Form 5500-SF		Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury mal Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and 4	065 of the Employee R	etiremer	nt	2014		
	epartment of Labor lenefits Security Administration	Income Security Act of 1974 (E	ERISA), and sections 605 Revenue Code (the Code		Internal	This F	This Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in ac	500-SF.	Public Inspection 0-SF.					
Part I		Identification Information	4	and anding 10	124/204	4			
For calend	ar plan year 2014 or fis	scal plan year beginning 01/01/201		and ending 12/	/ <u>31/2014</u>				
	turn/report is for: urn/report is	a one-participant plan the first return/report an amended return/report	of participating employ a foreign plan the final return/report	n/report (less than 12 m	dance w	-			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
	Ū.	special extension (enter descript	tion)						
Part II	Basic Plan Info	rmation—enter all requested infor	rmation						
1a Name					1b ⊺	Three-digit			
CHARIOT E	AGLE, INC. 401(K) PL	AN				olan number ′PN) ▶	001		
					,	Effective date o	f plan I/1996		
2a Plan s CHARIOT EA		dress; include room or suite number	(employer, if for a single-	employer plan)			fication Number 419973		
931 NORTH	WEST 37TH AVENUE				2c S	bhone number 9-7007			
OCALA, FL 34475						usiness code (see instructions) 236110			
3a Plan administrator's name and address Same as Plan Sponsor.					3b A	Administrator's EIN			
							telephone number		
name	, EIN, and the plan nun	e plan sponsor has changed since the nber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b E 4c F				
	or's name	at the beginning of the plan year			40 ⊦ 5a		59		
		at the end of the plan year			50 5b		44		
C Numb	er of participants with a	account balances as of the end of the	e plan year (defined bene	efit plans do not	5c		28		
		rticipants at the beginning of the plan			5d(1)		50		
d(2) Tot	al number of active par	rticipants at the end of the plan year.			5d(2)		42		
		erminated employment during the pla			5e		1		
Caution: A	A penalty for the late of	or incomplete filing of this return/r	report will be assessed	unless reasonable cau					
SB or Sche		her penalties set forth in the instruction nd signed by an enrolled actuary, as plete.							
SIGN		valid electronic signature.	07/16/2015	ELAINE J. MORRIS	J. MORRIS				
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	ual signi	ing as plan adr	ninistrator		
SIGN HERE									
	Signature of employ	yer/plan sponsor ame, if applicable) and address (incl	Date	Enter name of individ			er or plan sponsor number (optional)		
				(optional)					

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								es No	
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	21)?		Yes	No	Not det	ermined	
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year		
а	Total plan assets	. 7a	11467						3266	
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	. 7c	11467	780			1103266			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
	Contributions received or receivable from:	0-(4)								
	(1) Employers	. 8a(1)	291	92						
	(2) Participants	8a(2)	201	02						
	(3) Others (including rollovers)	8a(3)	604	76						
	Other income (loss)	. 8b						8	9668	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8C			_			0	0000	
	to provide benefits)	. 8d	1315	559						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f	16	523						
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						13	3182	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			-43514					
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 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteri	stic Co	odes in	the instruc	tions:		
		(
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist		ies in t	ine instruction	ons:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amoun	t	
а	Was there a failure to transmit to the plan any participant contribu	itions withi	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		x				
С	Was the plan covered by a fidelity bond?			10c	X				150000	
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 instructions.)			10e	х				22561	
f	Has the plan failed to provide any benefit when due under the plan			100		Х				
g				10g	Х				36496	
h				ivg						
	2520.101-3.)	` ·····		10h	X					
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)							Y	es No	
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Y	es X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							

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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?	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)						
			14b Trust's EIN			

Form 5500-SF	Short Form Annual Return/Report of Small Empl					OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is requi	red to be filed ur	Benefit Plan	1065 of the Employee R	etirement	2014				
Department of Labor Employee Benefits Security Administration										
Pension Benefit Guaranty Corporation	▶ Complete al	entries in acco	ordance with the instr	uctions to the Form 5	500-SF.	Public Inspection				
Part I Annual Report lo										
For calendar plan year 2014 or fisc			1/01/2014	and ending		31/2014				
A This return/report is for:	a single-employer		of participating employ	ian (not multiemployer) yer information in accord	-	king this box must attach a list he form instructions)				
	a one-participant		a foreign plan							
B This return/report is	the first return/rep	H	the final return/report							
] an amended retur	n/report	a short plan year return automatic extension	n/report (less than 12 m	, 	-VC program				
C Check box if filing under:	_] ¬					vo program				
	special extension									
Part II Basic Plan Infor	mation—enter all r	equested inform	ation							
1a Name of plan					1b Thre					
Chariot Eagle, Inc. 4	01(k) Plan				(PN)	number 001				
					1c Effec	tive date of plan 01/1996				
2a Plan sponsor's name and addr Chariot Eagle, Inc.	ess; include room or	suite number (e	mployer, if for a single-	employer plan)	2b Empl	oyer Identification Number 59-2419973				
					<u>_</u>	ponsor's telephone number				
931 North West 37th A	venue			352-629-7007						
0					2d Business code (see instructions)					
Ocala	FL	34475				236110				
3a Plan administrator's name and	address XSame as	Plan Sponsor.			JU Admi	3b Administrator's EIN				
						nistrator's telephone number				
4 If the name and/or EIN of the p name, EIN, and the plan numb			ast return/report filed fo	or this plan, enter the	4b EIN					
a Sponsor's name	4h - h ()				4C PN					
5a Total number of participants at					5a	59				
 b Total number of participants at c Number of participants with ac 					5b	44				
C Number of participants with ac complete this item)					5c	28				
d(1) Total number of active partic					5d(1)					
d(2) Total number of active partic	cinants at the end of	the plan year			5d(2)	50				
e Number of participants that tern						42				
less than 100% vested					5e	1				
Caution: A penalty for the late or	Incomplete filing of	this return/rep	ort will be assessed i	unless reasonable cau	se is estab	lished.				
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	signed by an enrolle									
sign Claire	(00)	rés	7-15-15	Elaine J. Mor	ris					
HERE CICETOR I OFFICE IS						s plag, administrator				
	Nelliday		7-15-15	Robert.	11 11	day				
HERE Signature of employe			Date			s employer or plan sponsor				
Preparer's name (including firm nan		address (includ	e room or suite numbe			telephone number (optional)				
Par Danasan di Parkawa di Antonio										
For Paperwork Reduction Act Notice a	and OMB Control Num	ibers, see the ins	tructions for Form 5500-(эг.		Form 5500-SF (2014) v. 140124				

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No Yes No									
с	If the plan is a defined benefit plan, is it covered und					_	-		Not dete	rmined
	t III Financial Information]			
7	Plan Assets and Liabilities			(a) Beginning of Yea)r			(b) End	of Year	
a	Total plan assets		7a		4678	30	(b) End of Year 1103			
	Total plan liabilities	·	7b							
	Net plan assets (subtract line 7b from line 7a)		70	11.	4678	30			1	103266
8	Income, Expenses, and Transfers for this Plan Year		19 <u>96</u>	(a) Amount				(b) T	otal	
а	Contributions received or receivable from:									
	(1) Employers		<u>8a(1)</u>		0.01.0					and a second second
	(2) Participants		8 <u>a(2)</u>	······································	2919	,2		in a second s		in contraine
	(3) Others (including rollovers)		8 <u>a(3)</u>		6047	16	Side of Carlos			
	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8b		004/		Contraction of the	The second second		89668
d	Benefits paid (including direct rollovers and insurand	e premiums	80	1 -	3155	- a	in an	andra Athlice	441) 1911 - 1912	89008
	to provide benefits) Certain deemed and/or corrective distributions (see		8d 8e		J 1 J .					and and a second se
	Administrative service providers (salaries, fees, com		8f		162	3		School State		
	Other expenses	······	8g					Constraints of the second		
	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h							133182
-	Net income (loss) (subtract line 8h from line 8c)		81	CONTRACTOR STREET			·····			-43514
j	Transfers to (from) the plan (see instructions)		8i				shida ci			Hind of the
Par	t IV Plan Characteristics							000		
	If the plan provides pension benefits, enter the applete $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$ If the plan provides welfare benefits, enter the applete			·					·	
Par	V Compliance Questions									
10	During the plan year:		····			Yes	No		Amount	·
a	Was there a failure to transmit to the plan any part 29 CFR 2510.3-102? (See instructions and DOL's				10a		x			
b	Were there any nonexempt transactions with any p on line 10a.)	arty-in-interest	? (Do not i	nclude transactions reported	10b		x			
c	Was the plan covered by a fidelity bond?				10c	х				150000
d	Did the plan have a loss, whether or not reimburse	d by the plan's	fidelity bor	nd, that was caused by fraud			x			
е	or dishonesty? Were any fees or commissions paid to any brokers insurance service, or other organization that provid	s, agents, or oth	er person	s by an insurance carrier,	10d					
	instructions.)				10e	х				22561
f	Has the plan failed to provide any benefit when du	e under the plai	n?		10f		х			
g	Did the plan have any participant loans? (If "Yes,"	enter amount a	s of year e	n d.)	10g	х				36496
h	If this is an individual account plan, was there a bla 2520.101-3.)		•		10h	x				2009 2019
I	If 10h was answered "Yes," check the box if you ei exceptions to providing the notice applied under 29	ther provided th	ne required	I notice or one of the	101	x			Ministration and Maint	
Part										
11	Is this a defined benefit plan subject to minimum fu 5500) and line 11a below)								Yes	; 🗍 No
_11a	Enter the unpaid minimum required contribution for						11a			
12	Is this a defined contribution plan subject to the mi						302 of i	ERISA?	Yes	K No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d,	and 12e below,	as applica	able.)						
а	If a waiver of the minimum funding standard for a p granting the waiver.					, and e	enter th Day	e date of th	e letter n Year	uling

0044 ~-

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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 p	an year		12b			
C Enter the amount contributed by the employer to t			12c			
d Subtract the amount in line 12c from the amount in 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	n any plan year?			Yes XN	lo	
If "Yes," enter the amount of any plan assets that	everted to the employer this year		13a			
b Were all the plan assets distributed to participants of the PBGC?			control		Yes	X No
C If during this plan year, any assets or liabilities we which assets or liabilities were transferred. (See in						
13c(1) Name of plan(s):		1	3c(2) El	N(s)	13c(3)	PN(s)
		I			I	
		1			1	
Part VIII Trust Information (optional)						
14a Name of trust			14b ⊺	rust's EIN		