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

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

Revenue Code (the Code).

1210-0089

2014

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I		<u>t Identification Information</u>							
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01/	201 <u>4</u>	and ending 12/	31/2014				
A This re	turn/report is for:	X a single-employer plan		r plan (not multiemployer) (ployer information in accord	_				
	·	a one-participant plan	a foreign plan	•		,			
B This ret	rurn/report is	the first return/report	the final return/report						
	·	an amended return/report	a short plan year re	turn/report (less than 12 mo	onths)				
C Check	box if filing under:	X Form 5558	automatic extensio	n	DFVC p	rogram			
		special extension (enter des	cription)						
Part II	Basic Plan Inf	ormation—enter all requested i	nformation						
1a Name	of plan				1b Three-digit				
DCSI-GROU	UP, INC. RETIREME	NT PLAN AND TRUST			plan numb	er 001			
					(PN) 1C Effective date				
						01/01/2010			
2a Plan s	sponsor's name and a JP, INC.	address; include room or suite num	ber (employer, if for a sing	le-employer plan)		dentification Number 33-1097873			
0005 O DAN	(OLIODE DDI) (E	0005.0	DAYOLODE DDIVE			telephone number 5-377-2998			
SUITE 602	SHORE DRIVE	SUITE				ode (see instructions)			
COCONUT (GROVE, FL 33133	COCON	NUT GROVE, FL 33133		523900				
3a Plan a	administrator's name	and address XSame as Plan Spor	nsor.		3b Administrat	or's EIN			
					3c Administrat	or's telephone number			
					7.4				
		the plan sponsor has changed since	e the last return/report file	d for this plan, enter the	4b EIN				
	e, Elin, and the plan h sor's name	number from the last return/report.			4c PN				
		ts at the beginning of the plan year			5a	5			
_		ts at the end of the plan year		ŀ	5b				
C Numb	per of participants wit	h account balances as of the end o	f the plan year (defined be	enefit plans do not	5c				
	,	participants at the beginning of the			5d(1)	· ·			
d(2) Tot	tal number of active p	participants at the end of the plan y	ear		5d(2)				
e Numbe	er of participants that	terminated employment during the	plan year with accrued be	enefits that were	5e	(
		o or incomplete filling of this retu				J			
		e or incomplete filing of this retu other penalties set forth in the instru							
SB or Scho		and signed by an enrolled actuary,							
SIGN		d/valid electronic signature.							
HERE	Signature of plan			idual signing as plan administrator					
CICN	Orginature or plan	administrator	Date	Lines hame of marvial	adi digililig ad plat	i administrator			
SIGN HERE									
	Signature of emp	loyer/plan sponsor name, if applicable) and address (Date	Enter name of individual signing as employer or plan spons ber) (optional) Preparer's telephone number (optional)					
i iepaiei s	mame (moduling lilli	i name, ii appiicabie) and addiess (modue room or suite full	iooi / (optional)	i repaiei s telepi	ione number (optional)			
				<u>_</u>					
Ī									

Form 5500-SF 2014		Page 2		_		
6a Were all of the plan's assets during the plan year invested in elig b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan car	of an independ y and condition nnot use For	dent qualified public accounta ons.) m 5500-SF and must instead	nt (IQ	PA) Form	5500.	X Yes
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA section 40	121)? .		Yes	No Not determined
Part III Financial Information				ı		
7 Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year
a Total plan assets		5469		-		321040
b Total plan liabilities		E 400	0			
C Net plan assets (subtract line 7b from line 7a)	7с	5469	101			321040
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
Contributions received or receivable from: (1) Employers	8a(1)		0			
(2) Participants			0			
(3) Others (including rollovers)			0			
b Other income (loss)		-2259	921			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						-225921
d Benefits paid (including direct rollovers and insurance premiums			_			
to provide benefits)	8d		0			
e Certain deemed and/or corrective distributions (see instructions).	8e		0			
f Administrative service providers (salaries, fees, commissions)	8f		0			
g Other expenses	8g		0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
Net income (loss) (subtract line 8h from line 8c)	8i					-225921
j Transfers to (from) the plan (see instructions)	···· 8j		0			
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D	on feature cod	les from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b If the plan provides welfare benefits, enter the applicable welfare	feature code	se from the List of Plan Chara	ctariet	ic Cod	as in t	ne instructions:
in the plan provides wehate benefits, effect the applicable wehate	reature code	S HOTH the List of Flatt Chara	Sterist	ic Cou	es III u	ie iristi detioris.
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
Was there a failure to transmit to the plan any participant contrib	butions within	the time period described in				
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fi			10a		X	
b Were there any nonexempt transactions with any party-in-intere on line 10a.)	`	•	10b		X	
C Was the plan covered by a fidelity bond?			10c		X	
d Did the plan have a loss, whether or not reimbursed by the plan					X	
Were any fees or commissions paid to any brokers, agents,	other persons all of the bene	by an insurance carrier, fits under the plan? (See	10d			
f Has the plan failed to provide any benefit when due under the p			10e 10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount			_			
h If this is an individual account plan, was there a blackout period		·	10g		X	
2520.101-3.)			10h		X	
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)						
11a Enter the unpaid minimum required contribution for current year	from Schedu	ıle SB (Form 5500) line 39			11a	
12 Is this a defined contribution plan subject to the minimum fundir	ng requireme	nts of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo						
If a waiver of the minimum funding standard for a prior year is be granting the waiver.	eing amortize	d in this plan year, see instru		and e	enter th Day	e date of the letter ruling Year

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		dentification Information				
For calend	dar plan year 2014 or fisc				2/31/2014	
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) oyer information in acco		
		a one-participant plan	a foreign plan			
B This re	turn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu 	rn/report (less than 12 n	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC prog	ram
	ĺ	special extension (enter descript	tion)			
Part II	Basic Plan Infor	mation—enter all requested infor	mation			
1a Name		mation—enter all requested linor	mation		1b Three-digit	T-
	UP. INC. RETIREMENT	PLAN AND TRUST			plan number	
					(PN) ▶	001
					1c Effective date	of plan 01/2010
2a Plan s DCSI-GROU	sponsor's name and addi JP, INC.	ress; include room or suite number	(employer, if for a single	e-employer plan)	2b Employer Iden (EIN) 33-1	tification Number
00050 0.00	1011005 00015				2c Sponsor's tele	phone number
SUITE 602	YSHORE DRIVE	2665 S. BA SUITE 602	YSHORE DRIVE			77-2998
COCONUT	GROVE. FL 33133	COCONUT	GROVE. FL 33133		2d Business code 523	. ,
3a Plan a	administrator's name and	address XSame as Plan Sponsor			3b Administrator's	EIN
name	name and/or EIN of the person of the person of the plan numbers of sorts name	olan sponsor has changed since the per from the last return/report.	e last return/report filed f	for this plan, enter the	4b EIN	
_ 		the beginning of the plan year			4c PN	
		the end of the plan year			5a	5
		count balances as of the end of the			5b	2
compl	lete this item)		pian year (defined bene	ent plans do not	5c	1
		cipants at the beginning of the plan			5d(1)	5
		cipants at the end of the plan year			5d(2)	2
e Number	er of participants that tern nan 100% vested	ninated employment during the plar		efits that were	5e	0
Caution: A	A penalty for the late or	incomplete filing of this return/re	port will be assessed	unless reasonable cau	use is established.	,
SB or Sche	alties of perjury and othe	r penalties set forth in the instruction Signed by all enrolled actuary, as w	ns. I declare that I have	evamined this return/re-	nort including if appli	cable, a Schedule y knowledge and
SIGN	1111	7(1)	182015	T'		
HERE	Signature of plan adn	ainistrator				
SICN	Signature of plant aun	imstrator	Date	Enter name of individe	ual signing as plan ad	ministrator
SIGN HERE						
Preparer's	Signature of employe	r/plan sponsor ne, if applicable) and address (inclu-	Date	Enter name of individu	ual signing as employe	er or plan sponsor
·	, , ,	,	ac room or suite manipe	i) (optional)	Preparer's telephone	number (optional)

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_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
	If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	rogram (see ERISA section 4	021)?		Yes	No [Not determined	
	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Ye		 			(b) End of Year	
-	Total plan lastitica		546	961	+	321040			
	Total plan liabilities		546			-		0 321040	
8	Net plan assets (subtract line 7b from line 7a)	7c		30 i					
_	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		\dashv		(b) To	otal	
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	-225	921					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-225921	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				***	
е	Certain deemed and/or corrective distributions (see instructions).	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
i	Net income (loss) (subtract line 8h from line 8c)	8i		-				-225921	
j	Transfers to (from) the plan (see instructions)	8j		0				-	
Par	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D	n feature coo	des from the List of Plan Char	acteri	stic Co	des in	the instructi	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Plan Chara	cteris	tic Cod	les in t	he instructio	ns:	
Parl	rt V Compliance Questions								
10_	During the plan year:				Yes	No	<i>p</i>	lmount	
а	Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	utions within duciary Corre	the time period described in ection Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not in	clude transactions reported	10b		Х			
С				10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	s fidelity bon	d, that was caused by fraud	10d		X		· · · · · · · · · · · · · · · · · · ·	
е		her persons	by an insurance carrier,						

Part III Financial Information T Plan Assets and Liabilities Table T	321040 0 321040
a Total plan assets 7a 546961 b Total plan liabilities 7b from line 7a) 7c 546961 c Net plan assets (subtract line 7b from line 7a) 7c 546961 8 Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Tot a Contributions received or receivable from (1) Employers 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8a(3) 0 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums for provide benefits) 8d 0 e Certain deemed and/or corrective distributions (see instructions) 8c 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 1 i Net income (loss) (subtract line 8h from line 8c) 8l j Transfer to (from) the plan (see instructions) 8l f If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction. Part IV Plan Characteristics 10 During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction. Part V Compliance Questions 10 During the plan provides mension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction. B Were there any nonexempt transactions with any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10c V soluntary Fiduciary Correction Program) 10b X	321040 0 321040
b Total plan liabilities	0 321040
C Net plan assets (subtract line 7b from line 7a)	321040
8 Income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	
a Contributions received or receivable from: (1) Employers	31
(1) Employers	
(3) Others (including rollovers) Ba(3) Other income (loss) Ba(3) Other income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bac C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bac C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bac C Ediain deemed and/or corrective distributions (see instructions) Bac C Ediain deemed and/or corrective distributions (see instructions) Bac C Ediain deemed and/or corrective distributions (see instructions) Bac G Other expenses Bac O O Other expenses Bac O If Administrative service providers (salaries, fees. commissions) Bac Bac G Other expenses Bac O If Not income (loss) (subtract line 8h from line 8c) Bac Bac Bac Bac O Frant IV Plan Characteristics Part IV Plan Characteristics Part IV Plan Characteristics Bac If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Co	
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C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c G Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d G Certain deemed and/or corrective distributions (see instructions). 8e G Certain deemed and/or corrective distributions (see instructions). 8e G Other expenses. 8g G Other expenses. 8g G Other expenses (add lines 8d, 8e, 8f, and 8g) I Not income (loss) (subtract line 8h from line 8c) 8i I Net income (loss) (subtract line 8h from line 8c) 8j O Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions. b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions. b Uuring the plan year: A Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3 102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) e Certain deemed and/or corrective distributions (see instructions) f Administrative service providers (salaries, fees. commissions) g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) h Total expenses (add lines 8d, 8e, 8f, and 8g) f Net income (loss) (subtract line 8h from line 8c) g Transfers to (from) the plan (see instructions) 8i j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2A 2E 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 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 X	
to provide benefits) 8d 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 98g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 0 i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2A 2E 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction. Part V Compliance Questions 10 During the plan year: Yes No An 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10c X	-225921
e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 22 A 2E 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan plan plan plan plan plan plan plan	
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Part V Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions. Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 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?	-223921
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions	
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c	ii
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	nount
c Was the plan covered by a fidelity bond?	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was accused by froud	
or dishonesty?	
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X	
f Has the plan failed to provide any benefit when due under the plan?	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	
Part VI Pension Funding Compliance	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	Yes 🛭 No
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No
(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the legranting the waiver. Month Day Year	Yes X No

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If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and skip to line 13.		
b	Enter the minimum required contribution for this plan year		12b	
	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 resu negative amount)	lt (enter a minus sign to the left of a	12d	
е	Will the minimum funding amount reported on line 12d be met by the funding			Yes No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	13a	
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	red to another plan, or brought under th	e control	Yes X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the plan(s) to	
1	3c(1) Name of plan(s):		13c(2) E	IN(s) 13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust		14b T	rust's EIN