## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

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## 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** 

| Part I Annual Repo                                     | rt Identification Information   |  |                                  |                                  |
|--|---|--|----------------------------------|----------------------------------|
| For calendar plan year 2014 or                         | r fiscal plan year beginning 01/01/2  | 014 and ending 1   | 2/31/2014                        |                                  |
| A This return/report is for:                           | a single-employer plan  | a multiple-employer plan (not multiemployer) of participating employer information in acco                 | -                                |                                  |
|  | a one-participant plan  | a foreign plan   |                                  |                                  |
| <b>B</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 r  | months)                          |                                  |
| C Check box if filing under:                           | X Form 5558   | automatic extension  | DFVC pr                          | ogram                            |
|  | special extension (enter descri   | ription)   |                                  |                                  |
|  | formation—enter all requested in  | formation  | 141                              |                                  |
| <b>1a</b> Name of plan<br>FLS OF FLORIDA 401(K) PLAN   | ı   |  | <b>1b</b> Three-digit plan numbe | r                                |
| PLS OF FLORIDA 401(K) PLAN                             | 1   |  | (PN) ▶                           | 001                              |
|  |   |  | 1c Effective da                  | te of plan                       |
|  |   |  | 0                                | 1/01/2008                        |
| <b>2a</b> Plan sponsor's name and FLS OF FLORIDA, INC. | address; include room or suite numb   | er (employer, if for a single-employer plan)   | ' '                              | entification Number<br>9-3413456 |
|  |   |  | 2c Sponsor's t                   | elephone number                  |
| 1514 MAX HOOKS RD., SUITE                              | C   |  |                                  | 2-241-4144                       |
| GROVELAND, FL 34736                                    |   |  |                                  | de (see instructions)            |
|  |   |  | _                                | 11310                            |
| <b>3a</b> Plan administrator's name                    | and address XSame as Plan Spons   | sor.   | <b>3b</b> Administrate           | or's EIN                         |
|  |   |  | 3c Administrate                  | or's telephone number            |
|  |   | the last return/report filed for this plan, enter the  | 4b EIN                           |                                  |
| •  | number from the last return/report.   |  | <b>40</b> DN                     |                                  |
| a Sponsor's name                                       |   |  | 4c PN                            |                                  |
|  |   |  |                                  | 16                               |
| ·  | • •   | the plan year (defined benefit plans do not  | 5b                               | 17                               |
| complete this item)                                    |   |  | 5c                               | 13                               |
| <b>d(1)</b> Total number of active                     | participants at the beginning of the pl   | an year  | 5d(1)                            | 15                               |
| <b>d(2)</b> Total number of active                     | participants at the end of the plan yes   | ar   | 5d(2)                            | 14                               |
| ·  | . ,   | plan year with accrued benefits that were  | 5e                               | (                                |
| Caution: A penalty for the lat                         | te or incomplete filing of this return  | n/report will be assessed unless reasonable ca   | ause is established              |                                  |
| Under penalties of perjury and                         | other penalties set forth in the instruction and signed by an enrolled actuary, a | ctions, I declare that I have examined this return/reas well as the electronic version of this return/repo | eport, including, if ap          | plicable, a Schedule             |
|  | ed/valid electronic signature.  | 10/09/2015 WILLIAM D. TORRE  | S                                |                                  |

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

|           | Form 5500-SF 2014  |                           | Page <b>2</b>  |         |         |                 |          |        |                    |       |          |
|-----------|--|---------------------------|--|---------|---------|-----------------|----------|--------|--------------------|-------|----------|
| b         | Were all of the plan's assets during the plan year invested in eligible. 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 cannot be a considerable or the considera | an indeper<br>and conditi | ident qualified public accounta                          | int (IQ | PA)     |                 |          |        |                    | es [  | No<br>No |
| C         | f the plan is a defined benefit plan, is it covered under the PBGC in  | surance p                 | rogram (see ERISA section 40                             | 21)?    |         | Yes             | No       |        | lot de             | ermi  | ned      |
| Par       | t III Financial Information  |                           |  |         |         |                 |          |        |                    |       |          |
| 7         | Plan Assets and Liabilities  |                           | (a) Beginning of Yea                                     |         |         |                 | (b) E    | nd of  | Year               |       |          |
|           | Total plan assets  | 7a                        | 2129   | 991     |         |                 |          |        | 23                 | 4335  |          |
|           | Total plan liabilities   | 7b                        | 2129   | 001     |         |                 |          |        | 22                 | 4335  |          |
|           | Net plan assets (subtract line 7b from line 7a)  | 7c                        |  | 191     |         |                 |          |        |                    | 4333  |          |
|           | ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:   |                           | (a) Amount   |         |         |                 | (r       | ) Tot  | aı                 |       |          |
|           | (1) Employers  | 8a(1)                     | 101  | 100     |         |                 |          |        |                    |       |          |
|           | 2) Participants  | 8a(2)                     | 135  | 533     |         |                 |          |        |                    |       |          |
|           | 3) Others (including rollovers)  | 8a(3)                     |  |         |         |                 |          |        |                    |       |          |
|           | Other income (loss)  | 8b                        | 2  | 296     |         |                 |          |        |                    |       |          |
|           | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c                        |  |         |         |                 |          |        | 2                  | 3929  |          |
|           | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d                        |  |         |         |                 |          |        |                    |       |          |
| е         | Certain deemed and/or corrective distributions (see instructions)  | 8e                        |  |         |         |                 |          |        |                    |       |          |
| f         | Administrative service providers (salaries, fees, commissions)   | 8f                        | 25   | 585     |         |                 |          |        |                    |       |          |
| g         | Other expenses   | 8g                        |  |         |         |                 |          |        |                    |       |          |
| <u>h</u>  | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h                        |  |         |         |                 |          |        |                    | 2585  |          |
|           | Net income (loss) (subtract line 8h from line 8c)  | 8i                        |  |         |         |                 |          |        | 2                  | 1344  |          |
| Par       | Transfers to (from) the plan (see instructions)  | 8j                        |  |         |         |                 |          |        |                    |       |          |
| b<br>Part | If the plan provides welfare benefits, enter the applicable welfare for<br>V Compliance Questions  | eature cod                | es from the List of Plan Charad                          | cterist | tic Cod | les in t        | he instr | uctior | ns:                |       |          |
| 10        | During the plan year:  |                           |  |         | Yes     | No              |          | Α      | mour               | t     |          |
| a         | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)  |                           | •  | 10a     | X       |                 |          |        |                    | 1     | 3533     |
| b         | Were there any nonexempt transactions with any party-in-interest on line 10a.)   |                           |  | 10b     |         | X               |          |        |                    |       |          |
| С         | Was the plan covered by a fidelity bond?   |                           |  | 10c     | X       |                 |          |        |                    | 2     | 20000    |
| d         | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?   |                           |  | 10d     |         | X               |          |        |                    |       |          |
| е         | Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)   | ner persons<br>of the ben | s by an insurance carrier,<br>efits under the plan? (See | 10e     |         | X               |          |        |                    |       |          |
| f         | Has the plan failed to provide any benefit when due under the plan   | n?                        |  | 10f     |         | X               |          |        |                    |       |          |
| g         | Did the plan have any participant loans? (If "Yes," enter amount a   | s of year e               | nd.)   | 10g     |         | X               |          |        |                    |       |          |
| h         | If this is an individual account plan, was there a blackout period? (2520.101-3.)  | •                         |  | 10h     |         | X               |          |        |                    |       |          |
| i         | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  | ne required               | I notice or one of the                                   | 10i     |         |                 |          |        |                    |       |          |
| Part      |  |                           |  |         | -       |                 |          |        |                    |       |          |
| 11        | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)   |                           |  |         |         |                 |          |        | Y                  | es    | 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   | requireme                 | nts of section 412 of the Code                           | or se   | ection  | 302 of          | ERISA?   | ٠      | Y                  | es 🗡  | 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 6 | enter th<br>Day |          |        | e letter<br>'ear _ | rulin | g<br>    |

|      | Form 5500-SF 2014  | Page <b>3</b> - 1               |                     |          |                     |
|------|--|---------------------------------|---------------------|----------|---------------------|
| lf : | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For   | m 5500), and skip to line 13    | 3.                  |          |                     |
| b    | Enter the minimum required contribution for this plan year   |                                 | 12b                 |          |                     |
|      |  |                                 |                     |          |                     |
| С    | Enter the amount contributed by the employer to the plan for this plan year  |                                 | 12c                 |          |                     |
| d    | Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)   | -                               | 1 124               |          |                     |
| е    | Will the minimum funding amount reported on line 12d be met by the funding   | g deadline?                     |                     | Yes      | No N/A              |
| Part | VII Plan Terminations and Transfers of Assets  |                                 |                     |          |                     |
| 13a  | Has a resolution to terminate the plan been adopted in any plan year?  |                                 |                     | Yes 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?   |                                 | t under the control |          | Yes X No            |
| С    | If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.) | an to another plan(s), identify | the plan(s) to      |          |                     |
| 1    | 3c(1) Name of plan(s):   |                                 | 13c(2) E            | IN(s)    | <b>13c(3)</b> PN(s) |
|      |  |                                 |                     |          |                     |
|      |  |                                 |                     |          |                     |

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Tressury informal 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),

CMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

|   | n Demoni Startinty Corporation   | Complete all entries in   | accordance with the in  | etructions to the Co   | 2200 OC  | Public Inspection   |
|---|--|---|---|--|--|---|
| Part  |  | tuenilikanon mmahan   |   | Spacifolis to dis Lotti  | <u> 0000₩5F.</u>                                 | ,   |
| <u> rur cate</u>                            | ndar plan yaar 2014 or fi  | scal plan year beginning  | 01/01/2014  | and ending   | 12,  | /31/2014  |
|   | retum/report is for:<br>eturn/report is  | a single-employer plan  a one-participant plan the first return/report  | a toteldu blau  | Noyer information in acco  | r) (Filers chec<br>ordence with I                | cking this box must attech a little form instructions)              |
|   | · · · · · · · · · · · · · · · · · · ·  | an amended return/report  | ine final return/repor  |  |  |   |
|   |  |   | ∐a snort plan year ret  | um/report (less than 12)   | months)  | •   |
| C Chec                                      | k box if filing under:   | Form 5558 special extension (enter descri   | automatic extension   | 1  |  | FVC program   |
| Part II                                     | Basic Plan Info  |   | ·   | · · · · · · · · · · · · · · · · · · ·  |  |   |
| 1a Nam                                      | e of pien  | mation - enter all requested info   | xmation   |  |  |   |
|   | F FLORIDA 401 (K   | C) PLAN   |   |  | (PN)   | number 001  |
| 20 0-                                       |  |   |   |  | 01/  | 01/2008   |
| -11,2.2                                     | aponsor's name and add<br>F FLORIDA, INC.<br>MAX HOOKS RD.,  | ress; include room or suite number<br>SUITE C   | (employer, if for a singl   | e-employer plan)   | 2c Spon  | oyer Identification Number<br>59-3413456<br>isor's telephone number |
|   |  |   |   |  |  | -241-4144   |
| GROVEI                                      |  | FT. 34736<br>i address XSame as Plan Sponso   |   |  | 8113   | iess code (see instructions)<br>310                                 |
|   | al man at more site birth trentil  | plan sponsor has changed since the  | e last return/report filed i  | for this plan, enter the   | 4b ein   | nistrator's telephone number  |
| a Spons                                     | sor's name   |   |   |  | 4c PN  |   |
| h Tetal                                     | number of participants at  | t the beginning of the plan year  |   |  | 5a   | 1   |
| D Total                                     | number of participants at  | the end of the plan year  |   | ======================================   | 5b   | 1   |
| compl                                       | ete this item)   | count balances as of the end of the   | plan year (defined ben  | efft plans do not  | 5c   |   |
| d(1) Tot                                    | al number of active partic   | sipants at the beginning of the plan  | Year  |  |  |   |
| <b>d(2)</b> Tot                             | al number of ective partic   | cipants of the end of the plan year   |   | 11111111   | 5d(1)  |   |
| e Numbe                                     | of participants that tem   | ninated antolownent during the plan   | t Maanudik aassus Lee.  | elte that  | 5d(2)  | 14  |
| 1000 01                                     | ATT 10079 408160   | *   |   |  | 5e   |   |
| Under pen:<br>SB or Sche<br>bellef, It is t | t penalty for the late or<br>elites of perjury and other<br>edule MB completed and<br>tue, correct, and comple | incomplete filing of this returning<br>penaltias set forth in the instruction<br>signed by an enrolled actuary, as we<br>te | aport will be assessed<br>ns, I declare that I have<br>yell as the electronic var | unless reasonable cau<br>examined this return/report,<br>slon of this return/report, | se is establic<br>ort, including<br>and to the b | shed.<br>, if applicable, a Schedule<br>ast of my knowledge and     |
| SIGN  | m  |   |   | WILLIAM D. TOR   | RES  |   |
| HERE  | Signature of plan adm  | ilnjetrator   | Date/0-6-15   | <del></del>  | 718'1' ·   |   |
| BIGN<br>HERE                                | Signature of avalence  |   |   | Enter name of Individu<br>WILLIAM D. TOR   | res  |   |
|   |  | io, if applicable) and address (inclu   |   | r) (optional)  | ਬੀ signing es<br>Preparer a te                   | employer or plan sponsor<br>elephone number (optional)              |
| or Paperwo                                  | rk Reduction Act Notice ar   | id OMB Control Numbers, see the Inc   | inicilous for Form 650g.c   | 10   |  |   |

| P | age | 2 |
|---|-----|---|
|   |     |   |

| Form | 5500 | -85 | 2014 |
|------|------|-----|------|
|      |      |     |      |

| Pert III   Financial Information   (a) Beginning of Year   | b        | Were all of the plan's assets during the plan year invested in eligible. 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 cannot the plan is a defined benefit plan, is it covered under the PBGC in | an indeper<br>and condit<br>ot use Fo | ndent qualified public accounta<br>ions.)rm 5500-SF and must instead | nt (IQ<br>d use | PA)<br>Form | 5500.    |           | X<br>X<br>Not |      |             | No<br>No |
|--|----------|--|---------------------------------------|--|-----------------|-------------|----------|-----------|---------------|------|-------------|----------|
| 7. Plan Assets and Liabilities 7. (a) Beginning of Year 21.2991 234335  D Total plan essets (subtract line 7b from line 7a) 7b 234335  C Not plan assets (subtract line 7b from line 7a) 7c 21.2991 234335  B Income, Expenses, and Transfer's for the Plan Year (a) Amount (b) Total (contributions received or receivable from: (1) Employers 8 (a) Amount (b) Total (contributions received or receivable from: (2) Participants 84(2) 13533 (3) Others (including reliaves) 84(2) 13533 (3) Others (including reliaves) 84(2) 13533 (3) Others (including reliaves) 84(2)  |          |  | •                                     |  |                 |             |          | <u></u>   |               |      |             |          |
| a Todal plan sasets.  7a 212991 234335  b Total plan fastibilities  7b 1  C Net plan sasets (ubtract tine 7b from line 7e)   | 7        |  | 1                                     | (a) Reginning of Vea   | r               |             |          | (h) En    | d of Y        | aar  |             |          |
| b Total plan labilities  | <u>'</u> |  | 72                                    | 1  |                 | 17          |          | (D) EII   | 4011          |      | 34          | 335      |
| C Net plan assets (aubtract line 7b from line 7a)  |          |  |                                       |  |                 | ╁           |          |           |               |      |             |          |
| 8 Income, Expenses, and Transfers for this Plan Year  a Contribudions received or receivable from: (1) Employers. (2) Perdipents (3) Others (motuling rollowers). (3) Others (motuling rollowers). (4) Employers. (5) Debri income (loss) (6) Debri income (loss) (7) Other income (loss) (8) Other expenses (including rollowers and insurance premiums or provide benefits). (8) Control income (loss) (louking drest rollowers and insurance premiums or provides penel and/or corrective distributions (see instructions). (8) Other expenses. (8) Other expenses. (9) Other panels. (9) Other p |          | •  |                                       | 21   | 299             | 17          |          |           |               |      | 34          | 335      |
| a Corributions received or receivable from: (1) Employers  |          |  |                                       | i  |                 | ╁           |          | /h\       | Total         |      |             |          |
| (d) Employers  | -        |  |                                       | (a) Amount   |                 |             |          | (b)       | TOTAL         |      |             |          |
| Solution   Complete    |          |  | 8a(1)                                 | ]  | 010             | 0           |          |           |               |      |             |          |
| b Cher income (loss)   |          | (2) Participants   | 8a(2)                                 |  | 353             | 3           |          |           |               |      |             |          |
| C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)   |          | (3) Others (including rollovers)   | 8a(3)                                 |  |                 |             | ·        |           |               |      |             |          |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits)   e Cartain deemed and/or corrective distributions (see instructions)   e Grain deemed and/or corrective distributions (see instructions)   e Grain deemed and/or corrective distributions (see instructions)   e g Other expenses (add lines 8d, 8e, 8f, and 8g)   e g Other part (add lines for the lines (add lines for the l | b        |  | 8b                                    |  | 29              | 16          |          |           |               |      |             |          |
| to provide benefits)   | С        | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c                                    |  |                 |             |          |           |               |      | 23          | 929      |
| e Certain deemed and/or corrective distributions (see instructions)  | d        |  |                                       |  |                 |             |          |           |               |      |             |          |
| f Administrative service providers (salaries, fees, commissions)   |          | to provide benefits)   | 8d                                    |  |                 | _ _         |          |           | <del></del>   |      |             |          |
| g Other expenses   |          |  | 8e                                    |  |                 | _           |          |           |               |      |             |          |
| Not income (loss) (subtract line 8d, 8e, 8f, and 8g)   | f        | Administrative service providers (salaries, fees, commissions)   | 8f                                    |  | 258             | 15          |          |           |               |      | <del></del> |          |
| Net income (loss) (subtract line 8h from line 8c)  | g_       | Other expenses   | 8g                                    |  |                 | _           |          |           |               |      |             |          |
| Transfers to (from) the plan (see instructions)  | <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h                                    |  |                 | **          |          |           |               |      |             |          |
| 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:  2E 2F 2G 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 fallure 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)  | <u>i</u> | Net income (loss) (subtract line 8h from line 8c)  | 8i                                    |  |                 |             |          |           |               |      | 21.         | 344      |
| 9a   | j        | Transfers to (from) the plan (see instructions)  | 8j                                    |  |                 |             |          |           |               |      |             |          |
| 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   | Pai      | t IV Plan Characteristics  |                                       |  |                 |             |          |           |               |      |             |          |
| 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)   |          | 2E 2F 2G 2J 2K 3D  |                                       |  |                 |             |          |           |               |      |             |          |
| During the plan year:  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 Flduciary Correction Program)  | b        | If the plan provides welfare benefits, enter the applicable welfare fe   | eature cod                            | es from the List of Plan Charac                                      | terist          | ic Cod      | es in t  | ne instru | ctions:       |      |             |          |
| 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)   | Par      | t V Compliance Questions   |                                       |  |                 |             |          | ,         |               |      |             |          |
| 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)   |          | T  |                                       |  |                 | Yes         | No       |           | Am            | ount |             |          |
| on line 10a.)  |          | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu  | ciary Cor                             | rection Program)   | 10a             | Х           |          |           |               |      | 13          | 533      |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?   | b        |  |                                       |  | 10b             |             | Х        |           |               |      |             |          |
| or dishonesty?   | C        | Was the plan covered by a fidelity bond?   |                                       |  | 10c             | Х           |          |           |               |      | 20          | 000      |
| insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  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.  10h  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.  11a 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 letter ruling   | d        |  |                                       |  | 10d             |             | Х        |           |               |      |             |          |
| 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   | е        | insurance service, or other organization that provides some or all   | of the ben                            | efits under the plan? (See   | 10e             |             | х        |           |               |      |             |          |
| If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  | f        | Has the plan failed to provide any benefit when due under the plan   | n?                                    |  | 10f             |             | Х        | 1         |               |      |             |          |
| If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  | a        | Did the plan have any participant loans? (If "Yes," enter amount a   | s of year e                           | end.)  | 10a             |             | 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   |          |  |                                       |  |                 |             | ,,       |           |               |      |             |          |
| 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)  | i        | 2520.101-3.)   |                                       |  | 10h             |             | _ X      |           |               |      |             |          |
| 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)  | ·        | exceptions to providing the notice applied under 29 CFR 2520.10  |                                       |  | 10i             | <u> </u>    |          |           |               |      |             |          |
| 5500) and line 11a below)  |          |  | ente? (If "                           | Ves " see instructions and com                                       | nlete           | Scher       | fule SE  | (Form     | T             |      |             |          |
| 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 letter ruling  |          | 5500) and line 11a below)  |                                       | ***************************************                              |                 | ·····       |          |           |               | Yes  |             | 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 letter ruling  |          |  |                                       |  |                 |             |          |           | T             | 1    | (I)         | <u></u>  |
| 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   | _12      |  |                                       | 1111   | or se           | ection      | 302 of   | ERISA?    | <u>  </u>     | Yes  | X           | 140      |
|  | —a       | If a waiver of the minimum funding standard for a prior year is beir   | ng amortiz                            | ed in this plan year, see instru                                     | ctions          | , and e     | enter th |           |               |      | ling        |          |

|                   | Form 5500-SF 2014  | Page <b>3</b> -                         |                      | _            |          |             |         |         |
|-------------------|--|---|----------------------|--------------|----------|-------------|---------|---------|
| lf y              | ou 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      | _           |         |         |
|                   |  |   |                      |              |          | <b>7-</b> - | <u></u> |         |
| C                 | Enter the amount contributed by the employer to the plan for this plan ye  | ar <u></u>                              |                      |              | 12c      |             |         |         |
| d                 | Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)  |   |                      |              | 12d      |             |         |         |
| е                 | Will the minimum funding amount reported on line 12d be met by the fun   | ding 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 N      | o       |         |
|                   | If "Yes," enter the amount of any plan assets that reverted to the employ-   | er this year                            |                      |              | 13a      |             |         |         |
| b                 | Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?  |   |                      |              |          |             | Yes     | X No    |
| С                 | If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.) | s plan to another p                     | olan(s), identify tl | ne plan(s) t | 0        | · <u>-</u>  |         |         |
| 1                 | 3c(1) Name of plan(s):   |   |                      | 13           | 3c(2) El | N(s)        | 13c(3   | ) PN(s) |
| Part              | VIII Trust Information (optional)  |   |                      |              |          |             |         |         |
| 14a Name of trust |  |   |                      |              |          | rust's EIN  | •       |         |
|                   |  |   |                      |              |          |             |         |         |