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

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

| Parti | | t identification information | | | | |
|------------------------|---|---|--------------------------------|-------------------------------|-----------------------------------|-------------------------------|
| For calend | dar plan year 2014 or | fiscal plan year beginning 01/01/ | 2014 | and ending 12 | /31/2014 | |
| | | X a single-employer plan | | plan (not multiemployer) | | |
| A This re | eturn/report is for: | | _ ' ' " ' | loyer information in accord | dance with the form i | nstructions) |
| D | | a one-participant plan | a foreign plan | | | |
| B This ref | turn/report is | the first return/report | the final return/repor | | | |
| | | an amended return/report | ∐a short plan year ret | urn/report (less than 12 m | onths) | |
| C Check | box if filing under: | X Form 5558 | automatic extension | 1 | DFVC prog | gram |
| • Oncor | t box ii iiiiiig diidei. | special extension (enter des | cription) | | <u> </u> | |
| | | | | | | |
| Part II | | formation—enter all requested in | nformation | | 1 | |
| 1a Name | e of plan HEALTH SERVICES | INC 404/IZ) DLAN | | | 1b Three-digit plan number | |
| KA HOIVIE | HEALTH SERVICES | INC 401(K) PLAN | | | (PN) | 001 |
| | | | | | 1c Effective date | of plan |
| | | | | | 01/ | 01/2008 |
| | sponsor's name and HEALTH SERVICES, | address; include room or suite num INC. | ber (employer, if for a sing | le-employer plan) | 2b Employer Idea (EIN) 20- | ntification Number 4148127 |
| | | | | | 2c Sponsor's tel | |
| | CONCOURSE | | | | | 865-2244 |
| SUITE 501 BAY HARBO | OR ISLANDS, FL 331 | 54 | | | | e (see instructions) |
| 22 Dian | administrator's name | and address VCame as Dian Cha | 2005 | | 3b Administrator | 1610 |
| Ja Plan a | administrator's name | and address XSame as Plan Spor | ISOI. | | 3D Administrator | SEIN |
| 4 If the | name and/or FIN of | the plan sponsor has changed since | e the last return/report filed | for this plan, enter the | 4b EIN | |
| name | | number from the last return/report. | | rior and plant, officer and | 4c PN | |
| | | ts at the beginning of the plan year | | | 5a | 1 |
| b Total | I number of participar | ts at the end of the plan year | | | 5b | |
| | | h account balances as of the end o | | | 5c | |
| | , | | | | 30 | |
| d(1) To | otal number of active | participants at the beginning of the p | olan year | | 5d(1) | • |
| d(2) To | otal number of active | participants at the end of the plan ye | ear | | 5d(2) | • |
| | | terminated employment during the | | | 5e | (|
| | | e or incomplete filing of this retu | | | isa is astahlishad | |
| | | other penalties set forth in the instru | | | | licable, a Schedule |
| | nedule MB completed strue, correct, and co | and signed by an enrolled actuary, | as well as the electronic v | rersion of this return/report | t, and to the best of r | ny knowledge and |
| | | d/valid electronic signature. | | | | |
| SIGN HERE | | - | | | | |
| | Signature of plar | administrator | Date | Enter name of individ | ual signing as plan a | dministrator |
| SIGN HERE | | | | | | |
| | | loyer/plan sponsor | Date | Enter name of individ | | |
| Preparer's | s name (including firn | n name, if applicable) and address (| include room or suite num | ber) (optional) | Preparer's telephoi | ne number (optional) |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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|------|--|-------------|---------------------------------|---------|---------|-----------------|----------------|--------------------|-------|-----|--|--|
| b | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | | | QPA) X Yes 1 | | | | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | surance p | orogram (see ERISA section 40 |)21)? | | Yes | No | Not dete | rmine | t | | |
| Par | t III Financial Information | 1 | | | | | | | | | | |
| | Plan Assets and Liabilities | | (a) Beginning of Yea | | | | (b) End o | | 500 | | | |
| | Total plan assets | 7a | 130 | 0 0 | | | | 13 | 502 | | | |
| | Total plan liabilities | 7b | 130 | | | | | 12 | 502 | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | | 710 | | | (L) T | | 302 | | | |
| | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | | | (b) To | otai | | | | |
| | (1) Employers | 8a(1) | | 0 | | | | | | | | |
| | (2) Participants | 8a(2) | | 0 | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | | | | | |
| b | Other income (loss) | 8b | 4 | 192 | | | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 492 | | | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 0 | | | | | | | | |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | | | | | |
| | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | | | | | | | | |
| | Other expenses | 8g | | 0 | | | | | | | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 0 | | | |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 492 | | | |
| | Transfers to (from) the plan (see instructions) | 0 | | | | | | | | | | |
| Par | t IV Plan Characteristics | 8j | • | | | | | | | _ | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions | eature cod | les from the List of Plan Chara | cterist | | les in t | he instruction | ons: | | | | |
| 10 | During the plan year: | | | 1 | Yes | No | | Amount | | | | |
| | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. | iciary 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 | | | | 20 | 000 | | |
| 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 ben | 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 | end.) | 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 | | | 10i | | | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | Ye | s | No | | |
| 11a | Enter the unpaid minimum required contribution for current year fr | om Sched | lule SB (Form 5500) line 39 | | | 11a | | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | ents of section 412 of the Code | or se | ection | 302 of | ERISA? | Ye | s 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 | | e letter r Year | uling | | | |

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|------|---|------------------------------------|-------------------|----------|---------------------|
| lf : | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For | m 5500), and skip to line 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) | - | 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? | | 🔲 Y | ′es X No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer the | his year | 13a | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC? | | inder 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 th | e plan(s) to | | |
| 1 | 3c(1) Name of plan(s): | | 13c(2) EI | N(s) | 13c(3) 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.

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

| Part I | | t Identification Information | | | | | | |
|--------------------------|---------------------------------------|---|--------------------------------|--|----------------------|--|--|--|
| For calend | ar plan year 2014 or fi | iscal plan year beginning | 01/01/2014 | and ending | 12/31 | /2014 | | |
| A This re | sturn/report is for: | X a single-employer plan | | er) (Filers checking this box must attach a list cordance with the form instructions) | | | | |
| _ | | a one-participant plan | a foreign plan | | | | | |
| B This reti | urn/report is | the first return/report | the final return/report | | | | | |
| | | an amended return/report | a short plan year return | n/report (less than 12 m | · _ | | | |
| C Check | box if filing under: | X Form 5558 | automatic extension | | ∐ DFVC | program | | |
| | | special extension (enter descr | iption) | | | | | |
| Part II | Basic Plan Info | ormation—enter all requested info | ormation | | | | | |
| 1a Name | | | A | | 1b Three-di | iait | | |
| | • | ices Inc 401(K) Plan | | | plan nun | • | | |
| | | | | | 1c Effective 01/01 | | | |
| | ponsor's name and ad e Health Serv | ddress; include room or suite numbe ices, Inc. | er (employer, if for a single- | employer plan) | | er Identification Number 0 - 4148127 | | |
| 1111 K | ane Concourse | | | | , , | r's telephone number 65-2244 | | |
| Suite ! | | | | | | s code (see instructions) | | |
| | rbor Islands | FL 33154 | | | <u> </u> | | | |
| 3a Plan a | dministrator's name ar | nd address XSame as Plan Spons | or. | | 3b Administ | rator's EIN | | |
| | | | | | 3c Administr | rator's telephone number | | |
| | | TIS Lands FL 33154 trator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the and the plan number from the last return/report. | | | | | | |
| a Spons | or's name | | | | | | | |
| 5a Total r | number of participants | at the beginning of the plan year | | | 5a | 1 | | |
| b Total r | number of participants | s at the end of the plan year | | | 5b | 1 | | |
| | | account balances as of the end of t | | | 5c | 1 | | |
| | | articipants at the beginning of the pla | • | | 5d(1) | 1 | | |
| • • • | · · | articipants at the end of the plan yea | | | 5d(2) | 1 | | |
| | | erminated employment during the p | | | 5e | 0 | | |
| Caution: A | penalty for the late | or incomplete filing of this return | /report will be assessed | uniess reaso <u>nable ca</u> | use is establist | ned. | | |
| Under pena SB or Sche | alties of perjury and ot | ther penalties set forth in the instruc and signed by an enrolled actuary, as | tions, I declare that I have e | examined this return/re | eport, including, it | f applicable, a Schedule | | |
| SIGN | - HC /= | | | Drake Torado | | | | |
| HERE | Signature of plan a | edministrator | Date /0/12/15 | Enter name of individ | dual cianina as n | les administrator | | |
| SIGN | Signature or man a | dministrator | Date (U) | Enter name of morvio | iuai siginiig as pi | ian auministrator | | |
| HERE | Signature of emplo | workslan enancyr | Date | Enter name of individ | dual cianina ac c | malayer or alan enonear | | |
| Preparer's | name (including firm n | | | | | mployer or plan sponsor ephone number (optional) | | |
| | | name. It addiicable) and address (in | Cidde room of Suite mullibe. | | | ומווטוולטן ושנוווטנו שווטוועד | | |
| | | name, if applicable) and address (in | icidde footh of Suite Humbe | ,) (optional) | , toparor o to | — (optional) | | |

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|----------|--|---|--|---------|---------|---|------------------|---|-------|
| | 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be under the plan c | an indepe and condit | ndent qualified public accountations.) | ant (IC | PA) | | | X Yes | No |
| C | If the plan is a defined benefit plan, is it covered under the PBGC ir | nsurance p | rogram (see ERISA section 4 | 021)? | ····· [| Yes | No [| Not deter | mined |
| Pa | rt III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Ye | ar | | | (b) End | of Year | |
| a | Total plan assets | . 7a | | 130: | LO | | | | 1350 |
| | Total plan liabilities | . 7b | | | 0 | | | | |
| <u>c</u> | Net plan assets (subtract line 7b from line 7a) | -7c | | 130: | LO | | | | 1350 |
| 8 a | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers | 8a(1) | (a) Amount | | 0 | | (b) ⁻ | Fotal | |
| | (2) Participants | 8a(2) | | | 0 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 0 | | | | |
| | Other income (loss) | 8b | . , | 49 | 2 | | | | |
| d | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8c 8d | + 12 | * | 0 | | | | 49 |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | | | | |
| | Administrative service providers (salaries, fees, commissions) | 8f | | | 0 | | | | |
| | Other expenses | 8g | | | 0 | ******* | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | | | (|
| i | Net income (loss) (subtract line 8h from line 8c) | from line 8c) | | | | *************************************** | | | 49 |
| j | Transfers to (from) the plan (see instructions) | ··· 8j | | | 0 | | | | |
| Par | t IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension $2E\ 2J\ 2K\ 2F\ 2G\ 3D$ | feature co | des from the List of Plan Char | acteri | stic Co | des in | the instruc | tions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature code | es from the List of Plan Charac | cterist | ic Cod | es in t | he instruct | ions: | |
| Part | V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| a | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) | ciary Corr | ection Program) | 10a | | х | | | |
| D | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | х | | | |
| С | Was the plan covered by a fidelity bond? | | | | х | | | | 2000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | fidelity bo | nd, that was caused by fraud | 10c | | 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.) | er persons | s by an insurance carrier, efits under the plan? (See | 10e | · | х | | | |
| f | | | | | | х | | | |
| | Did the plan have any participant loans? (If "Yes," enter amount a | | | 10f | | х | | | |
| | | _ | | 10g | | | <u> </u> | | |
| i | 2520.101-3.) | this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.) | | | | Х | - | | |
| | exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | Yes | No |
| | Enter the unpaid minimum required contribution for current year fr | om Sched | ule SB (Form 5500) line 39 | | | 11a | | T == | |
| 12 | Is this a defined contribution plan subject to the minimum funding | 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 below, | as applica | able.) | | | | | | |

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

......Month

Year

Day

granting the waiver.

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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 | 1 | 2b | | | | |
| | | | | | | | |
| С | Enter the amount contributed by the employer to the plan for this plan year | 1 | 2c | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 1 | 2d | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | <u> </u> | 40 | N/A |
| Part | VII Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | .[[| Ţ | Yes X | No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | . 1: | 3a | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? | con | trol | | | Yes 2 | No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) | to | | | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2 | 2) EI | N(s) | | 13c(3) P | N(s) |
| Part | VIII Trust Information (optional) | | | | | | |
| | Name of trust | 14 | h т | rust's EIN | | | |
| 174 | rame of toot | | - 11 | 14313 EIIV | | | |