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	Annual Repo	rt Identification Information	1					
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12/	/31/2014			
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (loyer information in accord	-			
		a one-participant plan	a foreign plan					
B This ref	turn/report is	the first return/report	the final return/repor	t				
	·	an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)			
C Check	box if filing under:	X Form 5558	automatic extension	1	DFVC p	rogram		
		special extension (enter desc	cription)					
Part II	Basic Plan In	formation—enter all requested in	nformation					
1a Name					1b Three-digit			
MUSEUM (OF SCIENCE RETIRI	EMENT PLAN			plan numb (PN) ▶	er 001		
					1c Effective d			
						01/01/2004		
	sponsor's name and a	address; include room or suite numl	per (employer, if for a sing	le-employer plan)		dentification Number		
VIUSEUIVI C	OF SCIENCE, INC.				(=,	59-0854960		
	H MIAMI AVENUE					telephone number 05-646-4277		
MIAMI, FL 3						ode (see instructions)		
						712100		
3a Plan a	administrator's name	and address Same as Plan Spor	nsor.		3b Administrati	tor's EIN		
					3c Administra	tor's telephone number		
4 If the	name and/or EIN of	the plan sponsor has changed since	the last return/report files	I for this plan, optor the	4b EIN			
		number from the last return/report.	e the last return/report med	noi this plan, enter the	4D EIN			
a Spons	sor's name				4c PN			
5a Total	number of participan	ts at the beginning of the plan year			5a	89		
		ts at the end of the plan year			5b	101		
		h account balances as of the end o	f the plan year (defined be		5c	57		
	,	participants at the beginning of the p			5d(1)	73		
d(2) To	otal number of active p	participants at the end of the plan ye	ear		5d(2)	87		
		terminated employment during the			5e	3		
		e or incomplete filing of this retu			isa is astablisha			
Under per	nalties of perjury and	other penalties set forth in the instru	uctions, I declare that I have	e examined this return/rep	oort, including, if a	pplicable, a Schedule		
	nedule MB completed strue, correct, and co	and signed by an enrolled actuary,	as well as the electronic v	ersion of this return/report	, and to the best of	of my knowledge and		
SIGN		d/valid electronic signature.	10/14/2015	FRANK STESLOW				
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	n administrator		
SIGN					<u> </u>			
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ual signing as em	ployer or plan sponsor		
Preparer's		name, if applicable) and address (hone number (optional)		
					i i			

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b	Were all of the plan's assets during the plan year invested in eligib 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 cann	an indeper and condit	ndent qualified public accounta	int (IQ	PA)				res [No No
С	if the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not de	etermine	∌d
Par	t III Financial Information	1	1							
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	19491	122	-			242	23486	
	Total plan liabilities	7b	19491	122				24	23486	
	Net plan assets (subtract line 7b from line 7a)	7c		122			<i>(</i>) T		23400	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	1141	171						
	(2) Participants	8a(2)	2595	580						
	(3) Others (including rollovers)	8a(3)		204						
b	Other income (loss)	8b	1315	521						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						50	06476	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	175	506						
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	146	606						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						;	32112	
i	Net income (loss) (subtract line 8h from line 8c)	8i						4	74364	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b		eature cod	les from the List of Plan Charad	cterist			he instructi	ons:		
10	During the plan year:	C 20-1	and the control of the second of the		Yes	No		Amou	nt	
	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	iciary Cor	rection Program)	10a		Χ				
	on line 10a.)	·····		10b		X				
C	Was the plan covered by a fidelity bond?			10c	X				1500	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				21	502
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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)								⁄es 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?		res 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		ne lette Year _	r ruling	

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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**

Parti		t identification informatio			10/01/	0011				
For calend	dar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/	- Indiana di Carante d				
A This re	eturn/report is for:	a single-employer plan		olan (not multiemployer) oyer information in accor		is box must attach a list n instructions)				
		🔲 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								
C Check h	box if filing under:	Form 5558	automatic extension		☐ DFVC program					
• Oncor i	box if filling drider.	special extension (enter des	scription)		_					
D-4II	Desir Discolut									
Part II		ormation—enter all requested	information		145					
1a Name MUSEUM	•	RETIREMENT PLAN			1b Three-digit plan number	or 001				
					(PN) 1c Effective da					
					01/01/2					
		ddress; include room or suite num	nber (employer, if for a single	-employer plan)	2b Employer lo	lentification Number				
MUSEUM	OF SCIENCE,	INC.			(EIN) 59-0	0854960				
						elephone number				
3280 S	OUTH MIAMI AV	/ENUE			(305) 646-4277					
MIAMI			FL	33129	2d Business code (see instructions) 712100					
	idministrator's name a	ind address Same as Plan Spo		33129	3b Administrator's EIN					
					The Frankling ator 5 Env					
					3c Administrate	or's telephone number				
4 If the r	name and/or EIN of th	ne plan sponsor has changed sinc	e the last return/report filed fo	or this plan, enter the		or's telephone number				
name	, EIN, and the plan nu	ne plan sponsor has changed since number from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN	or's telephone number				
name a Spor	, EIN, and the plan nu nsor's name	imber from the last return/report.			4b EIN 4c PN					
name a Spor	, EIN, and the plan nunsor's name number of participants	imber from the last return/report.			4b EIN 4c PN 5a	89				
name a Spor 5a Total i b Total i c Numb	, EIN, and the plan nunsor's name number of participants number of participants number of participants	s at the beginning of the plan year at the end of the plan year account balances as of the end of	of the plan year (defined bene	efit plans do not	4b EIN 4c PN 5a 5b	89 101				
name a Spor 5a Total I b Total I c Numb	, EIN, and the plan nunsor's name number of participants number of participants ter of participants with ete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of	of the plan year (defined bene	efit plans do not	4b EIN 4c PN 5a 5b 5c	89 101 57				
name a Spor 5a Total i b Total i C Numb comple d(1) Total	, EIN, and the plan nunsor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year	of the plan year (defined bene plan year	efit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	89 101 57 73				
name a Sport 5a Total i b Total i c Numb comple d(1) Tota d(2) Tota e Numbe	p. EIN, and the plan number of participants number of participants per of participants with ete this item)	anticipants at the end of the plan year articipants at the end of the beginning of the end of the plan year articipants at the end of the plan year erminated employment during the	of the plan year (defined bene plan year eareplan year with accrued bene	efit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)	89 101 57 73 87				
name a Spor 5a Total I b Total I c Numbe complet d(1) Total d(2) Total e Numbe less th	p. EIN, and the plan number of participants number of participants per of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year.	of the plan year (defined bene plan year ear. plan year with accrued bene	efit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	89 101 57 73 87				
name a Spor 5a Total I b Total I c Numbe comple d(1) Tota d(2) Tota e Numbe less th Caution: A	p. EIN, and the plan number of participants number of participants per of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year minated employment during the or incomplete filing of this returns	of the plan year (defined bene plan yeareareareplan year with accrued bene plan year will be assessed	efit plans do not efits that were unless reasonable cau	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established	89 101 57 73 87				
name a Sport 5a Total I b Total I c Numbe complet d(1) Total d(2) Total e Numbe less th Caution: A Under pena	p. EIN, and the plan number of participants number of participants are of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the beginning of the plan year articipants at the end of the plan year minated employment during the or incomplete filing of this returned signed by an enrolled actuary,	plan year (defined bene plan yeareareplan year with accrued bene plan year with accrued bene plan year will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable cau	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if approximation of the port of t	89 101 57 73 87 3				
name a Sport 5a Total I b Total I c Numbe complet d(1) Total d(2) Total e Numbe less th Caution: A Under pena	p. EIN, and the plan number of participants number of participants are of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the beginning of the plan year articipants at the end of the plan year minated employment during the or incomplete filing of this returned signed by an enrolled actuary,	plan year (defined beneather) plan yeare plan year with accrued beneatin/report will be assessed uctions, I declare that I have as well as the electronic ver	efit plans do not efits that were unless reasonable cau	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of	89 101 57 73 87 3				
name a Spon 5a Total of b Total of c Numb comple d(1) Total d(2) Total e Numbe less th Caution: A Under pena SB or Sche belief, it is t	p. EIN, and the plan number of participants number of participants are of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year minated employment during the or incomplete filing of this returned signed by an enrolled actuary, plete.	plan year (defined beneather) plan year ear plan year with accrued beneather) pro/report will be assessed uctions, I declare that I have as well as the electronic ver	efit plans do not efits that were unless reasonable cau examined this return/re sion of this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of	89 101 57 73 87 3 plicable, a Schedule my knowledge and				
name a Spor 5a Total I b Total I c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is t SIGN HERE	p. EIN, and the plan number of participants number of participants are of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year minated employment during the or incomplete filing of this returned signed by an enrolled actuary, plete.	plan year (defined beneather) plan yeare plan year with accrued beneatin/report will be assessed uctions, I declare that I have as well as the electronic ver	efit plans do not efits that were unless reasonable cau examined this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of	89 101 57 73 87 3 plicable, a Schedule my knowledge and				
name a Spor 5a Total I b Total I C Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is t	p. EIN, and the plan number of participants number of participants are of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the beginning of the plan year articipants at the end of the plan year minated employment during the or incomplete filing of this returned signed by an enrolled actuary, plete.	plan year (defined beneather) eare plan year with accrued beneather) ern/report will be assessed uctions, I declare that I have as well as the electronic very	efit plans do not efits that were unless reasonable cau examined this return/re sion of this return/report Frank Steslow Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of and to the best of a signing as plan	89 101 57 73 87 3 plicable, a Schedule my knowledge and				
name a Sport 5a Total I b Total I c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is t SIGN HERE	p. EIN, and the plan number of participants number of participants are of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the beginning of the plan year articipants at the end of the plan year minated employment during the or incomplete filing of this returned signed by an enrolled actuary, plete.	plan year (defined beneather) plan year ear plan year with accrued beneather) pro/report will be assessed uctions, I declare that I have as well as the electronic verification. 10-14-15 Date	efit plans do not efits that were unless reasonable cau examined this return/report sion of this return/report Frank Steslow Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of the be	89 101 57 73 87 3 plicable, a Schedule my knowledge and				

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.)								es No
	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance	orogram (see ERISA section 4)	021)?	·····L] Yes	∏ No [Not dete	erminea
Pa	rt III Financial Information		·		_				
	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End	of Year	
	Total plan assets	7a	1,949	9,12	22			2,4	23,486
	Total plan liabilities	7b	1.04		_				100 100
	Net plan assets (subtract line 7b from line 7a)	7c	1,949), IZ	2		9950		23,486
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount		-		(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	114	4,17	1				
	(2) Participants	8a(2)		9,58					
-	(3) Others (including rollovers)	8a(3)		1,20	14				
b	Other income (loss)	8b	133	1,52	1				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			┪			5	06,476
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	7,50	16				
е	Certain deemed and/or corrective distributions (see instructions)	8e			_ _				
f	Administrative service providers (salaries, fees, commissions)	8f	14	1,60	6				
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							32,112
<u>_</u>	Net income (loss) (subtract line 8h from line 8c)	8i						4	74,364
j	Transfers to (from) the plan (see instructions)								
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2 \mbox{G} \ 2 \mbox{L} \ 2 \mbox{T} \ 2 \mbox{F}$	feature co	des from the List of Plan Char	acteri	stic Co	odes in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cteris	ic Cod	des in t	he instruct	ions:	
Par	t V Compliance Questions								
10	During the plan year:				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		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х			1,5	500,000
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 ber	nefits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
a	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)						İ		21,502
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				Х	_			
	2520.101-3.)					Х			
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								
Part	The state of the s								
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)								
_11a	Enter the unpaid minimum required contribution for current year 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?	Yes	i ⊠ 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 being	na amortiz	ed in this plan year, see instru	ctions	and	enter th	ne date of t	he letter i	ulina

granting the waiver.

Day

Month

Year

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If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 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)			12d		
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					4, 5
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X N	0
	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, transferre of the PBGC?	, ,				☐ 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.)	an 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)					
14a	Name of trust			14b ⊤r	ust's EIN	

	H	