Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested.

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**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit PHILIP J. FEITELSON, PSC PROFIT SHARING PLAN plan number (PN) ▶ 002 1c Effective date of plan 11/01/1977 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number PHILIP J. FEITELSON, PSC (EIN) 61-0926422 Sponsor's telephone number 502-585-4857 225 ABRAHAM FLEXNER WAY, SUITE 301 LOUISVILLE, KY 40202 Business code (see instructions) 621111 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 6 Total number of participants at the end of the plan year..... 5b 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 6

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

d(2) Total number of active participants at the end of the plan year.....

e Number of participants that terminated employment during the plan year with accrued benefits that were

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	PHILIP J. FEITELSON				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spon				
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)				Preparer's telephone number (optional)			

5d(2)

5e

6

	Form 5500-SF 2014		Page 2						
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					QPA) X Yes 1 1			
	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	rmined
Par	t III Financial Information	1							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o		704
	Total plan assets	7a	8358	0				775	0
	Total plan liabilities	7b	8358					775	
	Net plan assets (subtract line 7b from line 7a)	7c)13			(L) T		04
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otai	
	(1) Employers	8a(1)	150	000					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-477	789					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-32	789
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	271	187					
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g	1	139					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						273	326
i	Net income (loss) (subtract line 8h from line 8c)	8i						-60	115
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
Part		eature cod	les from the List of Plan Charad	cterist			he instructio	ns:	
10	During the plan year:				Yes	No	,	Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Cor	rection Program)	10a		X			
	on line 10a.)			10b		X			
C	Was the plan covered by a fidelity bond?			10c	Χ				150000
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 ber	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	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		Х			
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					302 of	ERISA?	Yes	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 ru Year	uling

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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**

For calcular plan, year 201d or fiscal plan year togethrong. A This return/report is for. A new participant plan. B This return/report is for. B This return/report is for. C Check box if filing under: D FOR 5558 I an amended return/report i he first		t identification information							
A This return/report is for: a one-participant plan	For calendar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/20)14			
B This return/report is	A This return/report is for:	χ a single-employer plan	tamat .		· · · · · · · · · · · · · · · · · · ·				
C Check box if filing under:		a one-participant plan		•		,			
C Check box if filing under: Form \$558	B This return/report is	the first return/report	the final return/report						
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan PHILIP J. FEITELSON, PSC PROFIT SHARING PLAN 1c Effective date of plan 11/01/1977 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 11/01/1977 2b Employer identification Number (EIN) (1) 1977 2c Sponsor's telephone number (EIN) (1) 1977 2d Employer identification Number (EIN) (1) 1977 2d Employer (EIN) (1) 1977 2d E	·	an amended return/report			nonths)				
Part II Basic Plan Information	C Check box if filing under:		l-md		☐ DFVC program				
18 Three-digit plan number (PN) 002		special extension (enter desc	cription)						
18 Three-digit plan number (PN) 002	Part II Basic Plan Info	ormation—enter all requested in	nformation						
PHILIP J. FEITELSON, PSC PROFIT SHARING PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) PHILIP J. FEITELSON, PSC 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) PHILIP J. FEITELSON, PSC 2c Sponsor's telephone number (EIN) 61 – 0926422 2c Sponsor's telephone number (5502) 585-4857 2d Business code (see instructions) 621111 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5a Total number of participants at the beginning of the plan year. 5b Total number of participants at the beginning of the plan year. 5c Contain where of participants at the beginning of the plan year. 6d(1) Total number of addive participants at the beginning of the plan year. 6d(2) Total number of active participants at the beginning of the plan year. 6d(1) Total number of active participants at the beginning of the plan year. 6d(2) Total number of participants at the beginning of the plan year. 6d(2) Total number of participants at the beginning of the plan year. 6d(2) Ge 6under of participants that terminated employment during the plan year with accrued benefits that were 8e Number of participants at the end of this return/report will be assessed unless reasonable cause is established. 7e PHILIP J. FEITELSON 8ignature of printy administrator 8ignature of plan administrator 10 Date 10 Enter name of individual signing as plan administrator 10 Date 10 Enter name of individual signing as employer or plan sponsor					1b Three-digit				
2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) PHILIP J. FEITELSON, PSC 2b Employer Identification Number (EIN) 61-0926422 2c Sponsor's telephone number (5002) 585-4857 2d Business code (see instructions) 10011SVITLER 8Y 40202 3c Sponsor's telephone number (5002) 585-4857 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. b Total number of participants at the beginning of the plan year. b Total number of participants at the end of the plan year. c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). c Number of participants at the beginning of the plan year. b Total number of active participants at the beginning of the plan year. c Number of participants at the end of the plan year. b C Number of participants at the end of the plan year. c Number of participants at the end of the plan year. c Number of participants at the end of the plan year. c Number of participants at the end of the plan year. c Number of participants at the end of the plan year. c Number of participants at the end of the plan year. c Number of participants at the end of the plan year with account benefits that were less than 100% vested. c Number of participants at the end of the plan year with account benefits that were less than 100% vested. c Number of participants at the end of the plan year with account benefits that were less than 100% vested. c Number of participants at the end of the plan year with account benefits that were less than 100% vested. c Number of participants at the end of	המדודה ד הבדתהופ <u>ה</u>	י הפפ ההמהדת פטאהדאור	ואת זרו י		· .				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) PHILIP J. FEITELSON, PSC 2b Employer identification Number (EIN) 1-0.26422 2c Sponsor's telephone number (5.02) 5.85-48.57 2d Business code (see instructions) (5.02) 1.585-48.57 2d Business code (see instructions) (5.02) 1.585-48.57 2d Business code (see instructions) (5.02) 1.585-48.57 3d Plan administrator's name and address Same as Plan Sponsor. 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5 Total number of participants at the end of the plan year. 5 D 6 5 Total number of participants with account belances as of the end of the plan year (defined benefit plans do not complete this item). 6 (1) Total number of active participants at the beginning of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of p	LUIDIE O. LEITEROOL	V, FOC FROFII SHANING	, PLAN						
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2c Sponsor's telephone number (502) 585–4857 2d Business code (see instructions) 621111 3a Plan administrator's name and address same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 Let PN 5a Total number of participants at the beginning of the plan year			ber (employer, if for a single-	-employer plan)	1				
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2d Business code (see instructions) LOUISVILLE 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 C PN 5 Total number of participants at the beginning of the plan year. 5 D Total number of participants at the end of the plan year. 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6 (1) Total number of active participants at the beginning of the plan year. 6 ENUMBER OF participants at the end of the plan year. 6 Unumber of participants at the end of the plan year. 6 ENUMBER OF participants at the end of the plan year. 7 Ed(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested. 8 ENUMBER OF participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 8 ENUMBER OF Shedule MB completed and signed as plan administrator 8 SIGN 8 HERE 8 Signature of employer/plan sponsor 10 Date 10 Enter name of individual signing as employer or plan sponsor						•			
A If the name and/or EIN of the pian sponsor has changed since the last return/report filed for this pian, enter the name, EIN, and the pian number from the last return/report. A Sponsor's name 4 If the name and/or EIN of the pian sponsor has changed since the last return/report filed for this pian, enter the name, EIN, and the pian number from the last return/report. A Sponsor's name 4 C PN 5 A C Administrator's telephone number from the last return/report. A Sponsor's name 5 D Total number of participants at the beginning of the pian year. C Number of participants with account balances as of the end of the pian year (defined benefit pians do not complete this item). 6 C Under the participants at the beginning of the pian year. 6 D Total number of active participants at the end of the pian year. 6 D Total number of participants at the end of the pian year. 6 D Total number of participants at the end of the pian year. 6 D Total number of active participants at the end of the pian year. 6 D Total number of participants at the end of the pian year. 6 D Total number of participants at the end of the pian year. 6 D Total number of participants at the end of the pian year. 6 D Total number of participants at the end of the pian year. 6 D Total number of participants at the end of the pian year. 6 D Total number of participants that terminated employment during the pian year with accrued benefits that were less than 100% vested. 6 D Total number of participants that terminated employment during the pian year with accrued benefits that were less than 100% vested. 6 D Total number of participants that terminated employment during the pian year with accrued benefits that were less than 100% vested. 6 D Total number of participants that terminated employment during the pian year with accrued benefits that were less than 100% vested. 6 D Total number of participants at the beginning of this return/report will be assessed unless reasonable cause is established. 7 D Total number of participants at th	225 ABRAHAM FLEXNER	NAV SIITTE 301							
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number according to the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year		/ Mut' Doil 201				(see instructions)			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 C PN 5a Total number of participants at the beginning of the plan year		and address (Rama as Plan Spor		40202		- P-1A1			
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name, EIN, and the plan number from the last return/report. a Sponsor's name 5a 6 b Total number of participants at the beginning of the plan year					OC Administrator (» (елерногае паппрет			
As Sponsor's name 5a Total number of participants at the beginning of the plan year			the last return/report filed for	or this plan, enter the	4b EIN				
b Total number of participants at the end of the plan year	a Sponsor's name								
b Total number of participants at the end of the plan year						6			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	b Total number of participants	s at the end of the plan year			5b				
d(1) Total number of active participants at the beginning of the plan year	C Number of participants with complete this item)	account balances as of the end of	the plan year (defined bene	efit plans do not	5c				
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	d(1) Total number of active pa	articipants at the beginning of the p	olan year		5d(1)				
E Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	d(2) Total number of active pa	articipants at the end of the plan ye	ar		5d(2)				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor				fits that were	5e				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Caution: A penalty for the late	or incomplete filing of this retur	rn/report will be assessed	unless reasonable cau	ıse is established.				
SIGN HERE Signature of plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as plan administrator G-16-15 PHILIP J. FEITELSON HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Under penalties of perjury and of SB or Schedule MB completed a	ther penalties set forth in the instru and signed by an enrolled actuary,	ictions, I declare that I have	examined this return/reg	port, including, if appli	cable, a Schedule y knowledge and			
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN Mary J	Tellan on	9-16-15	PHILIP J. FEI'	TELSON				
SIGN PHILIP J. FEITELSON HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE Signature of plan a	administrator	Date	Enter name of individu	f individual signing as plan administrator				
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Julen us	9-16-15						
	Signature of emplo			Enter name of individu	ual signing as employ	er or plan sponsor			
			nclude room or suite numbe	r) (optional)					

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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 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 lif the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and cond ot use Fo	ndent qualified public account itions.) orm 5500-SF and must instea	ant (IC d u d us e	QPA) • Forn	n 5500		\boxtimes	Yes N
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	of Yea	•
a	Total plan assets	. 7a	83	5,87	79				775,7
<u>b</u>	Total plan liabilities	. 7b			0				
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7с	83.	5,87	79				775,7
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		3838		(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	1:	5,00	00				
	(2) Participants	8a(2)		<u> </u>					
	(3) Others (including rollovers)	8a(3)				1052			
b	Other income (loss)	8b	- 4	7,78	39				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-32,78
d	Benefits paid (including direct rollovers and insurance premiums	0-1		7 10	,,				
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d	2	7,18	3 /				
	Administrative service providers (salaries, fees, commissions)	8e 8f							
	Other expenses.	8g		13	20				100000
*****	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1.0					27,32
	Net income (loss) (subtract line 8h from line 8c)	8i							-60, 1
	Transfers to (from) the plan (see instructions)	8j					19		00,1
Par	t IV Plan Characteristics			***************************************	Colors	32.45404.5 50.50			
b Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the pl	sature cou	es nom the List of Flam Chara	CICHS		205 111		OHS.	
10	During the plan year:				Yes	No		Amour	nt
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cori	rection Program)	10a		Х			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
<u>c</u>	Was the plan covered by a fidelity bond?			10c	Χ				150,00
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plar			10f		Х			
a	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	end)	10g		Х	1		
$\frac{3}{h}$	If this is an individual account plan, was there a blackout period? (_		TVG		Λ			
	2520.101-3.)			10h		Χ			
	exceptions to providing the notice applied under 29 CFR 2520.101	1-3		10i			<u> </u>		
Part 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement	onto? (If II	Vac" sac instructions and sam	ploto	Cobod	ulo CD	/Eom		
11	5500 and line 11a below)							Y	es X N
11a	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction	302 of	ERISA?	Υe	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.				, and e	enter tl Day		ne letter Year	ruling

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If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	orm 5500), and skip	to line 13.					
<u>b</u>	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	ar		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the res			12 d				
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the fund	ling 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 🔣 No)			
	If "Yes," enter the amount of any plan assets that reverted to the employe	r this year		. 13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th of the PBGC?					ne control Yes X No			
C	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the plan(s)	to				
	3c(1) Name of plan(s):		1	3c(2) El	N(s)	13c(3	PN(s)	
Part	VIII Trust Information (optional)					<u> </u>		
14a Name of trust				14b Trust's EIN				