## 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Repor	t identification information	)							
For calenda	ar plan year 2015 or t	fiscal plan year beginning 01/01/2	2015		and ending 12	2/31/2	015			
A This ret	turn/report is for:	a single-employer plan     a one-participant plan	lis		an (not multiemployer) ployer information in ac					
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the	e final return/report	/report (less than 12 mo	onths	)			
C Check	box if filing under:	Form 5558 special extension (enter desc		utomatic extension			DFVC pro	gram		
Dort II	Pasia Blan Inf									
Part II  1a Name KEITH S. FO		ormation—enter all requested in	normatic	on			Three-digit plan number (PN) ▶	001		
		oyer, if for a single-employer plan)	D. D				01/ Employer Iden	01/2011 tification Number		
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KEITH FOLSE LANGUAGE SERVICES, LLC					uctions)	(EIN) 27-4550020  2c Sponsor's telephone number 407-401-0308				
330 JASMINI ORLANDO, F	E AVENUE FL 32806					2d		(see instructions)		
<b>3a</b> Plan a	dministrator's name a	and address XSame as Plan Spon:	sor.				Administrator's	telephone number		
name		ne plan sponsor has changed since umber from the last return/report.	the last	return/report filed fo	r this plan, enter the	4b 4c	EIN			
		s at the beginning of the plan year				5	1	2		
		s at the end of the plan years				5		2		
C Numb	er of participants with	account balances as of the end of	the plar	n year (defined bene	fit plans do not	5		1		
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the pl	lan year	·		5d	(1)	2		
<b>d(2)</b> Total	al number of active p	articipants at the end of the plan ye	ar			5d	(2)	2		
than	100% vested	t terminated employment during the				5		0		
Under pena SB or Sche	alties of perjury and c	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, a aplete.	ctions, I	declare that I have	examined this return/rep	oort, i	ncluding, if appl			
SIGN		d/valid electronic signature.		07/12/2016	KEITH FOLSE					
HERE	Signature of plan	administrator		Date	Enter name of individu	ual siç	gning as plan ac	dministrator		
SIGN										

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page <b>2</b>							
<b>b</b> A	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 f you answered "No" to either line 6a or line 6b, the plan cann	an indeper and conditi	ndent qualified public a	account	ant (IQ	PA)				Yes No
C If	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)? .		Yes	No	] Not d	letermined
Part	III Financial Information	1								
<b>7</b> F	Plan Assets and Liabilities		(a) Beginning	g of Ye	ar			(b) End	of Yea	ar
	Total plan assets	7a		84	286				1	110332
	Total plan liabilities	7b			0					0
	Net plan assets (subtract line 7b from line 7a)	7c			286					110332
	ncome, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amou	unt				(b) 1	Total	
	1) Employers	8a(1)								
(	2) Participants	8a(2)		29	500					
(	3) Others (including rollovers)	8a(3)								
<b>b</b> 0	Other income (loss)	8b		-2	8008					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								27492
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f		1	446					
	Other expenses	8g								
h T	Total expenses (add lines 8d, 8e, 8f, and 8g)									1446
i N	Net income (loss) (subtract line 8h from line 8c)	8i								26046
j⊺	Fransfers to (from) the plan (see instructions)	8j								
Part	IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Pl	an Cha	racteris	stic Co	odes in	the instru	ctions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instruc	tions:	
								.0		
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amo	unt
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	,		10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla			10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Χ				
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3									
j	Did the plan trust incur unrelated business taxable income?			10j						
Part '	VI Pension Funding Compliance									
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes No
<u>11a</u>	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction (	302 of E	RISA?	<u>.                                    </u>	Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 plan, or brough	ght under the co					
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	<b>13c(3)</b> PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
	rianio	of tubics of suctorial			telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method			
15c	<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?				s	No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				I I Dercentage I I			rage efit test	
<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	19 Were in-service distributions made during the plan year?					No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A	

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## Form 5500-SF

Department of the Treasury Internal Revenue Service

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

OMB Nos. 1210-0110

1210-0089

2015 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 Department of Labor This Form is Open to Revenue Code (the Code). Employee Benefits Security Administration **Public Inspection** Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) **A** This return/report is for: 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) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number Keith S. Folse, LLC 401(k) Plan 001 (PN) • 1c Effective date of plan 01/01/2011 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 27-4550020 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Keith Folse Language Services, LLC (407) 401-0308 2d Business code (see instructions) 611000 330 Jasmine Avenue Orlando, FL 32806 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 2 5a Total number of participants at the beginning of the plan year..... 5b **b** Total number of participants at the end of the plan year ..... 2 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 1 complete this item) 2 5d(1) d(1) Total number of active participants at the beginning of the plan year ...... 5d(2) 2 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 0 than 100% vested.... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 paggateant complete //12/2016 Keith Folse SIGN **HERE** Signadasce Fofoptan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number

Form 5500-SF 2015 Page 2 X Yes **6a** 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) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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 **Financial Information** Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 84286 110332 Total plan assets. 7a **b** Total plan liabilities ..... 7b 84286 110332 **C** Net plan assets (subtract line 7b from line 7a) 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 8a(1) (1) Employers ..... 29500 (2) Participants ..... 8a(2) (3) Others (including rollovers) ........ 8a(3) -2008 Other income (loss) ..... 27492 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... Benefits paid (including direct rollovers and insurance premiums to provide benefits) .. 8d e Certain deemed and/or corrective distributions (see instructions)... 8e 1446 Administrative service providers (salaries, fees, commissions). 8f g Other expenses ..... 8g 1446 h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 26046 Net income (loss) (subtract line 8h from line 8c) ..... Transfers to (from) the plan (see instructions)..... Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2G 2J 2K В If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V **Compliance Questions** 10 During the plan year: Yes No N/A Amount Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Х 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions Х reported on line 10a.). 10b 50000 C Was the plan covered by a fidelity bond?..... 10c Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused Χ 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance Χ carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)..... 10e Has the plan failed to provide any benefit when due under the plan? ..... Χ 10f Did the plan have any participant loans? (If "Yes," enter amount as of year end.) ..... Χ 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Χ 2520.101-3.).... 10h 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..... 10i Did the plan trust incur unrelated business taxable income? Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 5500) and line 11a below)..... 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40... 12 Yes

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

	F	form 5500-SF 2015 Page <b>3 -</b> 1						
а	If a wa	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ingoing the waiver.		enter the	e date of	the letter rul Year	ing	
lf	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1				
b	Enter t	he minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ive amount)		12d				
е	Will th	e 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?			Ye	es X No		
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	0	ontrol		Yes X	No	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)	ify the plan(s) to					
•	13c(1) N	Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part		Trust Information						
14a	Name o	of trust		14b <sup>-</sup>	Trust's El	IN		
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions						
		·		Ye	es	No		
15a	Is the	IRS Compliance Questions  plan a 401(k) plan?		Do ba	es esign- ased safe arbor ethod			
15a 15b	Is the  If "Yes matching the A testing	plan a 401(k) plan?," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an	current year 401(m)-	Do ba ha m	esign- ased safe arbor ethod	e ADF		
15a 15b 15c	Is the  If "Yes matchi  If the A testing 2(a)(2)  Check	plan a 401(k) plan?	current year 401(m)- ion 410(b):	Do ba ha m	esign- ased safe arbor ethod es atio ercentage	ADF test		
15a 15b 15c	Is the  If "Yes matchi  If the A testing 2(a)(2)  Check	plan a 401(k) plan?	current year 401(m)- ion 410(b):	Do ba ha m	esign- ased safe arbor ethod es atio ercentage st	ADF test	rage	
15a 15b 15c 16a 16b	Is the  If "Yes matchi  If the A testing 2(a)(2)  Check  Does t this pla	plan a 401(k) plan?	current year 401(m)- ion 410(b):	Do ba ha m m Yee	esign- ased safe arbor ethod ess atio ercentage st	ADF test  No  Ave	rage	
15a 15b 15c 16a 16b 17a	Is the  If "Yes matchi  If the Atesting 2(a)(2)  Check  Does to this play  Has the	plan a 401(k) plan?	current year 401(m)- ion 410(b):	Do babham m Yee	esign- ased safe arbor ethod es atio ercentage st	AVE AVE BEN NO NO NO	rage efit test	
15a 15b 15c 16a 16b 17a 17b	If "Yes match"  If the Atesting 2(a)(2)  Check  Does to this play  Has the Date the for tax  If the p	plan a 401(k) plan?	current year 401(m)- ion 410(b):  hbining  Enter the a an that is subject	Do basha my Yee	esign- ased safe arbor ethod es atio ercentage st es	AVE AVE BEN NO NO NO (See in	rage efit test N/A structions	
15a 15b 15c 16a 16b 17a 17b	Is the  If "Yes matchi  If the A testing 2(a)(2)  Check  Does t this pla  Has th  Date th for tax  If the p adviso  If the p	plan a 401(k) plan?	current year 401(m)- ion 410(b):  nbining  Enter the a an that is subject	Do ba ha m Yee Yee Yee Yee Yee To a fa	esign- ased safe arbor ethod es atio ercentage st es ale code _ avorable	AVE AVE BEN NO NO NO (See in IRS opinion	rage efit test N/A structions	
15a 15b 15c 16a 16b 17a 17b	Is the If "Yes matching If the Attesting 2(a)(2). Check If this plate the Date the for tax. If the padvisor If the padvisor Is the Is the	plan a 401(k) plan?	current year 401(m)- ion 410(b):  hbining  Enter the a an that is subject number enter the date of	Do ba ha m Yee Yee Yee Yee Yee To a fa	esign- ased safe arbor ethod es atio ercentage st es le code _ avorable _ n's last fa	AVE AVE BEN NO NO NO (See in IRS opinion	rage efit test N/A structions	
15a 15b 15c 16a 16b 17a 17b 17c	Is the  If "Yes match"  If the A testing 2(a)(2)  Check  Does t this pla  Has th  Date the for tax  If the padviso  If the pederm  Is the made)	plan a 401(k) plan?	current year 401(m)- ion 410(b):  hbining	Do ba ha m M Yee Pplicabet to a fatthe plane	esign- ased safe arbor ethod  ass  atio ercentage st  ass  ass  atio ercentage st  ass  ass  avorable  avorable  n's last fa	ADF test  No  Ave ben  No  No  (See in:	rage efit test N/A structions	
15a 15b 15c 16a 16b 17a 17b 17c	Is the If "Yes matching of the Atesting 2(a)(2). Check If this play the Date of this play advisor of the padvisor of the padvi	plan a 401(k) plan?	current year 401(m)- ion 410(b):  hbining	Do ba ha m Yee	esign- ased safe arbor ethod  ass  atio ercentage st  ass  ass  atio ercentage st  ass  ass  avorable  avorable  n's last fa	ADF test  No  Ave ben  No  No  (See in avorable	rage efit test N/A structions	