Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
JAX INC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
JAX INC

PO BOX 469
BELLVUE, CO 80512

2b Employer Identification Number (EIN)
84-1087636

2c Plan Sponsor's telephone number
970-488-3250

2d Business code (see instructions)
339900

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 accompanying schedules, statements and attachments, 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	Filed with authorized/valid electronic signature.	08/13/2015	REBECCA ALLEN
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] 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
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	264
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	224
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	188
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	43
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	231
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	231
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	107
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
JAX INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAX INC

D Employer Identification Number (EIN)
84-1087636

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PAYCHEX SECURITIES CORPORATION

16-1486352

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PAYCHEX, INC.

16-1124166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	6914	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
JAX INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAX INC

D Employer Identification Number (EIN)
84-1087636

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	17311	7718
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	20464	60068
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2058777	2225497
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)	0	
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	2096552	2293283
Liabilities			
g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2096552	2293283

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	60044	
(B) Participants	2a(1)(B)	144783	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		204827
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1965	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1965
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	105733	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		105733
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		38395
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		350920
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	136770	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		136770
f Corrective distributions (see instructions)	2f		9923
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	860	
(3) Investment advisory and management fees	2i(3)	6116	
(4) Other	2i(4)	520	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7496
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		154189
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		196731
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KNOLL & COMPANY, PC **(2)** EIN: 84-0801829

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		209655
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c 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 V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
JAX INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAX INC

D Employer Identification Number (EIN)
84-1087636

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 16-1470238

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

JAX MERCANTILE 401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014



JAX MERCANTILE 401(K) PROFIT SHARING PLAN

DECEMBER 31, 2014

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Lee L. Knoll, C.P.A.

Lee J. Knoll Jr., C.P.A.

INDEPENDENT AUDITOR'S REPORT

To Plan Administrator of Jax Mercantile 401(K) Profit Sharing Plan

We were engaged to audit the financial statements of the Jax Mercantile 401(K) Profit Sharing Plan as of December 31, 2014, and for the year then ended, as listed in the accompanying table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, of the United States of American, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Mid Atlantic Trust Company for 2014 the custodian of the Plan, except for comparing the information with the related information included in financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements other than that derived from the information certified by the custodian, have been audited by us in accordance auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Knoll & Company, P.C.

KNOLL & COMPANY, P. C.

July 22, 2015

JAX MERCANTILE 401(K) PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014

ASSETS

Investments: (at fair value)		
American Funds Money Market Fund R-3	$	7,718
Shares of registered investment companies:		
Invesco Comstock Fund Class R		4,561
Alger Capital Appreciation Institutional Fund Class R		327,316
Calvert Social Index Fund Class A		43,288
Calvert Capital Accumulation Fund Class A		92,409
Delaware Small Cap Core Fund Class R		86,980
Franklin Rising Dividends Fund Class R		460,221
Lord Abbett Developing Growth Fund Class R		65
MFS Blended Research Core Equity Find Class R2		1,184
MFS Mid Cap Value Fund Class R2		107,797
MFS Massachusetts Investors Growth Stock Class R		1,267
Prudential Jennison Mid Cap Growth Fund Class R		12,642
American Funds EuroPacific Growth Fund Class R-3		173,485
American Funds New Perspective Fund Class R-3		2,813
MFS Government Securities Fund Class R2		62,562
Goldman Sachs Inflation Protected Securities		2,637
PIMCO Income Fund Class R		10,270
Invesco Balanced-Risk Allocation Fund Class R		15,608
Columbia Dividend Income Fund Class R		2,303
Victory Small Company Fund Class R		1,516
American Funds The Bond Fund of America Class r-3		15,006
American Funds Target Date Retirement;		
2010 Fund Class R-3		57,430
2015 Fund Class R-3		95,829
2020 Fund Class R-3		272,186
2025 Fund Class R-3		11,845
2030 Fund Class R-3		5,429
2040 Fund Class R-3		311,706
2050 Fund Class R-3		19,416
MFS Global Alternative Strategy R2		783
Oppenheimer Developing Markets Fund N		1,157
Nationwide Mid Cap Market Index Fund Class R2		19,664
MFS International New Discovery Fund Class R2		6,134
Total current assets		2,233,227
Participants notes receivable		60,068
TOTAL ASSETS		$ 2,293,295
LIABILITIES Total Liabilities		$ -
NET ASSETS		
Net assets available for benefits		$ 2,293,295

See notes to financial statements.

JAX MERCANTILE 401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS	
Additions to net assets attributed to:	
Contributions:	
Participants - Pre tax	$ 93,548
Participants - Roth	51,235
Employer	61,171
Total	205,954
Investment income:	
Net appreciation (depreciation) in fair value of investments	36,127
Dividend income	105,733
Realized Gain (Loss)	-
Interest on participants' loans	1,965
TOTAL ADDITIONS	349,779
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	137,290
Excess contributions returned	9,923
Administrative & Forfeiture Fees	5,823
TOTAL DEDUCTIONS	153,036
NET INCREASE (DECREASE)	196,743
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	2,096,552
END OF YEAR	$ 2,293,295

See notes to financial statements.

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

1. DESCRIPTION OF PLAN:

The following description of the Jax Mercantile ("Company") 401(K) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for more complete description of the Plan's provision.

General: The Plan is a defined contribution plan covering all employees of the Company who are not employees governed by a collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Each year, participants may contribute up to annual limit as set by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Company match and profit sharing contributions are all discretionary and the amount is determined each year by the employer.

Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants contributions are always 100% vested. Company match contributions and profit sharing contributions are vested at the rate of 20% for each year of service by the employee.

Investment Options: Upon enrollment in the Plan, the Administrator has approved that each participant may direct their contributions to any of thirty-two different investment options. All are registered investment companies that invest in all forms of government and corporate securities, both domestic and foreign.

Participants may change their investment options at any time. However, there are a few funds with redemptions fees, which are incurred if shares are sold before the required holding time has passed, e.g., 30 days, 90 days.

Participant Notes Receivable: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range up to 5 years or longer if loan is for purchase of a primary residence. A maximum number of two loans are allowed. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate of interest. Principal and interest is paid ratably through payroll deductions. All loans are considered a directed investment by the employee. All payments of principal and interest are credited to that employee's account.

1. DESCRIPTION OF PLAN (continued):

Payment of Benefits: Distribution of benefits will be made upon normal retirement, death or disability. A participant may elect to receive the value of the participant's vested interest upon late retirement or upon termination of employment before normal retirement. Benefits will be in one lump-sum cash payment. Hardship withdrawals may be available.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting: The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affects certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participants' notes receivables are valued at cost, which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits: Benefits are recorded when paid.

3. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan at any time, subject to the provisions of ERISA. Upon termination, all amounts credited the participants' accounts will become 100% vested.

4. TAX STATUS:

The Plan was adopted under a Mid Atlantic Trust Company Retirement Plan Services prototype plan document ("prototype plan"). The prototype plan has received a determination letter on March 31, 2008, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with a the applicable requirements of the Internal Revenue Code (IRC). Although, the prototype plan and Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is qualified under section 401(a) of the IRC and the related trust is tax exempt as of December 31, 2014.

The original effective date of the JAX Mercantile 401(K) Profit Sharing Plan is January 1, 2007 and the Plan as adopted the restated prototype.

5. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN:

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian.

Investments, at fair value:	
Shares of registered investment companies:	$ 2,233,227
Participants notes receivable	60,068
Investment income from registered investment companies	105,733

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	American Bond Fund	Invesco Comstock Fund	Alger Capital Appreciation	Calvert Social Index Fund
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 1,510	$ 1,311	$ 11,617	$ 383
Employer	1,338	591	4,795	769
Total	2,848	1,902	16,412	1,152
Investment income:				
Net appreciation (depreciation) in fair value of investments	233	257	(2,362)	3,771
Dividend income	194	65	38,469	1,392
Realized Gain	-	-	-	
Interest on participants' loans	-	-	78	30
TOTAL ADDITIONS	3,275	2,224	52,597	6,345
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returnec	1,995	1,620	5,036	47,916
Administrative fees & forfeitures		-	-	
TOTAL DEDUCTIONS	1,995	1,620	5,036	47,916
Net increase (decrease) prior to interfund transfers	1,280	604	47,561	(41,571)
Interfund transfers	13,726	316	(4,069)	(886)
NET INCREASE (DECREASE)	15,006	920	43,492	(42,457)
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	-	3,641	283,824	85,745
END OF YEAR	$ 15,006	$ 4,561	$ 327,316	$ 43,288

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	Calvert Capital Accum. Fd	Delaware Small Cap Core	Franklin Rising Dividends	Prud Jenn Mid Cap Growth
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 5,400	$ 7,298	$ 17,241	$ 1,375
Employer	1,143	2,214	4,852	516
Total	6,543	9,512	22,093	1,891
Investment income:				
Net appreciation (depreciation) in fair value of investments	(6,377)	1,942	30,731	(495)
Dividend income	12,577	4,504	8,398	1,283
Realized Gain				
Interest on participants' loans	11	192	63	-
TOTAL ADDITIONS	12,754	16,150	61,285	2,679
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	1,105	2,691	7,011	1,001
Administrative fees & forfeitures				
TOTAL DEDUCTIONS	1,105	2,691	7,011	1,001
Net increase (decrease) prior to interfund transfers	11,649	13,459	54,274	1,678
Interfund transfers	(734)	(7,238)	(2,394)	7,855
NET INCREASE (DECREASE)	10,915	6,221	51,880	9,533
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	81,494	80,759	408,341	3,109
END OF YEAR	$ 92,409	$ 86,980	$460,221	$ 12,642

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	MFS Government Securities	MFS Blended Research	MFS Mid Cap Value	MFS Mass Investors Growth
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 252	$ 157	$ 4,880	$ 617
Employer	176	122	1,531	219
Total	428	279	6,411	836
Investment income:				
Net appreciation (depreciation) in fair value of investments	196	68	2,391	55
Dividend income	199	49	6,689	44
Realized Gain	-			
Interest on participants' loans	-	-	-	-
TOTAL ADDITIONS	823	396	15,491	935
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returne	-	1	16,164	-
Administrative fees & forfeitures	-			-
TOTAL DEDUCTIONS	-	1	16,164	-
Net increase (decrease) prior to interfund transfers	823	395	(673)	935
Interfund transfers	61,302	(1,028)	8,412	(2)
NET INCREASE (DECREASE)	62,125	(633)	7,739	933
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	437	1,817	100,058	334
END OF YEAR	$ 62,562	$ 1,184	$107,797	$ 1,267

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	Invesco Balance-Risk Alloc.	American Euro-Pac Growth	American New Perspective	L Abbett Developing Growth
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 4,958	$ 8,682	$ 256	$ -
Employer	4,079	3,472	114	-
Total	9,037	12,154	370	-
Investment income:				
Net appreciation (depreciation) in fair value of investments	(659)	(7,104)	(110)	(9)
Dividend income	1,090	1,826	177	10
Realized Gain		-		
Interest on participants' loans	-	62	-	-
TOTAL ADDITIONS	9,468	6,938	437	1
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returne	4,147	36,027	1,542	-
Administrative fees & forfeitures	-			-
TOTAL DEDUCTIONS	4,147	36,027	1,542	-
Net increase (decrease) prior to interfund transfers	5,321	(29,089)	(1,105)	1
Interfund transfers	1,177	(78,791)	177	1
NET INCREASE (DECREASE)	6,498	(107,880)	(928)	2
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	9,110	281,365	3,741	63
END OF YEAR	$ 15,608	$ 173,485	$ 2,813	$ 65

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	Columbia Dividend Income	Victory Small Co. Opportunity	MFS Global Alternative	G-S Inflation Protection
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 120	$ 351	$ 109	$ 601
Employer	107	171	215	327
Total	227	522	324	928
Investment income:				
Net appreciation (depreciation) in fair value of investments	66	(60)	10	(28)
Dividend income	172	134	5	22
Realized Gain			-	
Interest on participants' loans	-	-	-	
TOTAL ADDITIONS	465	596	339	922
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	1	1	303	-
Administrative fees & forfeitures	-	-	-	
TOTAL DEDUCTIONS	1	1	303	-
Net increase (decrease) prior to interfund transfers	464	595	36	922
Interfund transfers	(6)	(2)	747	1,715
NET INCREASE (DECREASE)	458	593	783	2,637
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	1,845	923	-	-
END OF YEAR	$ 2,303	$ 1,516	$ 783	$ 2,637

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	PIMCO Real Return	PIMCO Total Return	PIMCO Income	Oppen. Developing Markets
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 208	$ 521	$ 1,051	$ 760
Employer	-	-	656	377
Total	208	521	1,707	1,137
Investment income:				
Net appreciation (depreciation) in fair value of investments	-	-	(1)	(66)
Dividend income	2	40	586	20
Realized Gain				
Interest on participants' loans	-	-	-	-
TOTAL ADDITIONS	210	561	2,292	1,091
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	1	16	968	110
Administrative fees & forfeitures	-	-	-	-
TOTAL DEDUCTIONS	1	16	968	110
Net increase (decrease) prior to interfund transfers	209	545	1,324	981
Interfund transfers	(1,693)	(13,657)	(22)	8
NET INCREASE (DECREASE)	(1,484)	(13,112)	1,302	989
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	1,484	13,112	8,968	168
END OF YEAR	$ -	$ -	$ 10,270	$ 1,157

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	American Target 2010	American Target 2015	American Target 2020	American Target 2025
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 9,394	$ 15,065	$ 16,351	$ 1,622
Employer	3,896	1,875	8,827	2,007
Total	13,290	16,940	25,178	3,629
Investment income:				
Net appreciation (depreciation) in fair value of investments	260	1,483	5,672	118
Dividend income	2,367	3,338	8,646	380
Realized Gain				
Interest on participants' loans	462	2	881	60
TOTAL ADDITIONS	16,379	21,763	40,377	4,187
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	3,792	1,325	69	1,608
Administrative fees & forfeitures	-	-	-	-
TOTAL DEDUCTIONS	3,792	1,325	69	1,608
Net increase (decrease) prior to interfund transfers	12,587	20,438	40,308	2,579
Interfund transfers	3,403	(15,363)	(25,249)	36
NET INCREASE (DECREASE)	15,990	5,075	15,059	2,615
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	41,440	90,754	257,127	9,230
END OF YEAR	$ 57,430	$ 95,829	$272,186	$ 11,845

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	American Target 2030	American Target 2040	American Target 2050
ADDITIONS			
Additions to net assets attributed to:			
Contributions:			
Participants	$ 1,439	$ 20,197	$ 6,405
Employer	1,035	10,786	3,244
Total	2,474	30,983	9,649
Investment income:			
Net appreciation (depreciation) in fair value of investments	40	6,348	152
Dividend income	195	10,783	660
Realized Gain			
Interest on participants' loans	-	109	-
TOTAL ADDITIONS	2,709	48,223	10,461
DEDUCTIONS			
Deductions from net assets attributed to:			
Benefits paid to participants and excess contributions returned	198	75	5
Administrative fees & forfeitures	-	-	-
TOTAL DEDUCTIONS	198	75	5
Net increase (decrease) prior to interfund transfers	2,511	48,148	10,456
Interfund transfers	(12,883)	1,406	(1,105)
NET INCREASE (DECREASE)	(10,372)	49,554	9,351
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year or conversion	15,801	262,152	10,065
END OF YEAR	$ 5,429	$311,706	$ 19,416

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	Nationwide Mid Cap Mkt Index	DWS Alternative Asset	MFS INTL NEW DISC
ADDITIONS			
Additions to net assets attributed to:			
Contributions:			
Participants	$ 2,664	$ 36	731
Employer	783	-	209
Total	3,447	36	940
Investment income:			
Net appreciation (depreciation) in fair value of investments	(161)	-	(234)
Dividend income	1,364	-	53
Realized Gain		-	-
Interest on participants' loans	-	-	-
TOTAL ADDITIONS	4,650	36	759
DEDUCTIONS			
Deductions from net assets attributed to:			
Benefits paid to participants and excess contributions returne	1	-	-
Administrative fees & forfeitures			-
TOTAL DEDUCTIONS	1	-	-
Net increase (decrease) prior to interfund transfers	4,649	36	759
Interfund transfers	13,955	(755)	5,284
NET INCREASE (DECREASE)	18,604	(719)	6,043
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year or conversion	1,060	719	91
END OF YEAR	$ 19,664	$ -	$ 6,134

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	American Money Market Fd	Partici-pants Loans	Total
ADDITIONS			
Additions to net assets attributed to:			
Contributions:			
Participants	1,221	$ -	$ 144,783
Employer	725	-	61,171
Total	1,946	-	205,954
Investment income:			
Net appreciation (depreciation) in fair value of investments	-	-	36,127
Dividend income	-	-	105,733
Realized Gain	-	-	-
Interest on participants' loans	15	-	1,965
TOTAL ADDITIONS	1,961	-	349,779
DEDUCTIONS			
Deductions from net assets attributed to:			
Benefits paid to participants and excess contributions returne	10,376	2,108	- 147,213
Administrative fees & forfeitures	-	-	-
TOTAL DEDUCTIONS	10,376	2,108	147,213
Net increase (decrease) prior to interfund transfers	(8,415)	(2,108)	202,566
Interfund transfers	(1,178)	41,712	(5,823)
NET INCREASE (DECREASE)	(9,593)	39,604	196,743
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year or conversion	17,311	20,464	2,096,552
END OF YEAR	$ 7,718	$ 60,068	$2,293,295

JAX MERCANTILE 401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014



JAX MERCANTILE 401(K) PROFIT SHARING PLAN

DECEMBER 31, 2014

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INDEPENDENT AUDITOR'S REPORT

To Plan Administrator of Jax Mercantile 401(K) Profit Sharing Plan

We were engaged to audit the financial statements of the Jax Mercantile 401(K) Profit Sharing Plan as of December 31, 2014, and for the year then ended, as listed in the accompanying table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, of the United States of American, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Mid Atlantic Trust Company for 2014 the custodian of the Plan, except for comparing the information with the related information included in financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements other than that derived from the information certified by the custodian, have been audited by us in accordance auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Knoll & Company, P.C.

KNOLL & COMPANY, P. C.

July 22, 2015

JAX MERCANTILE 401(K) PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014

ASSETS

Investments: (at fair value)		
American Funds Money Market Fund R-3	$	7,718
Shares of registered investment companies:		
Invesco Comstock Fund Class R		4,561
Alger Capital Appreciation Institutional Fund Class R		327,316
Calvert Social Index Fund Class A		43,288
Calvert Capital Accumulation Fund Class A		92,409
Delaware Small Cap Core Fund Class R		86,980
Franklin Rising Dividends Fund Class R		460,221
Lord Abbett Developing Growth Fund Class R		65
MFS Blended Research Core Equity Find Class R2		1,184
MFS Mid Cap Value Fund Class R2		107,797
MFS Massachusetts Investors Growth Stock Class R		1,267
Prudential Jennison Mid Cap Growth Fund Class R		12,642
American Funds EuroPacific Growth Fund Class R-3		173,485
American Funds New Perspective Fund Class R-3		2,813
MFS Government Securities Fund Class R2		62,562
Goldman Sachs Inflation Protected Securities		2,637
PIMCO Income Fund Class R		10,270
Invesco Balanced-Risk Allocation Fund Class R		15,608
Columbia Dividend Income Fund Class R		2,303
Victory Small Company Fund Class R		1,516
American Funds The Bond Fund of America Class r-3		15,006
American Funds Target Date Retirement;		
2010 Fund Class R-3		57,430
2015 Fund Class R-3		95,829
2020 Fund Class R-3		272,186
2025 Fund Class R-3		11,845
2030 Fund Class R-3		5,429
2040 Fund Class R-3		311,706
2050 Fund Class R-3		19,416
MFS Global Alternative Strategy R2		783
Oppenheimer Developing Markets Fund N		1,157
Nationwide Mid Cap Market Index Fund Class R2		19,664
MFS International New Discovery Fund Class R2		6,134
Total current assets		2,233,227
Participants notes receivable		60,068
TOTAL ASSETS		$ 2,293,295
LIABILITIES Total Liabilities		$ -
NET ASSETS		
Net assets available for benefits		$ 2,293,295

See notes to financial statements.

JAX MERCANTILE 401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS	
Additions to net assets attributed to:	
Contributions:	
Participants - Pre tax	$ 93,548
Participants - Roth	51,235
Employer	61,171
Total	205,954
Investment income:	
Net appreciation (depreciation) in fair value of investments	36,127
Dividend income	105,733
Realized Gain (Loss)	-
Interest on participants' loans	1,965
TOTAL ADDITIONS	349,779
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	137,290
Excess contributions returned	9,923
Administrative & Forfeiture Fees	5,823
TOTAL DEDUCTIONS	153,036
NET INCREASE (DECREASE)	196,743
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	2,096,552
END OF YEAR	$ 2,293,295

See notes to financial statements.

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

1. DESCRIPTION OF PLAN:

The following description of the Jax Mercantile ("Company") 401(K) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for more complete description of the Plan's provision.

General: The Plan is a defined contribution plan covering all employees of the Company who are not employees governed by a collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Each year, participants may contribute up to annual limit as set by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Company match and profit sharing contributions are all discretionary and the amount is determined each year by the employer.

Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants contributions are always 100% vested. Company match contributions and profit sharing contributions are vested at the rate of 20% for each year of service by the employee.

Investment Options: Upon enrollment in the Plan, the Administrator has approved that each participant may direct their contributions to any of thirty-two different investment options. All are registered investment companies that invest in all forms of government and corporate securities, both domestic and foreign.

Participants may change their investment options at any time. However, there are a few funds with redemptions fees, which are incurred if shares are sold before the required holding time has passed, e.g., 30 days, 90 days.

Participant Notes Receivable: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range up to 5 years or longer if loan is for purchase of a primary residence. A maximum number of two loans are allowed. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate of interest. Principal and interest is paid ratably through payroll deductions. All loans are considered a directed investment by the employee. All payments of principal and interest are credited to that employee's account.

1. DESCRIPTION OF PLAN (continued):

Payment of Benefits: Distribution of benefits will be made upon normal retirement, death or disability. A participant may elect to receive the value of the participant's vested interest upon late retirement or upon termination of employment before normal retirement. Benefits will be in one lump-sum cash payment. Hardship withdrawals may be available.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting: The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affects certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participants' notes receivables are valued at cost, which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits: Benefits are recorded when paid.

3. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan at any time, subject to the provisions of ERISA. Upon termination, all amounts credited the participants' accounts will become 100% vested.

4. TAX STATUS:

The Plan was adopted under a Mid Atlantic Trust Company Retirement Plan Services prototype plan document ("prototype plan"). The prototype plan has received a determination letter on March 31, 2008, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with a the applicable requirements of the Internal Revenue Code (IRC). Although, the prototype plan and Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is qualified under section 401(a) of the IRC and the related trust is tax exempt as of December 31, 2014.

The original effective date of the JAX Mercantile 401(K) Profit Sharing Plan is January 1, 2007 and the Plan as adopted the restated prototype.

5. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN:

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian.

Investments, at fair value:	
Shares of registered investment companies:	$ 2,233,227
Participants notes receivable	60,068
Investment income from registered investment companies	105,733

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	American Bond Fund	Invesco Comstock Fund	Alger Capital Appreciation	Calvert Social Index Fund
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 1,510	$ 1,311	$ 11,617	$ 383
Employer	1,338	591	4,795	769
Total	2,848	1,902	16,412	1,152
Investment income:				
Net appreciation (depreciation) in fair value of investments	233	257	(2,362)	3,771
Dividend income	194	65	38,469	1,392
Realized Gain	-	-	-	
Interest on participants' loans	-	-	78	30
TOTAL ADDITIONS	3,275	2,224	52,597	6,345
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returnec	1,995	1,620	5,036	47,916
Administrative fees & forfeitures		-	-	
TOTAL DEDUCTIONS	1,995	1,620	5,036	47,916
Net increase (decrease) prior to interfund transfers	1,280	604	47,561	(41,571)
Interfund transfers	13,726	316	(4,069)	(886)
NET INCREASE (DECREASE)	15,006	920	43,492	(42,457)
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	-	3,641	283,824	85,745
END OF YEAR	$ 15,006	$ 4,561	$ 327,316	$ 43,288

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	Calvert Capital Accum. Fd	Delaware Small Cap Core	Franklin Rising Dividends	Prud Jenn Mid Cap Growth
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 5,400	$ 7,298	$ 17,241	$ 1,375
Employer	1,143	2,214	4,852	516
Total	6,543	9,512	22,093	1,891
Investment income:				
Net appreciation (depreciation) in fair value of investments	(6,377)	1,942	30,731	(495)
Dividend income	12,577	4,504	8,398	1,283
Realized Gain				
Interest on participants' loans	11	192	63	-
TOTAL ADDITIONS	12,754	16,150	61,285	2,679
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	1,105	2,691	7,011	1,001
Administrative fees & forfeitures				
TOTAL DEDUCTIONS	1,105	2,691	7,011	1,001
Net increase (decrease) prior to interfund transfers	11,649	13,459	54,274	1,678
Interfund transfers	(734)	(7,238)	(2,394)	7,855
NET INCREASE (DECREASE)	10,915	6,221	51,880	9,533
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	81,494	80,759	408,341	3,109
END OF YEAR	$ 92,409	$ 86,980	$460,221	$ 12,642

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	MFS Government Securities	MFS Blended Research	MFS Mid Cap Value	MFS Mass Investors Growth
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 252	$ 157	$ 4,880	$ 617
Employer	176	122	1,531	219
Total	428	279	6,411	836
Investment income:				
Net appreciation (depreciation) in fair value of investments	196	68	2,391	55
Dividend income	199	49	6,689	44
Realized Gain	-			
Interest on participants' loans	-	-	-	-
TOTAL ADDITIONS	823	396	15,491	935
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returne	-	1	16,164	-
Administrative fees & forfeitures	-			-
TOTAL DEDUCTIONS	-	1	16,164	-
Net increase (decrease) prior to interfund transfers	823	395	(673)	935
Interfund transfers	61,302	(1,028)	8,412	(2)
NET INCREASE (DECREASE)	62,125	(633)	7,739	933
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	437	1,817	100,058	334
END OF YEAR	$ 62,562	$ 1,184	$107,797	$ 1,267

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	Invesco Balance-Risk Alloc.	American Euro-Pac Growth	American New Perspective	L Abbett Developing Growth
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 4,958	$ 8,682	$ 256	$ -
Employer	4,079	3,472	114	-
Total	9,037	12,154	370	-
Investment income:				
Net appreciation (depreciation) in fair value of investments	(659)	(7,104)	(110)	(9)
Dividend income	1,090	1,826	177	10
Realized Gain		-		
Interest on participants' loans	-	62	-	-
TOTAL ADDITIONS	9,468	6,938	437	1
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returne	4,147	36,027	1,542	-
Administrative fees & forfeitures	-			-
TOTAL DEDUCTIONS	4,147	36,027	1,542	-
Net increase (decrease) prior to interfund transfers	5,321	(29,089)	(1,105)	1
Interfund transfers	1,177	(78,791)	177	1
NET INCREASE (DECREASE)	6,498	(107,880)	(928)	2
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	9,110	281,365	3,741	63
END OF YEAR	$ 15,608	$ 173,485	$ 2,813	$ 65

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	Columbia Dividend Income	Victory Small Co. Opportunity	MFS Global Alternative	G-S Inflation Protection
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 120	$ 351	$ 109	$ 601
Employer	107	171	215	327
Total	227	522	324	928
Investment income:				
Net appreciation (depreciation) in fair value of investments	66	(60)	10	(28)
Dividend income	172	134	5	22
Realized Gain			-	
Interest on participants' loans	-	-	-	
TOTAL ADDITIONS	465	596	339	922
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	1	1	303	-
Administrative fees & forfeitures	-	-	-	
TOTAL DEDUCTIONS	1	1	303	-
Net increase (decrease) prior to interfund transfers	464	595	36	922
Interfund transfers	(6)	(2)	747	1,715
NET INCREASE (DECREASE)	458	593	783	2,637
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	1,845	923	-	-
END OF YEAR	$ 2,303	$ 1,516	$ 783	$ 2,637

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	PIMCO Real Return	PIMCO Total Return	PIMCO Income	Oppen. Developing Markets
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 208	$ 521	$ 1,051	$ 760
Employer	-	-	656	377
Total	208	521	1,707	1,137
Investment income:				
Net appreciation (depreciation) in fair value of investments	-	-	(1)	(66)
Dividend income	2	40	586	20
Realized Gain				
Interest on participants' loans	-	-	-	-
TOTAL ADDITIONS	210	561	2,292	1,091
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	1	16	968	110
Administrative fees & forfeitures	-	-	-	-
TOTAL DEDUCTIONS	1	16	968	110
Net increase (decrease) prior to interfund transfers	209	545	1,324	981
Interfund transfers	(1,693)	(13,657)	(22)	8
NET INCREASE (DECREASE)	(1,484)	(13,112)	1,302	989
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	1,484	13,112	8,968	168
END OF YEAR	$ -	$ -	$ 10,270	$ 1,157

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	American Target 2010	American Target 2015	American Target 2020	American Target 2025
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 9,394	$ 15,065	$ 16,351	$ 1,622
Employer	3,896	1,875	8,827	2,007
Total	13,290	16,940	25,178	3,629
Investment income:				
Net appreciation (depreciation) in fair value of investments	260	1,483	5,672	118
Dividend income	2,367	3,338	8,646	380
Realized Gain				
Interest on participants' loans	462	2	881	60
TOTAL ADDITIONS	16,379	21,763	40,377	4,187
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	3,792	1,325	69	1,608
Administrative fees & forfeitures	-	-	-	-
TOTAL DEDUCTIONS	3,792	1,325	69	1,608
Net increase (decrease) prior to interfund transfers	12,587	20,438	40,308	2,579
Interfund transfers	3,403	(15,363)	(25,249)	36
NET INCREASE (DECREASE)	15,990	5,075	15,059	2,615
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year or conversion	41,440	90,754	257,127	9,230
END OF YEAR	$ 57,430	$ 95,829	$272,186	$ 11,845

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	American Target 2030	American Target 2040	American Target 2050
ADDITIONS			
Additions to net assets attributed to:			
Contributions:			
Participants	$ 1,439	$ 20,197	$ 6,405
Employer	1,035	10,786	3,244
Total	2,474	30,983	9,649
Investment income:			
Net appreciation (depreciation) in fair value of investments	40	6,348	152
Dividend income	195	10,783	660
Realized Gain			
Interest on participants' loans	-	109	-
TOTAL ADDITIONS	2,709	48,223	10,461
DEDUCTIONS			
Deductions from net assets attributed to:			
Benefits paid to participants and excess contributions returned	198	75	5
Administrative fees & forfeitures	-	-	-
TOTAL DEDUCTIONS	198	75	5
Net increase (decrease) prior to interfund transfers	2,511	48,148	10,456
Interfund transfers	(12,883)	1,406	(1,105)
NET INCREASE (DECREASE)	(10,372)	49,554	9,351
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year or conversion	15,801	262,152	10,065
END OF YEAR	$ 5,429	$311,706	$ 19,416

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
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6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	Nationwide Mid Cap Mkt Index	DWS Alternative Asset	MFS INTL NEW DISC
ADDITIONS			
Additions to net assets attributed to:			
Contributions:			
Participants	$ 2,664	$ 36	731
Employer	783	-	209
Total	3,447	36	940
Investment income:			
Net appreciation (depreciation) in fair value of investments	(161)	-	(234)
Dividend income	1,364	-	53
Realized Gain		-	-
Interest on participants' loans	-	-	-
TOTAL ADDITIONS	4,650	36	759
DEDUCTIONS			
Deductions from net assets attributed to:			
Benefits paid to participants and excess contributions returne	1	-	-
Administrative fees & forfeitures			-
TOTAL DEDUCTIONS	1	-	-
Net increase (decrease) prior to interfund transfers	4,649	36	759
Interfund transfers	13,955	(755)	5,284
NET INCREASE (DECREASE)	18,604	(719)	6,043
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year or conversion	1,060	719	91
END OF YEAR	$ 19,664	$ -	$ 6,134

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
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DECEMBER 31, 2014

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2014

	American Money Market Fd	Partici-pants Loans	Total
ADDITIONS			
Additions to net assets attributed to:			
Contributions:			
Participants	1,221	$ -	$ 144,783
Employer	725	-	61,171
Total	1,946	-	205,954
Investment income:			
Net appreciation (depreciation) in fair value of investments	-	-	36,127
Dividend income	-	-	105,733
Realized Gain	-	-	-
Interest on participants' loans	15	-	1,965
TOTAL ADDITIONS	1,961	-	349,779
DEDUCTIONS			
Deductions from net assets attributed to:			
Benefits paid to participants and excess contributions returne	10,376	2,108	- 147,213
Administrative fees & forfeitures	-	-	-
TOTAL DEDUCTIONS	10,376	2,108	147,213
Net increase (decrease) prior to interfund transfers	(8,415)	(2,108)	202,566
Interfund transfers	(1,178)	41,712	(5,823)
NET INCREASE (DECREASE)	(9,593)	39,604	196,743
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year or conversion	17,311	20,464	2,096,552
END OF YEAR	$ 7,718	$ 60,068	$2,293,295