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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

For calend	lan alaman 0044 an £	iscal plan year beginning 01/01/	10.0.1.1						
	lar plan year 2014 or fi	and ending 12	12/31/2014						
A This re	turn/report is for:		r) (Filers checking this box must attach a list ordance with the form instructions)						
	•	a one-participant plan	a foreign plan	•		,			
B This ret	urn/report is	the first return/report	the final return/repor	t					
	·	an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)				
C Check	box if filing under:	X Form 5558	automatic extension	n	DFVC p	rogram			
		special extension (enter des	cription)						
Part II	Basic Plan Info	ormation—enter all requested i	nformation						
1a Name					1b Three-digit				
LAGODA IN	IVESTMENT MANAGI	EMENT, LP 401(K) PLAN			plan numb				
					(PN) •	001			
					1c Effective d	ate of plan 01/01/2014			
2a Plan s	ponsor's name and ac	ddress; include room or suite num	ber (employer, if for a sing	le-employer plan)	2b Employer le	dentification Number			
LAGODA IN'	VESTMENT MANAGE		(EIN)	46-4740139					
2 COLUMBI	IC CIDCLE			telephone number 2-309-7664					
3 COLUMBU SUITE 2215				ode (see instructions)					
NEW YORK	, NY 10019			523900					
3a Plan a	dministrator's name a	3b Administrat	tor's EIN						
			22						
			3c Administrator's telephone number						
	nome and/or FINI of th		e 4b EIN						
		e plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN				
	e, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	e the last return/report filed	for this plan, enter the					
a Spons	e, EIN, and the plan nu sor's name	mber from the last return/report.	·	· 	4c PN				
a Spons 5a Total	e, EIN, and the plan nu sor's name number of participants	mber from the last return/report.	·		4c PN 5a	(
a Spons5a Totalb Total	e, EIN, and the plan nu cor's name number of participants number of participants	s at the beginning of the plan year at the end of the plan year	-		4c PN 5a 5b	0			
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a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pens SB or Schebelief, it is SIGN HERE SIGN	e, EIN, and the plan number of participants number of participants over of participants with ete this item)	articipants at the beginning of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the beginning of the plan year articipants at the end of the plan year articipants at the beginning of the plan year articipants at the beginning of the plan year articipants at the beginning of the plan year.	of the plan year (defined be plan yeareare plan year with accrued be plan year will be assesse uctions, I declare that I have, as well as the electronic very 108/07/2015	enefit plans do not enefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of the second sec	pplicable, a Schedule of my knowledge and			
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b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
		surance p	orogram (see ERISA section 40	21)?		Yes	No	Not de	etermi	ned	
Par	t III Financial Information		<u> </u>								
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End				
	Total plan assets	7a		0				1	40000 0		
	Total plan liabilities	7b		0	+			1	40000		
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amazunt		\dashv		(b) T		10000		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)	1400	000							
	(2) Participants	0									
	(3) Others (including rollovers)	0									
b	Other income (loss)	8b		0							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	40000		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
	Certain deemed and/or corrective distributions (see instructions)	0									
f	Administrative service providers (salaries, fees, commissions)	0									
	Other expenses	0									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						0	1			
i	Net income (loss) (subtract line 8h from line 8c)					1	40000	ı			
j	j Transfers to (from) the plan (see instructions)										
Par	t IV Plan Characteristics										
b		eature cod	les from the List of Plan Chara	cterist			he instructi	ons:			
10	During the plan year:		Yes	No		Amou	nt				
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.	iciary Cor	rection Program)	10a		X					
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)										
c	Was the plan covered by a fidelity bond?		10c	Х				1	10000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	10d		X							
e	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 ben	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	end.)	10g		X						
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	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No	
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			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?	`	Yes >	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 beir granting the waiver.	-			, and e	enter th Day		ne lette Year _	r rulin	g 	

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lf :	ou 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 N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		D	′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?		inder 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 th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

5d(1) 5d(2) 5d(2) 8 5hat were 5e 5e 6 5e 6 6 6 6 6 6 6 6 6 6 6 6 6	5d(1) 5d(2) 5e 5e se is estabort, including and to the all signing	ar with accrued benefits that were ar will be assessed unless reasonable cause is examined this return/report, included as the electronic version of this return/report, and to as the electronic version of this return/report, and to Date Date Enter name of individual sign room or suite number) (optional) Frepar	the plan year with accrued benefits that were the plan year with accrued benefits that were eturn/report will be assessed unless reasons structions, I declare that I have examined this reary, as well as the electronic version of this return ary, as well as the electronic version of this return as well as the electronic version of	the beginning of the plant the end of the plant during mployment during set filling of this result of the interval of the inte	complete this item)
1 8 0	4c PN 5a 5c	nefit plans do not	he plan year (defined be	Sponsor's name Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not	 a Sponsor's name 5a Total number of participa b Total number of participa c Number of participants w
Administrator's EIN Administrator's telephone number EIN	-	for this plan, enter the	sor. the last return/report filed	xSame as	3a Plan administrator's name and address 4 If the name and/or EIN of the plan spon name, EIN, and the plan number from the plan number
Employer Identification Number (EIN) 46-4740139 Sponsor's telephone number 212-309-7664 Business code (see instructions) 523900	page of the same	le-employer plan)	er (employer, if for a sing	<pre>2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Lagoda Investment Management, LP 3 Columbus Circle Suite 2215 New York NY 10019</pre>	2a Plan sponsor's name and Lagoda Investment 3 Columbus Circle Suite 2215
DFVC program Three-digit plan number (PN) Effective date of plan	1b Three plan r (PN)		automatic extension ription) formation Plan	under: X Form 5558 auto special extension (enter description) Plan Information—enter all requested information ment Management, LP 401(k) Plan	C Check box if filing under: Part II Basic Plan I 1a Name of plan Lagoda Investment
checking this box must attach a list with the form instructions)		a multiple-employer plan (not multiemployer) (Filers of participating employer information in accordance a foreign plan the final return/report a short plan year return/report (less than 12 months)	01/01/2014 a multiple-employer of participating empl a foreign plan the final return/report a short plan year return	or fiscal plan year beginning a single-employer plan a one-participant plan the first return/report an amended return/report	A This return/report is B This return/report is
1-11-11-11-11-11-11-11-11-11-11-11-11-1		ification Information	accordance with the in	Annual Report Identification Information	Part I Annual Rep

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ay real	2		INDIAN INDIAN		granting the walver	
enter the date of the letter ruling	and enter	ons, a	≕.	ıg amortize	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see	മ
			able.)	as applica	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
of ERISA? Yes X No	on 302	or sect	ints of section 412 of the Code or section 302 of ERISA?	requireme	Is this a defined contribution plan subject to the minimum funding requirements	12
	: 11a		ule SB (Form 5500) line 39	om Sched	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line	11a
Yes No	riedule	ere o	es, see listinctions and comp	elits: (II	5500) and line 11a below)	
					VI Pension Funding Compliance	13
		10:		1-31	exceptions to providing the notice applied under 29 CFR 2520.101-3] -
	 	흪			2520.101-3)	
	>	10g		See instru	If this is an individual account plan was there a blackout period? (See instructions and 29 CFR	<u>ب</u> د
	×	-		s of veer e	Old the plan have any participant leans? //f "Yes " enter amount	2
•	×	Î		n?	Has the plan failed to provide any benefit when due under the plan?	-
	X	10e		ner persons of the benu	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.)	Ф
	×	10d		fidelity bor	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	d
10000	×	100			Was the plan covered by a fidelity bond?	ဂ
	×	10b	-	? (Do not i	with any p	ل ا
	×	10a		tions within uciary Corr	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)	ໝ
o Amount	Yes No				During the plan year:	10
					V Compliance Questions	Part
in the instructions:	Codes i	eristic	es from the List of Plan Charact	eature cod	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic	ь
in the instructions:	c Codes	cteristi	des from the List of Plan Charao	feature co	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 2K 2H 3D 3B	9a
					IV Plan Characteristics	Part IV
		0		8)	Transfers to (from) the plan (see instructions)	<u>_</u>
140000				. 8i	Net income (loss) (subtract line 8h from line 8c)	1
0				8h	Total expenses (add lines 8d, 8e, 8f, and 8g)	- 1
and the second s		0		8g	Other expenses	9
	2.5	0		8f	Administrative service providers (salaries, fees, commissions)	
		0		. 8e	Certain deemed and/or corrective distributions (see instructions)	e
		0		8d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	d E
140000				8c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	- 1
		0		86	Other income (loss)	ď
The state of the s		0		8a(3)	- 1	
an annual de la companya de la compa		0		8a(2)	(2) Participants	
		40000	14	82(1)		a
(b) Total			(a) Amount		Income, Expenses, and Transfers for this Plan Year	8
140000		0		7c	Net plan assets (subtract line 7b from line 7a)	c
0		0		7b	Total plan liabilities	
140000		0		. 7a	Total plan assets	sa
(b) End of Year		·	(a) Beginning of Year		Plan Assets and Liabilities	7
					t III Financial Information	Part III
Yes No Not determined			program (see ERISA section 402	surance p	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	0
5500.	Form 55	use	lions.) rm 5500-SF and must instead	and condit	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	
		nt (IQP	ndent qualified public accountar	an indepe	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	
X Yes No			(See instructions)	he accete?	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)	8

14a Name of trust	Part VIII Trust Information (optional)	rac(r) Name or plants):	which assets or liabilities were transferred. (See instructions.)	- 1	b Were all the plan assets distributed to participants or be of the PBGC?	If "Yes," enter the amount of any plan assets that revert	13a Has a resolution to terminate the plan been adopted in any plan year?	Part VII Plan Terminations and Transfers of Assets	e Will the minimum funding amount reported on line 12d t	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)	c Enter the amount contributed by the employer to the plan for this plan year	b Enter the minimum required contribution for this plan ye	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Form 5500-SF 2014
			su non tills plan to another plants), menny the plants	referred from this plan to another plan(s) identify the plan(s)	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	If "Yes," enter the amount of any plan assets that reverted to the employer this year	plan year?	Assets	Will the minimum funding amount reported on line 12d be met by the funding deadline?	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)	ın for this plan year	Enter the minimum required contribution for this plan year	f Schedule MB (Form 5500), and skip to line 13.	Page 3 -
14b Trust's EIN		Todal Endo)	(2) EIN(s)	†	control Yes X No	. 13a	Yes X No		Yes No N/A	12d	12c	12b	,	Cary