## 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).

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pension I	Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the ins	tructions to the Form 5	500-SF.	
Part I	Annual Repor	t Identification Information				
For calen	dar plan year 2014 or	fiscal plan year beginning 01/01/20	014	and ending 12	/31/2014	
	eturn/report is for:	a single-employer plan  a one-participant plan	of participating empl a foreign plan	oyer information in accor		his box must attach a list rm instructions)
<b>B</b> This re	turn/report is	X the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		X DFVC	program
		special extension (enter descr	iption)			
Part II	Basic Plan Inf	ormation—enter all requested inf	ormation			
1a Name 305 NO FA	e of plan NULT, INC. 401(K) PLA	AN			<b>1b</b> Three-dig plan numb (PN) ▶	oer 001
					1c Effective of	date of plan 01/01/2014
2a Plan 305 NO FAI		ddress; include room or suite numbe	er (employer, if for a singl	e-employer plan)	<b>2b</b> Employer (EIN)	Identification Number 26-1534596
1561 TAGU	IS AVENUE					s telephone number 05-772-2072
CORAL GA	BLES, FL 33156				2d Business	code (see instructions) 541800
3a Plan	administrator's name	and address XSame as Plan Spons	sor.		<b>3b</b> Administra	
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
	e, Liiv, and the plan in sor's name	umber from the last return/report.			4c PN	
<b>5a</b> Total	I number of participan	ts at the beginning of the plan year			5a	6
<b>b</b> Total	l number of participan	ts at the end of the plan year			5b	6
C Num	ber of participants wit	n account balances as of the end of	the plan year (defined ber	nefit plans do not	5c	6
	•	articipants at the beginning of the pl			5d(1)	6
<b>d(2)</b> To	otal number of active p	participants at the end of the plan year	ar		5d(2)	4
		terminated employment during the p	•		5e	C
Under per SB or Sch	nalties of perjury and	e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a nplete.	ctions, I declare that I hav	e examined this return/re	port, including, if	applicable, a Schedule
SIGN	Filed with authorize	d/valid electronic signature.	01/29/2016	ZERIOSHA ZAPATA		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator
SIGN HERE						
		loyer/plan sponsor	Date			nployer or plan sponsor
rieparer	s name (including firm	name, if applicable) and address (in	iciuae foom of suite numb	ei ) (opuonai)	rieparer's telep	ohone number (optional)

	Form 5500-SF 2014		Page <b>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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.	an indepe and condi	ndent qualified public accounta	nt (IQ	PA)				X Yes X Yes	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 40	)21)?		Yes	No	No	ot deter	mined
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Eı	nd of \	⁄ear	
<u>a</u>	Total plan assets	. 7a		0					377	'45
b	Total plan liabilities	. 7b		0						0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		0					377	45
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b	) Tota	<u> </u>	
а	Contributions received or receivable from: (1) Employers	. 8a(1)	27	745						
	(2) Participants	. 8a(2)	350	000						
	(3) Others (including rollovers)			0						
	Other income (loss)	. 8b		0						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							377	'45
	Benefits paid (including direct rollovers and insurance premiums	1 33								
	to provide benefits)	. 8d		0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		0						
f	Administrative service providers (salaries, fees, commissions)	. 8f		0						
g	Other expenses	. 8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)								377	45
j	Transfers to (from) the plan (see instructions)	· 8j		0						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the inst	ruction	is:	
b		in atura and	dae from the Liet of Dlan Chare	ata riat	io Cod	Jaa in t	ha inatri	· otiono		
D	If the plan provides welfare benefits, enter the applicable welfare f	eature coc	des from the List of Flati Chara	Clensi	.10 000	ies III t	ne msut	ICTIONS		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		An	nount	
a	Was there a failure to transmit to the plan any participant contribu	utions with	in the time period described in							
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid		<u> </u>	10a		X				
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X				
	,			100						
<u>c</u>	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		Х				
е	Were any fees or commissions paid to any brokers, agents, or ot									
	insurance service, or other organization that provides some or all	of the ber	nefits under the plan? (See			V				
	instructions.)			10e		X				
	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requiren	nents? (If "	'Yes," see instructions and com	plete	Sched	dule SE	3 (Form			
	5500) and line 11a below)								Yes	X No
_11a	Enter the unpaid minimum required contribution for current year f	rom Sched	dule SB (Form 5500) line 39			11a		1 -		
12	Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	or se	ection	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 bei	na amortiz	rad in this plan year, see instru	ctions	and a	antar th	atch an	of the I	attar ru	ilina

. Month

Day

Year

granting the waiver. .....

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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):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> 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

Part I

## 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.

Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	or fiscal plan year beginning	01/01/2014	and ending	12/31/2	014
A This return/report is for:	🗓 a single-employer plan	a multiple-employer of participating emp	r plan (not multiemploye ployer information in acco	r) (Filers checking this	s box must attach a list
	a one-participant plan	a foreign plan			,
<b>B</b> This return/report is	★ the first return/report	the final return/repo	ort		
	an amended return/report	a short plan year re	turn/report (less than 12	months)	
C Check box if filing under:	Form 5558	automatic extension	1	☑ DFVC pro	gram
	special extension (enter descri	ption)			
Part II Basic Plan In	nformation—enter all requested info	ormation			
1a Name of plan				1b Three-digit	
305 No Fault, Inc.	. 401(k) Plan			plan number (PN) ▶	001
				1c Effective date	
				01/01/20:	
20 Plan sponsor's name and 305 No Fault, Inc.	address; include room or suite number	r (employer, if for a singl	e-employer plan)	<b>2b</b> Employer Idea (EIN) 26-15	
				2c Sponsor's tel	
1561 Tagus Avenue				(305) 772	
Coral Gables		FI	33156	2d Business code 541800	e (see instructions)
	and address XSame as Plan Sponso		3 33130	3b Administrator	s EIN
	_				
				3C Administrator	s telephone number
				1	
venue.					
4 If the name and/or EJN of t	the plan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b EIN	
4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name	the plan sponsor has changed since th number from the last return/report.	e last return/report filed	for this plan, enter the		
name, EIN, and the plan n  a Sponsor's name	the plan sponsor has changed since th number from the last return/report. ts at the beginning of the plan year			4c PN	6
name, EIN, and the plan n  a Sponsor's name  5a Total number of participani	number from the last return/report.			4c PN 5a	6
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participan c Number of participants with	ts at the end of the plan year ts at the beginning of the plan year ts at the end of the plan year	e plan year (defined ben	efit plans do not	4c PN 5a	6
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participan c Number of participants with complete this item)	ts at the beginning of the plan year	e plan year (defined ben	efit plans do not	4c PN 5a 5b 5c	6
name, EIN, and the plan n a Sponsor's name  5a Total number of participan b Total number of participan c Number of participants with complete this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of the	e plan year (defined ben	efit plans do not	4c PN 5a 5b 5c 5d(1)	6 6 6
name, EIN, and the plan n a Sponsor's name  5a Total number of participant b Total number of participant c Number of participants with complete this item) d(1) Total number of active p	ts at the beginning of the plan year ts at the end of the plan year the account balances as of the end of the plan year of the end of the plan year	e plan year (defined ben	efit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2)	6
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name, EIN, and the plan na Sponsor's name  5a Total number of participant b Total number of participant c Number of participants with complete this item)	ts at the beginning of the plan year ts at the end of the plan year th account balances as of the end of the participants at the beginning of the plan participants at the end of the plan year. terminated employment during the plan terminated employment during the plan the or incomplete filing of this return/re other penalties set forth in the instruction and signed by an enrolled actuary, as year.	e plan year (defined ben n year n year with accrued ben eport will be assessed ons, I declare that I have well as the electronic ver	efits that were  unless reasonable cau examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. Fort, including, if applic, and to the best of me	6 6 4 0
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name, EIN, and the plan na Sponsor's name  5a Total number of participants b Total number of participants c Number of participants with complete this item)	ts at the beginning of the plan year ts at the end of the plan year th account balances as of the end of the plan year it is at the end of the plan year it is at the beginning of the plan year it is participants at the end of the plan year it is participants at the end of the plan year it is the interminated employment during the plan year in it is participant in the instruction in the penalties set forth in the instruction and signed by an enrolled actuary, as in polete.	e plan year (defined ben year	efit plans do not  efits that were  unless reasonable cau examined this return/report Zeriosha Zapa Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. Fort, including, if applic, and to the best of metal all signing as plan ad ta	6 6 4 0 cable, a Schedule y knowledge and
name, EIN, and the plan n a Sponsor's name  5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested  Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed a belief, it is true, correct, and con SIGN HERE Signature of plan SigN HERE	ts at the beginning of the plan year ts at the end of the plan year th account balances as of the end of the participants at the beginning of the plan participants at the end of the plan year. terminated employment during the plan terminated employm	n year with accrued ben eport will be assessed ons, I declare that I have well as the electronic ver  //27//6  Date //27//6  Date	efits that were  unless reasonable cau examined this return/report Zeriosha Zapa Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. Fort, including, if applie, and to the best of my ta ual signing as plan ad ta ual signing as employed	6 6 4 0 cable, a Schedule y knowledge and ministrator
name, EIN, and the plan n a Sponsor's name  5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested  Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed a belief, it is true, correct, and con SIGN HERE Signature of plan SigN HERE	ts at the beginning of the plan year ts at the end of the plan year th account balances as of the end of the plan year it is at the end of the plan year it is at the beginning of the plan year it is participants at the end of the plan year it is participants at the end of the plan year it is the interminated employment during the plan year in it is participant in the instruction in the penalties set forth in the instruction and signed by an enrolled actuary, as in polete.	n year with accrued ben eport will be assessed ons, I declare that I have well as the electronic ver  //27//6  Date //27//6  Date	efits that were  unless reasonable cau examined this return/report Zeriosha Zapa Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. Fort, including, if applic, and to the best of metal all signing as plan ad ta	6 6 4 0 cable, a Schedule y knowledge and ministrator
name, EIN, and the plan na Sponsor's name  5a Total number of participants with complete this item)	ts at the beginning of the plan year ts at the end of the plan year th account balances as of the end of the participants at the beginning of the plan participants at the end of the plan year. terminated employment during the plan terminated employm	n year with accrued ben eport will be assessed ons, I declare that I have well as the electronic ver  //27//6  Date //27//6  Date	efits that were  unless reasonable cau examined this return/report Zeriosha Zapa Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. Fort, including, if applie, and to the best of my ta ual signing as plan ad ta ual signing as employed	6 6 4 0 cable, a Schedule y knowledge and ministrator
name, EIN, and the plan n a Sponsor's name  5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested  Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed a belief, it is true, correct, and con SIGN HERE Signature of plan SigN HERE	ts at the beginning of the plan year ts at the end of the plan year th account balances as of the end of the participants at the beginning of the plan participants at the end of the plan year. terminated employment during the plan terminated employm	n year with accrued ben eport will be assessed ons, I declare that I have well as the electronic ver  //27//6  Date //27//6  Date	efits that were  unless reasonable cau examined this return/report Zeriosha Zapa Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. Fort, including, if applie, and to the best of my ta ual signing as plan ad ta ual signing as employed	6 6 4 0 cable, a Schedule y knowledge and ministrator

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t	Were all of the plan's assets during the plan year invested in eligical 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 can lift the plan is a defined benefit plan, is it covered under the PBGC.	f an indepe / and cond not use Fo	endent qualified public accour litions.) orm 5500-SF and must inste	ntant ead u	(IQPA)	rm 55(		_	Yes [	_ No
	art III Financial Information					Ш.	<u>. U</u>	<u> </u>		
7	Plan Assets and Liabilities		(a) Beginning of Y	ear			(b) E	nd of Yea		
а	Total plan assets	. 7a			o		(10) C	id Oi Tei		,745
b	Total plan liabilities	. 7b			0				J / ,	0
	Net plan assets (subtract line 7b from line 7a)	. 7c			0				37	,745
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		2,7	45					
	(2) Participants	8a(2)	5	35,0						
	(3) Others (including rollovers)	8a(3)			0			2. bay 8 in az		
<u>b</u>	Other income (loss)	8b			0					
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			17890				37,	745
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits).	. 8d			0					
f	Certain deemed and/or corrective distributions (see instructions)	8e			0					
	Administrative service providers (salaries, fees, commissions)	8f			0					and the
g h	Other expenses (add lines 8d, 8e, 8f, and 8g)	8g		11.50.5455.	0					
<del></del> -	Net income (loss) (subtract line 8h from line 8c)	8h			1000V					0
<u> </u>	Transfers to (from) the plan (see instructions)	8i			0 100	96006979	858 P. Page		37,	745
ns.	t IV Plan Characteristics	<b>8</b> j			0	24 (A) (C)				
b Pan	2A 2E 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cteris	tic Co	đes in	the instruc	tions:		
10	V Compliance Questions  During the plan year:			···		r				
a		ione within	the time period described in	Т	Yes	No		Amour	ıt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu- Were there any nonexempt transactions with any party-in-interest?	ciary Corre	ection Program)	10a		Х				
	on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c		Х		·		
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	·····	,	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.)	of the bene	fits under the plan? (See	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		Х				<del></del>
	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruc	tions and 29 CFR	10g		Х				
Ĭ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required	notice or one of the	10i		*77				
Part	VI Pension Funding Compliance						- Company of the Comp	and the same of the state of th		<u> </u>
11	Is this a defined benefit plan subject to minimum funding requireme 5500 and line 11a below)	nts? (If "Yo	es," see instructions and com	olete (	Schedu	le SB	(Form	П Үе	s 🛛 1	<b></b>
11a	Enter the unpaid minimum required contribution for current year from					11a		<u> </u>	<u> </u>	_
	Is this a defined contribution plan subject to the minimum funding re	equiremen	ts of section 412 of the Code				ERISA?	Yes	X N	lo
а	(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 being granting the waiver.	amortized	in this plan year, see instruc	tions,	and er		e date of ti		uling	
	granting the waiver.		Mont	h		Day		Year		

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	skip to line 13.		
b Enter the minimum required contribution for this plan year		12b	
c 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 (enter a minu negative amount).	is sing to the left of a	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes No NA
Part VII Plan Terminations and Transfers of Assets			
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another of the PBGC?	plan, or brought under the		∏ Yes 汉 No
c if during this plan year, any assets or liabilities were transferred from this plan to another p which assets or liabilities were transferred. (See instructions.)	plan(s), identify the plan(s)	) to	1 100 M
13c(1) Name of plan(s):		13c(2) EIN(s)	13c(3) PN(s)
			100(0) 111(0)
Part VIII Trust Information (optional)			
14a Name of trust			
14a Name of trust		14b Trust's	EIN
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