-	rm 5500-SF	Short Form Annual Return/Report of Small Empl Benefit Plan		oyee	OMB Nos. 1210-0110 1210-0089				
	Department of Labor This form is required to be filed under sections 104 and 4065 of the Employee Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					2014			
				Internal	This Form is Open to				
Pension Be	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I									
For calenda	For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list								
	urn/report is for: urn/report is	a one-participant plan the first return/report	of participating employ a foreign plan the final return/report	yer information in accord	ance with t	-			
			a short plan year return	n/report (less than 12 mo					
C Check	box if filing under:	Form 5558	automatic extension		D	FVC program			
			•						
Part II		rmation—enter all requested information	ation		41				
1a Name TAM INTER		401(K) PROFIT SHARING PLAN			1b Thre plan (PN)	number			
					. ,	ctive date of plan			
	ponsor's name and ado NATIONAL (US)INC.	dress; include room or suite number (e	mployer, if for a single-	employer plan)	2b Emp (EIN	01/01/2013 ployer Identification Number N) 46-2921288			
333 BROAD	NAY STREET.				2c Spor	onsor's telephone number 270-415-5376			
333 BROADWAY STREET, SUITE 926 PADUCAH, KY 42001					2d Busi	usiness code (see instructions) 488510			
3a Plan administrator's name and address Same as Plan Sponsor.				3b Administrator's EIN					
						inistrator's telephone number			
		Plan sponsor has changed since the l nber from the last return/report.	ast return/report filed for	or this plan, enter the	4b EIN	98-0425859			
a Spons	or's name TAM INTER	NATIONAL US, INC.			4c PN	001			
5a Totalı	number of participants	at the beginning of the plan year			5a	1			
	• •	at the end of the plan year			5b	1			
comple	ete this item)	account balances as of the end of the p			5c	1			
a(1) lota	al number of active par	ticipants at the beginning of the plan y	ear		5d(1)	1			
		ticipants at the end of the plan year			5d(2)	0			
e Numbe less th	er of participants that te an 100% vested	rminated employment during the plan	year with accrued bene	efits that were	5e	0			
Under pena SB or Sche	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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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		valid electronic signature.							
HERE	Signature of plan a	dministrator	Date	Enter name of individe	ual signing	as plan administrator			
SIGN HERE		<i>.</i>							
				as employer or plan sponsor s telephone number (optional)					
	anla Dankanstinan Ant Matin	e and OMB Control Numbers, see the ins	·····	05		Form 5500-SE (2014)			

6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
b	b 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.)							
c	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined							
	rt III Financial Information			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100		
7								
	Plan Assets and Liabilities	7-	(a) Beginning of Yea	ar 049			(b) End of Year 15748	
<u>a</u>	Total plan assets Total plan liabilities	7a 7b		75			10740	
		7b 7c	59	949			15748	
8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	70		0010				
-	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)						
	(2) Participants	8a(2)	91	92				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	6	607				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					9799	
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d						
<u>e</u> f	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g						
<u></u>	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	8h 8i					9799	
- <u>+</u> -	Transfers to (from) the plan (see instructions)						0100	
, Do:		8j						
	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	actori	stic Co	des in	the instructions:	
34	2F 2G 2J 3D	leature co		acien				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	tic Coc	les in tl	he instructions:	
Par							r	
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x		
b	Were there any nonexempt transactions with any party-in-interest			Tou				
	on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud					
	or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all							
	instructions.)			10e	X		6	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х		
h	If this is an individual account plan, was there a blackout period?					×		
	2520.101-3.)			10h		Х		
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			10i				
Part	Part VI Pension Funding Compliance							
11	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	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a							
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling							

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b Enter the minimum required contribution for this plan year		12b				
C Enter the amount contributed by the employer to the plan for this plan year		12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A		
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?		· 🗆 ۲	Yes X No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes 🗙 No		
C 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.)						
13c(1) Name of plan(s):			IN(s)	13c(3) PN(s)		
Part VIII Trust Information (optional)						
14a Name of trust			14b Trust's EIN			

	prrm 5500-SF	Short Form Annual	Return/Report of Benefit Plan	of Small Employe	e	OMB Nos. 1210-0110 1210-0089		
	ternal Revenue Service	Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ				2014		
Employee	Department of Labor Benefits Security Administration		ernal Revenue Code (the	Code).	8(a) of This Form is Open to Public			
Part I		Complete all entries in acc dentification Information	ordance with the instru	ctions to the Form 5500-8	SF.			
and the second second second second	ndar plan year 2014 or fisca		01/01/2014	and ending	12/31/2014			
		x a single-employer plan		lan (not multiemployer) (Fil		x must attach a list		
_	return/report is for: return/report is:	a one-participant plan the first return/report	of participating emploid a foreign plan the final return/report	yer information in accordar	nce with the form ins	structions)		
	[an amended return/report	a short plan year retu	m/report (less than 12 mon	iths)			
Chec	k box if filing under:	x Form 5558 special extension (enter descrip	automatic extension		DFVC progr	am		
Part II	Rasic Plan Infor	mation enter all requested in						
	ne of plan	mation enter all requested in	itormation		1b Three-digit	1		
	-	JS) Inc. 401(k) Profit	Sharing Plan		plan number (PN) ►	001		
					1c Effective date of 01/01/2013			
2a Plar TAN	n sponsor's name and addr I International (U	ress; include room or suite number S) Inc .	(employer, if for a single	-employer plan)	2b Employer Ident (EIN) 46-29	ification Number		
333	Broadway Street,				2c Sponsor's teler (270) 415-			
	te 926 Paducah KY 42001	01 2d Business code (see instruct 488510			(see instructions)			
Ba Plar	n administrator's name and	address X Same as Plan Spor	isor Name		3b Administrator's	EIN		
l If th	e name and/or EIN of the p	plan sponsor has changed since th	e last return/report filed f		3c Administrator's	•		
		er from the last return/report.						
					4c PN 001			
b Tota	al number of participants at	the beginning of the plan year	***************************************	**********************************	5a 5b	1		
c Nun	nber of participants with ac	count balances as of the end of the	e plan vear (defined bene	fit plans do not	50 5c	1		
d(1) та	otal number of active partic	ipants at the beginning of the plan			5d(1)	1		
d(2) To	otal number of active partic	ipants at the end of the plan year	*****		5d(2)	0		
e Num less	nber of participants that ter than 100% vested	minated employment during the pl	an year with accrued ber	efits that were	5e	0		
Caution		r incomplete filing of this return/		allocation and and a second	is established	_		
Under p SB or Si	enalties of perjury and othe	er penalties set forth in the instruct I signed by an enrolled actuary, as	ions. I declare that I have	examined this return/repor	t including if applic	cable, a Schedule / knowledge and		
SIGN	Altha		10/2/15-	Steve Hansen				
HERE	Signature of plan admin	istrator	Date		al signing as plan administrator			
SIGN HERE								
	Signature of employer/p	lan sponsor me, if applicable) and address; inc	Date	Enter name of individual s				
		me, il applicable) and address, inc	lude room or suite numb	er (optional) P	reparer's telephone	number (optional)		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form	5500-SF	2014
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Page 2

X Yes No

Yes X No

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

b 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.

Part III **Financial Information** (a) Beginning of Year 7 Plan Assets and Liabilities (b) End of Year Total plan assets 7a 5,949 15,748 Total plan liabilities 7b Net plan assets (subtract line 7b from line 7a) 7c 5,949 15,748 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 8a(1) (1) Employers 9,192 (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) Other income (loss) 607 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 9,799 Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d е Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) 8f Other expenses 8g Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i. 8i 9,799 Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2 🖬 24 2.T 3D h 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: Yes No Amount а Was there a failure to transmit to the plan any participant contributions within the time period described in х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 10b х on line 10a.) 10c х С 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 caused by fraud х 10d or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,

insurance service, or other organization that provides some or all of the benefits under the plan? (See х 10e instructions.) 10f Has the plan failed to provide any benefit when due under the plan? х g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) х 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h 2520.101-3.) х 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 10i

Part VI | Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedu 5500) and line 11a below)	ule SE	3 (Form	Yes X N

11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ...

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver _____ Day ____ Year _____