For	rm 5500-SF	Short Form Annual Return/Report of Small Emplo Benefit Plan			oyee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	Deficit Fian This form is required to be filed under sections 104 and 4065 of the Employee R			etirement		2014	
	Department of Labor Employee Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Revenue Code (the Code).			7(b) and 6058(a) of the		This F	orm is Open to	
Pension Be	enefit Guaranty Corporation						lic Inspection	
Part I		dentification Information						
For calend	ar plan year 2014 or fisc			and ending 12	/31/2014			
	turn/report is for: urn/report is	a one-participant plan	of participating employ a foreign plan the final return/report	an (not multiemployer) yer information in accord n/report (less than 12 m	dance with	-		
	Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description)						ım	
Part II	Basic Plan Infor	mation—enter all requested informa	ation					
1a Name THE IMAGIN	of plan NG INSTITUTE 401K PL	_AN			pla (P	ree-digit an number N) fective date o 01/01	001 f plan /2004	
2a Plan s THE IMAGIN	ponsor's name and addr IG INSTITUTE	ress; include room or suite number (er	nployer, if for a single-	employer plan)	(El	N) 02-06	fication Number 99758	
380 OCEAN					2c Sp	hone number 0-0044		
NARRAGAN	SETT, RI 02882				2d Bu	siness code (6215	see instructions)	
3a Plan a	dministrator's name and	address Same as Plan Sponsor.			3b Ad	ministrator's	EIN 699758	
	IG INSTITUTE	380 OCEAN R NARRAGANS	ETT, RI 02882		3c Ad	ministrator's 401-49	telephone number 0-0044	
name	, EIN, and the plan num	plan sponsor has changed since the la ber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b Ell			
	or's name				4C PN	1		
_		t the beginning of the plan year			5a		7	
		It the end of the plan year			5b		6	
		ccount balances as of the end of the p	• •	•	5c		6	
		icipants at the beginning of the plan ye			5d(1)		4	
		icipants at the end of the plan year			5d(2)		4	
		minated employment during the plan y			5e		0	
		r incomplete filing of this return/rep						
SB or Sche		er penalties set forth in the instructions d signed by an enrolled actuary, as we						
SIGN		alid electronic signature.	07/30/2015	DANIEL DIPRETE				
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signin	g as plan adr	ninistrator	
SIGN HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signin	g as emplove	r or plan sponsor	
Preparer's		me, if applicable) and address (include					number (optional)	

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 a	an indeper	ident qualified public accounta	nt (IC	PA)			×		No No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X 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				_		ΠΝο Γ	Not	determ	nined
	rt III Financial Information			,.					uotom	
га 7			(a) Reginning of Ver				(b) End	~f V		
<u>′</u>	Plan Assets and Liabilities	70	(a) Beginning of Yea		(b) End of			OFTO	ar 75528	1
 b	Total plan assets Total plan liabilities	7a 7b	0210						10020	
	Net plan assets (subtract line 7b from line 7a)		9240)90	_				75528	31
8	Income, Expenses, and Transfers for this Plan Year	7c 9240 (a) Amount					(b) Total			
	Contributions received or receivable from:						(8)	otai		
	(1) Employers	8a(1)	750							
	(2) Participants	8a(2)	175	500						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	383	325	_					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				13083	51
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2938	87						
-	Certain deemed and/or corrective distributions (see instructions)	8e			_					
f	Administrative service providers (salaries, fees, commissions)	8f	57	753						
	Other expenses	8g								
									29964	0
	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) 8i								-16880	
÷										-
Ba		8j								
га	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instru	ctions		
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instru	ctions	:	
9a b	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2G$ $2J$ $2K$ $3D$ If the plan provides welfare benefits, enter the applicable welfare for								:	
b	2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe								:	
b Par	2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feet V Compliance Questions				ic Cod	les in t		ions:		
b Par 10	2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feet t V Compliance Questions During the plan year:	eature cod	es from the List of Plan Chara							
b Par 10 a	2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fee t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure	eature cod tions within uciary Corr	es from the List of Plan Charac n the time period described in ection Program)		ic Cod	les in t		ions:		
b Par 10 a	2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare ference V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution	tions within uciary Corr ? (Do not i	es from the List of Plan Charac n the time period described in ection Program)nclude transactions reported	cterist	ic Cod	les in t		ions:		
b Par 10 a	2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fee V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within iciary Corr ? (Do not i	es from the List of Plan Charac n the time period described in ection Program) nclude transactions reported	cterist	ic Cod	les in ti		ions:	ount	100000
b Par 10 a	2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fer V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	tions within uciary Corr ? (Do not i fidelity bor	es from the List of Plan Charac n the time period described in ection Program)nclude transactions reported	10a 10b	Yes	les in ti		ions:	ount	100000
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b Par 10 a b c d	2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feet V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	tions within uciary Corr ? (Do not i fidelity bor her persons of the ben	es from the List of Plan Charac n the time period described in ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d	Yes X	No X X		ions:	ount	
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b Par 10 a b b c d d e f f g g h	2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feet V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? Use of the provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? Z520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2	tions within uciary Corr ? (Do not i fidelity bor fidelity bor of the ben of the ben n? s of year e (See instru	es from the List of Plan Charac n the time period described in ection Program) nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ind.) totions and 29 CFR d notice or one of the	10a 10b 10c 10d 10e 10f 10g 10h	Yes X	No X X X X X X X		ions:	ount	
b Par 10 a b c d d e f g h h i	2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feet V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? Use of the provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? Z520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR	tions within uciary Corr ? (Do not i fidelity bor of the ben of the ben n? (See instru ne required 1-3	es from the List of Plan Charac n the time period described in ection Program) nclude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h 10i 10i	X X Schec	No X X X X X A A A A A A A A A A A A A A	he instruct	ions:	ount	
b Par 10 a b c d d e f f g g h i i Par i	2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feet V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan covered by a fidelity bond? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	tions within uciary Corr ? (Do not i fidelity bor fidelity bor of the ben of the ben n? s of year e (See instru ne required 1-3	es from the List of Plan Charac In the time period described in ection Program) nclude transactions reported and, that was caused by fraud is by an insurance carrier, efits under the plan? (See and.) ind.) ind.) retions and 29 CFR a notice or one of the fres," see instructions and corr	10a 10b 10c 10d 10d 10g 10h 10i	X X Schee	No X X X X X A A A A A A A A A A A A A A	he instruct	ions:	punt 1	2521
b Par 10 a b c d d e f f g g h i i Par i	2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare ference If the plan provides welfare benefits, enter the applicable welfare ference V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	tions within uciary Corr ? (Do not i fidelity bor fidelity bor of the ben of the ben s of year e (See instru ne required 1-3 ents? (If "` om Sched	es from the List of Plan Charac n the time period described in ection Program) nclude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h 10i	X X Schec	No X X X X X Aule SE	A (Form	ions:	punt 1	2521

Page 3 - 1

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	

·····									
Fo	rm 5500-SF	Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-01 1210-00			
	artment of the Treasury amal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee F							
Employee	Department of Labor Benefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).				This Form is Open to Public Inspection			
	Benefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.							
	Part I Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014								
	Por calendar plan year 2014 or riscar plan year beginning 01/01/2014 and ending 12/31/2014 Image: Im								
A This return/report is for:									
-	a one-participant plan a foreign plan								
B This return/report is U the first return/report U the final return/report					months)				
	an amended return/report a short plan year return/report (less than 12 m								
C Check	box if filing under:	Form 5558	automatic extension		D	FVC progra	am		
		special extension (enter descrip	tion)						
Part II	Basic Plan Info	mation-enter all requested infor	rmation						
1a Name	of plan				1	Three-digit			
THE IM	AGING INSTITUT	E 401K PLAN			plan number 001 (PN) ▶				
					1c Effec	tive date o			
						01/200			
	ponsor's name and add AGING INSTITUT	ress; include room or suite number E	(employer, if for a single-	-employer plan)	1 .	over Identi 02-06	fication Number		
					}		hone number		
380 OC	EAN ROAD				401	-490-0	044		
NADDAC	ANCERT	DT 00000			1	2d Business code (see instructions) 621510			
NARRAGANSETT RI 02882 3a Plan administrator's name and address Same as Plan Sponsor.						3b Administrator's EIN			
	AGING INSTITUT	L			02-0699758				
					3c Administrator's telephone number				
380 OCEAN ROAD						-490-00)44		
MADDAC	3 XI O 120103	D T 00000							
A If the		RI 02882	- 1 h h		AL THE		*****		
		plan sponsor has changed since the ber from the last return/report.	e last return/report liled it	s mis plan, enter me	4b EIN				
a Spons	or's name				4c PN				
		t the beginning of the plan year			- 5a				
		t the end of the plan year			<u>5b</u>		6		
		count balances as of the end of the			5c		6		
d(1) Tot	al number of active part	cipants at the beginning of the plan	year		5d(1)		4		
d(2) Tot	al number of active part	icipants at the end of the plan year			5d(2)		4		
	· ·	minated employment during the plan	•		5e		0		
		·····			II		0		
		incomplete filing of this return/ner penalties set forth in the instruction					able, a Schedule		
	dule MB completed and true, correct, and completed	l signed by an enrolled actuary, as v	well as the electronic vers	sion of this return/report	, and to the	best of my	knowledge and		
SIGN		310.		DANIEL DIPRET	3				
HERE	Signature of plan ad	ministrator	Date 7/30/15	Enter name of individ	al signing a	s plan adn	ninistrator		
SIGN	olgitutare of plan au					<u></u>			
HERE			lual signing as employer or plan sponsor						
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)							number (optional)		
Por Paperwo	ork Reduction Act Notice :	and OMB Control Numbers, see the in	istructions for Form 5500-5	sr.		ł	Form 5500-SF (2014) v. 140124		

Page 2 Form 5500-SF 2014 X Yes No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) h X Yes No 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 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 (b) End of Year (a) Beginning of Year 7 Plan Assets and Liabilities 755281 924090 а Total plan assets 7a 7b b Total plan liabilities 755281 924090 C Net plan assets (subtract line 7b from line 7a) 7c (b) Total Income, Expenses, and Transfers for this Plan Year (a) Amount 8 Contributions received or receivable from: а 75006 8a(1) (1) Employers 17500 (2) Participants 8a(2) 8a(3) (3) Others (including rollovers) 38325 8b b Other income (loss) 130831 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... 8c Benefits paid (including direct rollovers and insurance premiums đ 293887 8d to provide benefits) e Certain deemed and/or corrective distributions (see instructions) ... 8e 5753 Administrative service providers (salaries, fees, commissions) 8f f 8g g Other expenses 299640 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h -168809 Net income (loss) (subtract line 8h from line 8c) 8i i j Transfers to (from) the plan (see instructions) 8i 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: 2G 2J 2K 3D 2A 2E If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b Part V Compliance Questions Ves No Amount 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in а х 10a 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... 100000 Х C Was the plan covered by a fidelity bond?..... 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud х 10d or dishonesty? 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 х 2521 10e instructions.) X f Has the plan failed to provide any benefit when due under the plan? 101 Х g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR х 10h 2520.101-3.) 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 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 11 Yes 🗌 No 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39...... 11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... Yes X No 12 (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 ... Month Day Year

granting the waiver.

	Form 5500-SF 2014	Page 3 -				
lf	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	<u> </u>		

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			
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 X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this	s year	13a			_
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?				Yes	X No
c	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)				****	
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3)	PN(s)

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

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