Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information

	ar plan year 2014 or fi	scal plan year beginning 01/01/20	14	and ending 12	/31/2014								
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)													
		a one-participant plan	a foreign plan										
B This retu	rn/report is	X the first return/report	the final return/report										
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)								
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program								
		special extension (enter descrip	otion)										
Part II	Basic Plan Info	ormation—enter all requested info	rmation										
1a Name of plan FRANCESCO P. CARRIERA P.A. 401(K) PROFIT SHARING PLAN						001							
					1c Effective date 01/0	of plan 01/2014							
2a Plan sp FRANCESCO	oonsor's name and ac D.P. CARRIERA, P.A.	ddress; include room or suite number	r (employer, if for a single-	employer plan)	2b Employer Iden (EIN) 42-	tification Number 1689647							
51 BAHAMA (2c Sponsor's tele	ephone number 115-0804							
TAMPA, FL 3	3606				2d Business code 238								
3a Plan ac	dministrator's name a	nd address XSame as Plan Sponso	or.		3b Administrator's	s EIN							
					3c Administrator's	s telephone number							
4 If the n	ame and/or EIN of th	e plan sponsor has changed since the	ne last return/report filed for	or this plan, enter the	4b EIN								
name,	EIN, and the plan nu	mber from the last return/report.		, , , , , , , , , , , , , , , , , , , ,									
a Sponso					4c PN								
_		at the beginning of the plan year			5a	2							
		at the end of the plan year			5b	2							
		account balances as of the end of the		•	5c	2							
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	n year		5d(1)	2							
d(2) Tota	al number of active pa	articipants at the end of the plan year	٢		5d(2)	2							
e Number	r of participants that to	erminated employment during the pla	an year with accrued bene		5e								
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable cau	use is established.								
SB or Sche		ther penalties set forth in the instruct nd signed by an enrolled actuary, as plete											
SIGN		/valid electronic signature.											
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plan a	dministrator							
SIGN													
HERE	Signature of emplo		Date	Enter name of individ									
Preparer's r	name (including firm r	name, if applicable) and address (inc	clude room or suite numbe	r) (optional)	Preparer's telephon	e number (optional)							
					•								

	Form 5500-SF 2014		Page 2							
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 continuous control of the plan cannot be a control of the control	an indepe and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instea	nt (IQ	PA) Form	5500.			X Yes	S No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)? .		Yes	No	N	ot dete	rmined
Par										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of		
a	Total plan assets	7a		0					458	300
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		0					458	300
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	al	
	Contributions received or receivable from:	90/1)	108	300						
	(1) Employers	8a(1)	350							
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b							150	200
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							458	500
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
	Administrative service providers (salaries, fees, commissions)	8f		0						
	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
	Net income (loss) (subtract line 8h from line 8c)	8i							458	300
	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics	<u> </u>								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the inst	ructio	ns:	
	2E 2F 2J 2R 3B 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Chara	cterist	ic Cod	es in t	he instr	uction	s:	
Dant	V Compliance Overtions									
Part					V	NI -	1			
10	During the plan year:	tiono withi	n the time period described in		Yes	No		Ar	nount	
а	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				
b	Were there any nonexempt transactions with any party-in-interest		<u> </u>							
	on line 10a.)		·	10b		X				
С	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				
е	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	efits under the plan? (See	10e		X				
	instructions.)									
	Has the plan failed to provide any benefit when due under the plan			10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X				
h	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)								Yes	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						FRISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 01 30	JUIOTT	JUZ UI				⊔
a	If a waiver of the minimum funding standard for a prior year is being		•	rtions	and e	nter th	ne date i	of the	lattar ri	ılina

......Month

Day

Year

granting the waiver.

	Form 5500-SF 2014	Page 3 - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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		t Identification Information	10044	and anding 1	2/31/2014							
For calenda	er plan year 2014 or		1/2014			t attack a list						
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer plan of participating employe	n (not multiemployer) (r information in accord	Filers checking this bo dance with the form ins	etructions)						
		a one-participant plan	a foreign plan									
B This retu	rm/report is	x the first return/report	the final return/report									
		an amended return/report	a short plan year return/	report (less than 12 m	less than 12 months)							
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC progra	am						
		special extension (enter des	cription)	L. Committee								
Part II	Basic Plan In	formation—enter all requested in	nformation		45							
1a Name of Francesco P		(k) Profit Sharing Plan			1b Three-digit plan number (PN)	001						
					1c Effective date of 01/01/2014	of plan						
	ponsor's name and	address; include room or suite num	ber (employer, if for a single-e	mployer plan)	2b Employer Ident (EIN) 42-16896							
rialicesco r	. Camera, F.A.				2c Sponsor's tele							
51 Bahama					2d Business code 238100							
3a Plan ad		and address X Same as Plan Spor	nsor.		3b Administrator's	EIN						
4 If the r	eeme and/ar Elbi of	the plan sponsor has changed sinc	e the last return/report filed for	this plan, enter the	4b EIN							
name	, EIN, and the plan i	number from the last return/report.			4c PN							
		nts at the beginning of the plan year			5a	2						
b Total	number of participar	nts at the end of the plan year			5b	2						
C Numb	per of participants wi	th account balances as of the end of	of the plan year (defined benef	ît plans do not	5c	2						
		participants at the beginning of the			5d(1)	2						
d(2) Tot	tal number of active	participants at the end of the plan y	ear	,,,,,,,	5d(2)	2						
		t terminated employment during the		its that were	5e							
Under pen SB or Scho	altice of parium and	te or incomplete filing of this retu other penalties set forth in the instraint d and signed by an enrolled actuary omplete.	ructions I declare that I have 6	examined this return/re	eport, including, if appl	icable, a Schedule ly knowledge and						
SIGN	A			Francesco P. Carrier	a							
HERE	Signature of pla	n administrator	Date 10/12/15	Enter name of individ	dual signing as plan ac	dministrator						
SIGN			' '									
HERE	Signature of em	ployer/plan sponsor	Date (include room or quite number		dual signing as employ	yer or plan sponsor le number (optional)						
Preparer's	name (including fin	m name, if applicable) and address	(include room of suite number) (optional)	T Teparat a telephon	o number (optional)						

F 7500 05 004 4		Page 2					
Form 5500-SF 2014 6a Were all of the plan's assets during the plan year invested in eligib	le assets? (Se					X Yes	No
b 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 cann	an independer and conditions ot use Form	nt qualified public accountar s.) 5500-SF and must instead	use l	Form	5500.	Yes [No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	ram (see ERISA section 402	21)?		Yes N	o Not determine	ned
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Year	r		(b)	End of Year	
a Total plan assets	7a	C				45800	
b Total plan liabilities	. 7b			-			
C Net plan assets (subtract line 7b from line 7a)	7c	C		-		45800	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
Contributions received or receivable from: (1) Employers	. 8a(1)	10800					
(2) Participants	8a(2)	35000)				
(3) Others (including rollovers)	8a(3)	()				
b Other income (loss)	8b	(
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					45800	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	C	0				
e Certain deemed and/or corrective distributions (see instructions)	. 8e	()				
f Administrative service providers (salarles, fees, commissions)	. 8f	(
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					0	
i Net income (loss) (subtract line 8h from line 8c)	. 8i					45800	
Transfers to (from) the plan (see instructions)	- 8i						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2R 3B 3D	feature codes	s from the List of Plan Chara	cteris	stic Co	des in the	instructions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature codes	from the List of Plan Charac	cterist	ic Cod	les in the Ir	nstructions:	
Part V Compliance Questions							
10 During the plan year:				Yes	No	Amount	
Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	utions within the	he time period described in tion Program)	10a		х		
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	st? (Do not inc	lude transactions reported	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 or dishonesty?	s fidelity bond	, that was caused by fraud	10d		х		
Were any fees or commissions pald to any brokers, agents, or o insurance service, or other organization that provides some or a instructions.)	ther persons b Il of the benefi	by an insurance carrier, its under the plan? (See	10e		x		
f Has the plan failed to provide any benefit when due under the pl			10f		X		
All the state of t			10g		х		
h If this is an individual account plan, was there a blackout period?		10h		×			

h 7	otal plan assets	7a	0	_			450	
N I	otal plan liabilities	7b		-				
C	Net plan assets (subtract line 7b from line 7a)	7c	0				458	300
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount	_		(b) To	otal	
	Contributions received or receivable from:	8a(1)	10800					
	1) Employers	8a(2)	35000					
_	2) Participants	8a(3)	0					
-	3) Others (including rollovers)	8b	0					
_	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					458	300
d i	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	0					
and the second	Certain deemed and/or corrective distributions (see instructions)	8e	0					
	Administrative service providers (salarles, fees, commissions)	8f	0					
	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
	Net income (loss) (subtract line 8h from line 8c)						45	800
j	Transfers to (from) the plan (see instructions)	8j						
Pari	IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension	feature codes	from the List of Plan Charac	teristic (Codes in	the instruc	tions:	
	2E 2F 2J 2R 3B 3D If the plan provides welfare benefits, enter the applicable welfare for	actura cadao i	from the Liet of Plan Characte	ristic C	ndes in th	e Instructi	inns'	
D	If the plan provides welfare benefits, enter the applicable welfare to	eature codes i	ion the clot of hair onardox	Jilouo o	0000 111 11			
Part	V Compliance Questions							
10	During the plan year:			Ye	s No		Amour	nt
				1.0			Allioui	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correct	ion Program) 1	l0a	х		Alloui	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Correct t? (Do not incl	ion Program) 1 ude transactions reported		X X		Talloan	
a b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	uciary Correct t? (Do not incl	ude transactions reported	l0a	Х		Alloui	
a b c	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Correct t? (Do not incl	ion Program)	10a	X X		Alloca	
a b c d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	uciary Correct t? (Do not incl s fidelity bond, her persons b	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b	x x x		- Allow	
a b c d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all	uciary Correct t? (Do not incl s fidelity bond, her persons b	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c	X X X		Allow	
a b c d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	uciary Correct t? (Do not incl s fidelity bond, her persons b of the benefit	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d	x x x		Allow	
a b c d e f g	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? 2520.101-3.)	uciary Correct t? (Do not incl s fidelity bond, her persons b of the benefit an? as of year end (See instruction	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d	x x x x		Allow	
a b c d e f g	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at if this is an individual account plan, was there a blackout period?	uciary Correct t? (Do not incl s fidelity bond, her persons b of the benefit an? as of year end (See instruction the required not	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f	x x x x		Allow	
a b c d e f g h	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	uciary Correct t? (Do not incl s fidelity bond, her persons b of the benefit an? as of year end (See instruction the required not	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f 10g	x x x x		- Allow	
a b c d e f g	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	uciary Correct t? (Do not incl t? (Do not incl the persons by of the benefit an? as of year end (See instruction the required notes) the required notes.	that was caused by fraud y an insurance carrier, s under the plan? (See .) ons and 29 CFR otice or one of the	10a 10b 10c 10d 10e 10f 10g 10h	X X X X X X nedule SE	3 (Form		Yes X
a b c d e f g h i Part	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	uciary Correct t? (Do not incl s fidelity bond, her persons b of the benefit an? as of year end (See instruction the required no	that was caused by fraud y an insurance carrier, s under the plan? (See	100 100 100 100 100 100 100 100 100 100	X X X X X X nedule SE	3 (Form		Yes X
a b c d e e f g h i Part 11	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	uciary Correct t? (Do not incl t? (Do not incl s fidelity bond, her persons b of the benefit an? as of year end (See instructi the required no	that was caused by fraud y an insurance carrier, s under the plan? (See ons and 29 CFR otice or one of the SB (Form 5500) line 39	100 100 100 100 100 100 100 100 100 100	X X X X X Anedule SE			
a b c d e e f g h i Part 11 11 2 12	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	uciary Correct t? (Do not incl t? (Do not incl the fidelity bond, ther persons by of the benefit an? as of year end (See instruction the required not)	that was caused by fraud y an insurance carrier, s under the plan? (See .) ons and 29 CFR otice or one of the s," see instructions and comp s SB (Form 5500) line 39 s of section 412 of the Code (le.)	10a 10c 10d 10e 10f 10g 10h 10i	X X X X X X Anedule SE	ERISA?		Yes X

	Form 5500-SF 2014 Pag	ge 3 - 1								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550	0), 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		T	12c	T					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount).	a minus sign to the left of a		12d						
е	Will the minimum funding amount reported on line 12d be met by the funding dead					Ye	98	No	0	N/A
Part	VII Plan Terminations and Transfers of Assets									
13a	13a Has a resolution to terminate the plan been adopted in any plan year?						X No	0		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	ar		13a		1110				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?		he co	ontro	1			П	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)	nother plan(s), identify the plan	(s) to)						
1	13c(1) Name of plan(s):		13	c(2)	EIN	(s)		1	3c(3)	PN(s)
Part	VIII Trust Information (optional)									
14a Name of trust		14b Trust's EIN								