicable, a Schedule my knowledge and administrator			
name, EIN, a Sponsor's na 5a Total number b Total number c Number of promplete this d(1) Total num e Number of paragraphics than 10 Caution: A pena Under penalties SB or Schedule I belief, it is true, c SIGN HERE Sign	and the plan number of participants with sitem)	umber from the last return/report is at the beginning of the plan ye is at the end of the plan year in account balances as of the end participants at the beginning of the participants at the end of the plan terminated employment during to the or incomplete filling of this re other penalties set forth in the incomplete and signed by an enrolled actual model?	of the plan year (defined bendere plan year	efit plans do not efits that were unless reasonable ca examined this return/resion of this return/repo	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if aport, and to the best of the destroy of	3 3 3 0 plicable, a Schedule my knowledge and administrator			

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b	Were all of the plan's assets during the plan year invested in eligible. 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 lif you answered "No" to elther line 6a or line 6b, the plan cannot be a continuous or the continuous o	nt (IQI	PA)	,,		Yes No		
C	f the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 40	21)?		Yes	∏No ∏N	ot determined
Par	tille Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ř			(b) End of	Year
a	Total plan assets	7a	107	971	5			1234873
<u>b</u>	Total plan liabilities	7b		()			0
C	Net plan assets (subtract line 7b from line 7a)	7c	107	971	5			1234873
8	Income, Expenses, and Transfers for this Plan Year	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Amount				(b) Tota	al
	Contributions received or receivable from: (1) Employers	8a(1)	,	′875 _′	4		ni i i i i i i i i i i i i i i i i i i	
	(2) Participants	8a(2)	<u> </u>)		10,000 des 1000 de 100	A lagrando de la composição de la composiç Composição de la composição de
	(3) Others (including rollovers)	8a(3)			1	***************************************	POTENTIAL PROPERTY OF THE PROP	
	Other income (loss)	8b	Я	531				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				antalistric	14671 1731 1731 1731 1751 185	164067
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		()			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		()	73.733.71.13.4473.0		
f	Administrative service providers (salaries, fees, commissions)	8f		(0		100000000000000000000000000000000000000	
_g	Other expenses	. 8g		890	9			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						8909
i	Net income (loss) (subtract line 8h from line 8c)	. 8i	8i proposition de la company d					155158
j	Transfers to (from) the plan (see instructions)	8j		()		Application of the control of the co	
Post Not For Delica	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D If the plan provides welfare benefits, enter the applicable welfare f Compliance Questions						•	
10	During the plan year:		•		Yes	No	A	mount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	utions with uciary Cor	in the time period described in rection Program)	10a		1		(
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		1		
C	Was the plan covered by a fidelity bond?			10c	1			150000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		✓		. (
						1		(
f	Has the plan failed to provide any benefit when due under the pla	an?		10f	\	1		:(
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		1		(
h		(See instr	uctions and 29 CFR	10h		1	A THE STATE OF THE	
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	101			1 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Par	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)							Yes 🗸 No
11a	Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 39			11a		

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 |

Yes 🔽

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

	Form 5500-SF 2014 Pa	ge 3									
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550	00), and s	skip	to line	9 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 (entengative amount)						12d				
е_	Will the minimum funding amount reported on line 12d be met by the funding dead	dline?						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?							Yes 🛭	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this ye	ar				•••••	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?									Yes	× No
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another p	lan(s	s), idei	ntify the pl	lan(s) 1	ю.				
1	3c(1) Name of plan(s):					13	3c(2) E	IN(s)		13c(3)	PN(s)
Part	VIII Trust Information (optional)						•				
14a	Name of trust						14b	rust's E	EIN		
						ļ					