Form	5500-SF	Short Form Annua	l Return/Report Benefit Plan	of Small Emplo	ууее		OMB Nos. 1210-0110 1210-0089
	nt of the Treasury evenue Service	This form is required to be filed	This form is required to be filed under sections 104 and 4065 of the Employee R			nt	2014
	ment of Labor s Security Administration	Income Security Act of 1974 (E	ERISA), and sections 605 Revenue Code (the Code		Internal	This F	Form is Open to
	Guaranty Corporation	Complete all entries in ac	cordance with the instr	uctions to the Form 55	00-SF.		lic Inspection
		dentification Information cal plan year beginning 01/01/201	<u></u>	and ending 12/	31/2014	<u> </u>	
FOI Calenual pi		cal plan year beginning 01/01/201		and ending 12/			w must attach a list
A This return/	report is for:	a one-participant plan	of participating employ	ian (not multiemployer) (yer information in accord		-	
B This return/r	eport is	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)		
C Check box i	if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter descript	tion)				
Part II B	asic Plan Infor	mation—enter all requested infor	mation				
1a Name of pl						Three-digit	
THE STUFF SH	OP, INC. 401(K) Pr	ROFIT SHARING PLAN				plan number (PN) ►	001
					```	Effective date of	
2a Plan spons		tress; include room or suite number	(employer, if for a single-	employer plan)		Employer Identi	ification Number
					,	Sponsor's telep	hone number
111 TRIPLE DIAMOND BLVD. NORTH VENICE, FL 34275					<b>2d</b> E	941-48 Business code (	see instructions)
						42392	20
3a Plan admir	nistrator's name and	d address XSame as Plan Sponsor	r.		3D A	Administrator's I	EIN
4 If the name	a and/or EIN of the	plan sponsor has changed since the	a last return/report filed fr	or this plan, enter the	4b F		telephone number
name, EIN	N, and the plan num	ber from the last return/report.	e last letun #report mod le	n this plan, onto the			
a Sponsor's		at the beginning of the plan year			4c ⊩ 5a		6
		at the end of the plan year			5a 5b		6
		account balances as of the end of the					0
complete t	this item)				5c		6
		ticipants at the beginning of the plan	-		5d(1		5
		ticipants at the end of the plan year.			5d(2	2)	4
		rminated employment during the pla			5e	<i>i</i>	2
Caution: A per	nalty for the late o	r incomplete filing of this return/r	report will be assessed (	unless reasonable cau			
SB or Schedule		er penalties set forth in the instruction d signed by an enrolled actuary, as lete.					
SIGN File		alid electronic signature.	10/14/2015	MICHAEL T. HILL			
HERE	gnature of plan ad	Iministrator	Date	Enter name of individu	ual sign	ing as plan adr	ninistrator
SIGN							
	gnature of employ		Date	Enter name of individu			
Preparer's nam	ie (including firm na	ame, if applicable) and address (incl	ude room or suite numbe	r ) (optional)	Prepa	rer's telephone	number (optional)

	Were all of the plan's assets during the plan year invested in eligibl 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 If you answered "No" to either line 6a or line 6b, the plan canne	an indepe and condit	ndent qualified public accounta ions.)	int (IQ	PA)			×		No No
c	If the plan is a defined benefit plan, is it covered under the PBGC in					-	_	Not	determin	ed
Pa	t III Financial Information					_	_			
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	d of Y	ear	
а	Total plan assets	7a	2386						288324	
	Total plan liabilities	7b							205	
С	Net plan assets (subtract line 7b from line 7a)	7c	2386	648					288119	
_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b	) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	349	940						
	(2) Participants	8a(2)	232	211						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	111	81						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							69332	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	158	379						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	39	982						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19861	
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			_				49471	
j	Transfers to (from) the plan (see instructions)	8j		0						
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension to 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the insti	uctions	5:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instru	ctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		٨٣	ount	
a		tions withi	n the time period described in		103			Am	Juni	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest					V				
	on line 10a.)			10b		X				
C	1 , ,			10c	Х				250	0000
d	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.)			10e	Х				1	1136
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 as	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		x				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Г	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	requireme	ents of section 412 of the Code	e or se	ction	302 of	ERISA?		Yes X	No

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

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year		12b		
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c		
<b>d</b> 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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder the	control		Yes 🗙 No
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		<b>14b</b> ⊺⊧	rust's EIN	

	rm 5500-SF	loyee	OMB Nos. 1210-0110 1210-0089						
	artment of the Treasury emal Revenue Service	Retirement	2014						
Employee	Department of Labor Benefits Security Administration	57(b) and 6058(a) of the e).	e Internal	This Form is Open to Public Inspection					
P	Benefit Guaranty Corporation	▶ Complete all entries in i		ructions to the Form 5	500-SF.	r ubic inspection			
For calend		Identification Information scal plan year beginning	01/01/2014	and ending	12	/31/2014			
	การแหน่งมีมหาร์มากร้องจำนาย และการการการการการการการการการการการการการก	X a single-employer plan	[7]			king this box must attach a list			
A This re	eturn/report is for:			yer information in accor					
-		a one-participant plan	a foreign plan						
B This ret	turn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	m/report (less than 12 n	nonths)				
C Check I	box if filing under:	X Form 5558	automatic extension		ום 🗌	FVC program			
		special extension (enter descr	iption)						
Part II	Basic Plan Info	rmation—enter all requested inf	ormation						
1a Name					1b Three	e-digit			
The St	uff Shop, Inc	. 401(k) Profit Shari	ng Plan		1	number			
	<b>1</b> ·				(PN)	tive date of plan			
					01/0	1/2012			
<b>2a</b> Plans The St	ponsor's name and ad uff Shop, Inc	dress; include room or suite numbe	er (employer, if for a single-	employer plan)	1	oyer Identification Number 57-1038487			
						sor's telephone number			
111 Tr	iple Diamond I	Blvd.			(941) 480-1711				
North	Venice		FI.	34275	2d Business code (see instructions) 423920				
		d address XSame as Plan Spons		212/2	3b Administrator's EIN				
					3c Admir	nistrator's telephone number			
4 If the r	name and/or EIN of the	plan sponsor has changed since t	ha last rotum (ranget filed for						
name	, EIN, and the plan nun	ber from the last return/report.	пе таы тегиплероп тіео то	or this plan, enter the	4b EIN				
	sor's name				4c PN				
-		at the beginning of the plan year			5a	6			
		at the end of the plan year			<u>5b</u>	6			
		ccount balances as of the end of t			5c	6			
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the pla	n year		5d(1)				
d(2) Tota	al number of active par	licipants at the end of the plan yea	r		5d(2)	54			
e Numbe	r of participants that ter	minated employment during the pl	an vear with accrued bene	fits that were	5e	******			
		r incomplete filing of this return			LL	2			
Under pena SB or Sche	alties of perjury and oth	er penalties set forth in the instruct d signed by an enrolled actuary, as	ions. I declare that I have a	examined this return/ren	port including	if applicable a Schedule			
SIGN			10/12/1-	Michael T Hi	1 1				
HERE	Signature of plan ad	Signature of plan administrator Date Enter name of individu							
SIGN		, , , , , , , , , , , , , , , , , , ,	Date	Enter name of individu	an aidunund g	s pian aunimistrator			
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	al cionina -	s employer or plan sponsor			
Preparer's r	name (including firm na	me, if applicable) and address (inc	lude room or suite number	r) (optional)		elephone number (optional)			
						,			
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see the	Instructions for Form 5500-S	SF.		Form 5500-SF (2014)			

X Yes 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 gualified public accountant (IQPA)

D	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.)	🛛 Yes 🗌 No	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (con EPISA conting 4021)2		

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

7									
	Plan Assets and Liabilities	1	(a) Beginning of Ye	ar	I		(b) End	of Year	
a	Total plan assets	7a	23	8,6	48			28	38,324
b	Total plan liabilities	7b							205
C	Net plan assets (subtract line 7b from line 7a)	7c	23	8,64	18			28	8,119
8	Income, Expenses, and Transfers for this Plan Year	e, Expenses, and Transfers for this Plan Year (a) Amount					(b) T	otal	
а	Contributions received or receivable from: (1) Employers								
<ul> <li>Outrotations troublet</li> </ul>	(2) Participants	8a(2)		4,94		******		*****************************	
A MILLING MARK	(3) Others (including rollovers)	8a(3)		*****	0				
b	Other income (loss)	8b	1	1,18	31				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-	****		E	59,332
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8ର୍ଘ	1	5,81	79				
e	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		3,98	32		_		
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	9,861
İ	Net income (loss) (subtract line 8h from line 8c)	<b>8</b> i			T			4	9,471
tum.	Transfers to (from) the plan (see instructions)	8j			0				
Pa	rt IV Plan Characteristics	fizzani a fi							WHERE AND
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteri	stic Co	odes in 1	the instruct	ions:	*****
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteris	tic Coo	les in th	ne instructio	ons:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	*****	Amount	
a	Was there a failure to transmit to the plan any participant contribut				(constraint)				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		х		Millallalanada da ana	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Corr ? (Do not i	ection Program) nclude transactions reported	10a 10b		x x			
b c	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Corr ? (Do not i	ection Program) nclude transactions reported		x			25	0,000
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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	iciary Corr ? (Do not i fidelity bor	ection Program) nclude transactions reported	10b 10c	x			25	0,000
C	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	iciary Corr ? (Do not i fidelity bor er persons of the ben	ection Program) nclude transactions reported nd, that was caused by fraud by an insurance carrier, efits under the plan? (See	10b		x		00000000000000000000000000000000000000	0,000
 d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service, or other organization that provides some or all of	iciary Corr ? (Do not i fidelity bor er persons of the ben	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, ofits under the plan? (See	10b 10c 10d		x		00000000000000000000000000000000000000	
d d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	iciary Corr ? (Do not i fidelity bor er persons of the bene	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f		x x x		00000000000000000000000000000000000000	
c d e f g	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth 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 as If this is an individual account plan, was there a blackout period? (	iciary Corr ? (Do not i fidelity bor er persons of the ben n? 	ection Program) nclude transactions reported ad, that was caused by fraud a by an insurance carrier, efits under the plan? (See and.)	10b 10c 10d 10e 10f 10g		x x x x x x		00000000000000000000000000000000000000	
c d e f g	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service, or other organization that provides some or all instructions.). Has the plan failed to provide any benefit when due under the plar Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? ( 2520.101-3.).	iciary Corr ? (Do not i fidelity bor er persons of the ben n? 	ection Program) nclude transactions reported ad, that was caused by fraud a by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR notice or one of the	10b 10c 10d 10e 10f		x x x		00000000000000000000000000000000000000	
c d e f g h	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>Has the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? ( 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	iciary Corr ? (Do not i fidelity bor er persons of the ben n? 	ection Program) nclude transactions reported ad, that was caused by fraud a by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g		x x x x x x		00000000000000000000000000000000000000	
c d e f g h	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of instructions.).</li> <li>Has the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? ( 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	receive the second seco	ection Program) nclude transactions reported ad, that was caused by fraud by an insurance carrier, offts under the plan? (See nd.) ctions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h	X	X X X X X X		00000000000000000000000000000000000000	1,136
c d e f 9 h i Part	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth 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 as 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 th exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requireme 5500 and line 11a below).	iciary Corr ? (Do not i fidelity bor er persons of the ben and s of year e See instru e required I-3	ection Program) nclude transactions reported ad, that was caused by fraud a by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR notice or one of the /es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	x x x x x x x			1,136
c d e f 9 h i Part	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of instructions.)</li> <li>Has the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? ( 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requireme 5500 and line 11a below).</li> </ul>	iciary Corr ? (Do not i fidelity bor er persons of the ben ar? 	ection Program) nclude transactions reported ad, that was caused by fraud a by an insurance carrier, offts under the plan? (See nd.) ctions and 29 CFR notice or one of the /es," see instructions and com	10b 10c 10d 10d 10f 10g 10h 10i	X	X X X X X I I I I I I I I I I I I I I I		The second secon	1,136
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 d  f  f  h  i  2  11a  12	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of instructions.)</li> <li>Has the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? ( 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requireme 5500 and line 11a below).</li> </ul>	iciary Corr ? (Do not i fidelity bor er persons of the bene of the bene n? 	ection Program) nclude transactions reported ad, that was caused by fraud a by an insurance carrier, efits under the plan? (See and.) nd.) ctions and 29 CFR notice or one of the //es," see instructions and com ule SB (Form 5500) line 39 nts of section 412 of the Code ble.) d in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i plete	X Schedu	X X X X X X I I I I I I I I I I I I I I	RISA?	☐ Yes ∏ Yes	1,136 No

	Form 5500-SF 2014 Page 3 -					
IF	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.		****	*****	
b	Enter the minimum required contribution for this plan year		12b			
			an Ann Fail a san fair ann			
C	Enter the amount contributed by the employer to the plan for this plan year		12c	1		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to th negative amount)	e left 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			****		AlltiGazzowiczytaniowa
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes X	Vo	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a			Contraction of the Contraction of Co
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?	ught under the	control	1	T Yes	s 🕅 No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to			
-	I3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3	3) PN(s)
					l	
Part	VIII Trust Information (optional)	l			1	
	Name of trust		14Ь т	rust's EIN		