## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

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

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Parti	Annual Report	identification information								
For calend	lar plan year 2014 or f	iscal plan year beginning 01/01/2	014	and ending 12	/31/2014					
A This re	a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a of participating employer information in accordance with the form instructions)									
71		a one-participant plan	a foreign plan	,		eu deuee,				
<b>B</b> This ret	urn/report is	the first return/report	x the final return/repor	t						
an amended return/report a short plan year return/report (less than 12 months)										
C Check	box if filing under:	X Form 5558	automatic extension	1	DFVC program					
		special extension (enter desc	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name RICHARD S					1b Three-digi					
					(PN) ▶ 001 <b>1c</b> Effective date of plan 04/01/1974					
<b>2a</b> Plan s	ponsor's name and ac	ddress; include room or suite numb	er (employer, if for a sing	le-employer plan)	2b Employer Identification Number					
					2c Sponsor's telephone number					
126 EAST JE ORLANDO, I	EFFERSON ST FL 32801				407-843-4310 <b>2d</b> Business code (see instructions)					
					541110					
3a Plan a	administrator's name a	nd address XSame as Plan Spon	sor.		<b>3b</b> Administrator's EIN					
		_			20 Administra	tanta talanda ara arasikan				
					3C Administra	tor's telephone number				
4 If the	name and/or FIN of th	e plan sponsor has changed since	the last return/report filed	I for this plan enter the	4b EIN					
name	e, EIN, and the plan nu	imber from the last return/report.	the last retain, report met	Tior the plan, enter the						
	sor's name				4c PN					
_		s at the beginning of the plan year.			5a	2				
	·	s at the end of the plan year			5b	0				
compl	ete this item)	account balances as of the end of			5c					
		articipants at the beginning of the p			5d(1)					
		articipants at the end of the plan ye			5d(2)					
		erminated employment during the			5e					
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable car	use is establishe	d.				
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.								
SIGN	Filed with authorized	/valid electronic signature.								
HERE	Signature of plan	ignature of plan administrator Date Enter name of individ			lual signing as pla	ın administrator				
SIGN										
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor				
	name (including firm	ne (including firm name, if applicable) and address (include room or suite number ) (optional)  Preparer's telephone no								
RICHARD L. PILHORN, CPA AVERETT WARMUS DURKEE PA					407-849-1569					

1417 E CONCORD STREET ORLANDO, FL 32803

	Form 5500-SF 2014		Page <b>2</b>							
b	Were all of the plan's assets during the plan year invested in eligib.  Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannus to	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ d use	PA) Form	5500.		X	es [	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA section 40	)21)?		Yes	No	Not de	termin	ied
Par										
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End	of Year	0	
	Total plan assets	7a	0300	)14					0	
	Total plan liabilities	7b 7c	6366	614	+				0	
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) T	ntal		
	Contributions received or receivable from:		(a) Amount				(0) 1	Jiai		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	170	)44						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7044	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6441	126						
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	95	532						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						65	3658	
i_	Net income (loss) (subtract line 8h from line 8c)	let income (loss) (subtract line 8h from line 8c)						-63	6614	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b		eature coo	des from the List of Plan Charac	cterist			ı			
10	During the plan year:			1	Yes	No		Amour	it	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)	ıciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest 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's or dishonesty?	•	-	10d		X				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	X					0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i		X				
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Y	es X	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne lette Year _	ruling	; 

	F	form 5500-SF 2014	Page <b>3</b> - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (tive amount)	`		12d			
е	Will t	he 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?			. X	Yes N	0	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1:	<b>3c(2)</b> E∣	IN(s)	13c(3	<b>)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I   Annual Report Identification Info	ormation		the state of the s		to rabii	o mapectic	711			
For calendar plan year 2014 or fiscal plan year beginni		014			12/21/2	014				
A This return/report is for: X a single-employ				ending	12/31/20					
a single-employ	head	iple-employer plan (not ticipating employer infor	mation	ip accordance	rs checking this box	must attach	a list			
a one-participa		ign plan	mation	III accordant	e with the form instr	uctions)				
B This return/report is the first return/re										
an amended re		nai return/report		45 40						
C Check box if filing under:	-	rt plan year return/rep natic extension	oort (le	ss than 12	Laurent .					
	on (enter description)	latic extension			DFVC progra	am				
Part II   Basic Plan Information - enter all re	equested information									
1a Name of plan	Addested information		14h	771 17						
RICHARD S RHODES, PA PROFIT	SHARTNG DLA	A NT	1b	Three-dig	it ber (PN)	001				
	DIMINITING I DI	27.4	1c		-	001				
			10	Effective	date of plan /01/1974					
2a Plan sponsor's name and address; include room or suite i	number (employer if for e	ingle-employer also	26	THE RESERVE TO STATE OF THE PARTY OF THE PAR						
RICHARD S RHODES, PA	iguinei (employer, ii loi 3	ingle-employer plan)	2b		Identification Num	nber (EIN)				
THE STATE OF THE S			0-		-1515349					
126 EAST JEFFERSON ST			2c Sponsor's telephone number 407-843-4310							
ORLANDO FL 32	2801		2d		code (see instruct	ions)				
	as Plan Sponsor.		26		1110					
Same	as man oponsor.		3b	Administra	ator's EIN					
			20							
			Зс	Administra	ator's telephone nu	umber				
4 If the name and/or EIN of the plan sponsor has chan-	and since the last return	em/ramantilantiantil	4b	FILE						
plan, enter the name, EIN, and the plan number from		inreport filed for this	40	EIN		3.5				
a Sponsor's name	the last return/report.		4c	DN						
a oponsor smarrie			40	PN						
5a Total number of participants at the beginning of the	nian year		5a							
b Total number of participants at the end of the plan			5b	-			0			
C Number of participants with account balances as o		nor (dofined	30	-			<u>U</u>			
benefit plans do not complete this item)			5c							
d (1) Total number of active participants at the begin	uning of the plan year	**********	5d(1)				-			
d (2) Total number of active participants at the end of	of the plan year		5d(2)							
Number of participants that terminated employment	t during the plan year )	with accrued	54(2)		* .	U	-			
	t during the plan year t	1	5e			3	2			
Caution: A penalty for the late or incomplete filing of				onoble odi			3			
Under penalties of perjury and other penalties set forth in	the instructions, I dec	clare that I have exam	nined th	nis return/re	eport, in Juding, if	olio	9			
Under penalties of perjury and other penalties set forth in Schedule SB or Schedule MB completed and signed by my knowledge and belief, it is true/correct, and complet	an enrolled actuary, as e.	well as the electronic	c versi	on of this re	stumilie port, and to	ine busi				
		1 h C		1		* :	$\neg$			
SIGN HERE That I have the second to the seco		Richard	5. 1	ano des	Q	*				
Signature of plan administrator	Date	Enter name of indivi	dual si	and the same of th	* * *		$\dashv$			
CION		` `					$\dashv$			
SIGN HERE										
Signature of employer/plan sponsor	Date	Enter name of individ	dual si	gning as en	nployer or plan sp	onsor	$\neg$			
Preparer's name (including firm name, if applicable) and	address (include room	or suite number) (op	tional)	Preparer's	telephone numbe	r (ontional)	$\neg$			
	The second secon	(	/			· (optional)				
RICHARD L. PILHORN, CPA				407-84	19-1569					
AVERETT WARMUS DURKEE PA										
1417 E CONCORD STREET			1				$\dashv$			
ORLANDO FL 328	303									
			- 1							
			- 1							

Form 550	0-SF	2014
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P	ao	e	2

_									
68	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No
E	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	conditio	ns.)	*******	******			X Yes	☐ No
С	If you answered "No" to either line 6a or line 6b, the plan cannot use For	m 5500-	SF and mu	ıst in:	stead	use Fo	orm 5500.	_	
promote	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (se art III   Financial Information	e ERISA s	ection 4021	)?		Yes	No	Not de	etermined
7	Plan Assets and Liabilities	1	(-1.5						
- a	Table	+	(a) Beg	O'CHARLES AND AND ADDRESS OF THE PARTY OF TH	STREET, SQUARE, SQUARE,	AND DESCRIPTION OF THE PERSON NAMED IN	(b)	End of Y	The second second
b	7-11-1-11-11-11-11-11-11-11-11-11-11-11-	. 7a			020	614			0
c		. 7b			636	61 A	-		
8	Income, Expenses, and Transfers for this Plan Year	10	(2	) Am	-	014	-	//- \ T - 4 - 1	0
a		+-+	(a	) /4111	ount		-	(b) Total	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)			-				
b		8b			17	044	מיים איים	EMENT	2
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				0 1 1	DIAI		17044
d	Benefits paid (including direct rollovers and insurance premiums to provide	150							1/044
	benefits)	8d		(	544:	126	STATI	EMENT	3
е	Certain deemed and/or corrective distributions (see instructions)	8e					DITTI	MALINIA I	<u> </u>
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g			9.5	32			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						6	53658
i	Net income (loss) (subtract line 8h from line 8c)	8i						The second secon	36614
i	Transfers to (from) the plan (see instructions)	8i				-			30011
-	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feature could $2\mathrm{E}$	odes fron	n the List o	f Plan	Char	acteris	tic Codes in	the instr	uctions:
b	If the plan provides welfare benefits, enter the applicable welfare feature cod	les from t	the List of	Plan (	Charac	teristic	Codes in t	he inetru	etions:
								10 11100000	Aciona.
-	rt V Compliance Questions								
10	During the plan year:				Yes	No	P	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time plan								
1-	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correcti		am.)	10a		X			
D	Were there any nonexempt transactions with any party-in-interest? (Do not inc								
	transactions reported on line 10a.)			10b		X			
	Was the plan covered by a fidelity bond?			10c		X			
u	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond		1						
-	was caused by fraud or dishonesty?			10d		X			
C	Were any fees or commissions paid to any brokers, agents, or other persons be								
	carrier, insurance service, or other organization that provides some or all of the the plan? (See instructions.)								
	the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan?	********		10e		X			
ď	Did the plan have any participant loans? (If "Yes," enter amount as of year end		7	10f	v	Х			
	If this is an individual account plan, was there a blackout period? (See instruct			10g	X	-			
	and 29 CFR 2520.101-3.)					v			
i	If 10h was answered "Yes," check the box if you either provided the required n			10h		X			
	of the exceptions to providing the notice applied under 29 CFR 2520.101-3	lotice or	one	-0:	- 1	x			
Pari	t VI Pension Funding Compliance		*********	10i		Δ			
THE RESERVE	Is this a defined benefit plan subject to minimum funding requirements? (If "Ye	s " soo ir	etructions	and		- 4 -			
	Schedule SB (Form 5500) and line 11a below)	3, SEE II	istructions	ano i	compi	ete			ਯ
1a	Enter the unpaid minimum required contribution for current year from Schedule	SB (For	m 5500\ lin	9 30	T	11a		Yes	X No
2	s this a defined contribution plan subject to the minimum funding requirements of section	n 412 of th	ne Code or s	ection	302 0	FRISA		Yes	X No
(	If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable	e.)		3 - 21 9 1 1	202 0	Linux		100	NO P
a	f a waiver of the minimum funding standard for a prior year is being amortized	in this pla	an year, se	e inst	ruction	ns. and	enter the d	ate of the	letter
r	uling granting the waiver.	Mo			Day		Yea		01101
				-	-	-			

## Filing Authorization For the 2014 Form 5500/Form 5500-SF

Name of Plan: Richard S Rhodes, PA Profit Sharing Plan EIN/PN: 59-1515349/501 Plan Year Ending: December 31, 2014 PARTI Authorization of Practitioner to Electronically Sign and File I hereby authorize Averett Warmus Durkee, P.A. to electronically sign and file the above-named return/report through EFAST2. I understand that in granting this authority: I/we must manually sign and date page 1 of the Form 5500 and/or page 2 of Form 5500-SF and provide a scanned copy of that signature page to Averett Warmus Durkee, P.A. before the electronic filing can be initiated: Averett Warmus Durkee, P.A. will retain a copy of this written authorization in its records; Averett Warmus Durkee, P.A. will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and A copy of my signature, as it appears on page 1 of the Form 5500 and/or page 2 of Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for Public disclosure. Averett Warmus Durkee, P.A. shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization. This authorization is applicable only to filing for the above-named Plan and applies only year end stated above. Plan Administrator: Employer/Plan Sponsor (if not the Plan Administrator): PART II Acknowledgement of Receipt of Authorization On behalf of Averett Warmus Durkee, P.A., I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure. For Averett Warmus Durkee, P.A.: Date: (signature and title)