

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
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Part I Annual Report Identification Information	
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>02/28/2014</u>	
A This return/report is for:	☒ a single-employer 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)
B This return/report is	☐ a one-participant plan ☐ a foreign plan ☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information	
1a Name of plan <u>MAPI CONSULTANCY, INC 401(K) PLAN</u>	1b Three-digit plan number (PN) <u>001</u> 1c Effective date of plan <u>04/01/2012</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>MAPI CONSULTANCY, INC</u> <u>180 CANAL STREET</u> <u>SUITE 503</u> <u>BOSTON, MA 02114</u>	2b Employer Identification Number (EIN) <u>37-1656527</u> 2c Sponsor's telephone number <u>859-223-4334</u> 2d Business code (see instructions) <u>541600</u>
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	4b EIN 4c PN
5a Total number of participants at the beginning of the plan year	5a <u>11</u>
b Total number of participants at the end of the plan year.....	5b <u>0</u>
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c <u>0</u>
d(1) Total number of active participants at the beginning of the plan year.....	5d(1)
d(2) Total number of active participants at the end of the plan year.....	5d(2)
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/27/2015</u>	<u>SUSAN GARLAND</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** 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.) ☒ 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.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	159590	0
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	159590	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	327	
(2) Participants	8a(2)	481	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	751	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1559
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	40517	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	50	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		40567
i Net income (loss) (subtract line 8h from line 8c)	8i		-39008
j Transfers to (from) the plan (see instructions)	8j	-120582	

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:
2E 2F 2G 2J 2K 2T 3D 3H
- 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:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c Was the plan covered by a fidelity bond?	10c	X	16000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
f Has the plan failed to provide any benefit when due under the plan?	10f	X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X	0
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	10i		

Part VI Pension Funding Compliance

- 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) ☐ Yes ☐ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 **11a**
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(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 _____

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 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 the control of the PBGC?	☒ 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) to which assets or liabilities were transferred. (See instructions.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
REGISTRAT , INC 401(K) PROFIT	31-1569076
	13c(3) PN(s)
	001

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN



22 July 2014

Department of the Treasury
Internal Revenue Service

Re: Mapi Consultancy, Inc 401(k) Plan
EIN 37-1656527
Explanation of Reasonable Cause for Late Filing

To Whom This May Concern,

In the year 2014 we closed Mapi Consultancy, Inc, EIN 37-1656527. We moved the employees from this Company into a related company. With the closure of the company, we also closed the retirement plan and moved the assets into the related company's retirement plan.

We use ADP Retirement Services to provide retirement plan services to the Company and to provide appropriate advice. ADP Retirement Services is also responsible for preparing the appropriate 5500. With the closure of this company and the movement of the assets, we were not informed that the deadline for filing our 5500 was earlier than the normal filing requirements. ADP Retirement Services published the 5500 for our review in early June. As the deadline was believed to be 31 July, we did not review the documents until now at which time we realized the deadline was earlier. As soon as we became aware of this error, we took immediate steps to file the require 5500. Please accept this letter as an "Explanation of Reasonable Cause for Late Filing".

Sincerely,

A handwritten signature in blue ink that reads "Lee Garland".

Lee Garland, SPHR

Director of Human Resources

Mapi

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