## 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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection** 

Pension	Benefit Guaranty Corporation	<ul> <li>Complete all entries in</li> </ul>	accordance with the instructions to the Form 55	500-SF	-	•				
Part I	Annual Report	<b>Identification Information</b>								
For cale	ndar plan year 2015 or fis	scal plan year beginning 01/01/2	2015 and ending 12	2/31/20	)15					
<b>A</b> This	return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan							
<b>B</b> This r	eturn/report is	<ul><li>the first return/report</li><li>an amended return/report</li></ul>	the final return/report a short plan year return/report (less than 12 m	2 months)						
C Chec	k box if filing under:	Form 5558 special extension (enter desc	automatic extension DFVC program er description)							
Part II	Basic Plan Info	rmation—enter all requested in	formation							
	ne of plan MADE INVESTMENTS 4				Three-digit plan number (PN)	001				
				1c	Effective date of 01/0	f plan 1/2015				
Mail	n sponsor's name (employing address (include roor			Employer Identification Number (EIN) 20-0891690						
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  AYLORMADE INVESTMENTS, LLC					Sponsor's telephone number 305-772-0091					
0800 BISCAYNE BLVD., SUITE 700 IIAMI, FL 33161					2d Business code (see instructions)  523900					
<b>3a</b> Plan	administrator's name ar	nd address XSame as Plan Spons	sor.	<b>3b</b> Administrator's EIN						
				3с	Administrator's t	elephone number				
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b						
<b>a</b> Spo	nsor's name			4c	PN					
5a Tota	al number of participants	at the beginning of the plan year		58	а	2				
<b>b</b> Tota	<b>b</b> Total number of participants at the end of the plan year				o	2				
	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					2				
<b>d(1)</b> ⊤	otal number of active par	rticipants at the beginning of the pl	lan year	5d(	(1)	2				
			ar	5d(	(2)	2				
					<b>e</b>	0				
			n/report will be assessed unless reasonable cau							
Under pe	enalties of perjury and oth	her penalties set forth in the instru	ctions, I declare that I have examined this return/rep	port, in	cluding, if applic	able, 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

	STEPHEN TYALOR				
Date	Enter name of individual signing as plan administrator				
Date	Enter name of individual signing as employer or plan sponsor				
nd address (include room or suite numbe	Preparer's telephone number				
r					

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<ul> <li>Were all of the plan's assets during the plan year invested in eligit</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an independent	dent qualified public a	ccount	ant (IQ	PA)			×	Yes Yes	No No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC i	insurance pr	ogram (see ERISA se	ction 4	021)? .		Yes	No	Not o	determir	ned
Part III Financial Information	, ,									
7 Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	d of Yea	ar	
<b>a</b> Total plan assets	7a			0					160574	
<b>b</b> Total plan liabilities	7b									
C Net plan assets (subtract line 7b from line 7a)	7с			0					160574	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total		
Contributions received or receivable from:     (1) Employers	8a(1)		2	297						
(2) Participants	8a(2)		4	000						
(3) Others (including rollovers)	8a(3)		151	242						
<b>b</b> Other income (loss)	8b		3	035						
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8с								160574	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
Certain deemed and/or corrective distributions (see instructions)										
f Administrative service providers (salaries, fees, commissions)										
g Other expenses										
h Total expenses (add lines 8d, 8e, 8f, and 8g)										
i Net income (loss) (subtract line 8h from line 8c)	8i								160574	+
j Transfers to (from) the plan (see instructions)	·· 8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension	n feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in t	he instru	uctions:		
B If the plan provides welfare benefits, enter the applicable welfare	facture and	as from the List of Dis	o Char		io Coo	loo in the	o in otrus	ation or		
in the plant provides welfare benefits, enter the applicable welfare	reature code	es from the List of Pla	i Cilaia	acterist	.10 000	162 111 1111	e msuu	JUOI15.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amo	unt	
Was there a failure to transmit to the plan any participant contributed in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		X					
<b>b</b> Were there any nonexempt transactions with any party-in-interest					V					
reported on line 10a.)			10b		X					
C 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 by fraud or dishonesty?	······································		10d		X					
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of the	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		Х					
g Did the plan have any participant loans? (If "Yes," enter amount a	as of vear er	nd.)	10g		Χ					
h If this is an individual account plan, was there a blackout period?	(See instruc	ctions and 29 CFR	10g 10h		X					
i If 10h was answered "Yes," check the box if you either provided a exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance			. •,	1	<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)									Yes	No.
11a Enter the unpaid minimum required contribution for all years from						11a		<u>. L.</u>		
12 Is this a defined contribution plan subject to the minimum funding							RISA?	П	Yes	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	ontrol		Yes X	No		
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	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		
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACF harbor test method					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come 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	Were in	n-service distributions made during the plan year?		Ye	s	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		

## 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.

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	14	entification Information	2000100	ince with the mst	ructions to the Form	5500-8	»r.			
	dar plan year 2015 or fi	sca	I plan year beginning 01/01/20	15		and anding 10	104/00				
		X			aultiple employers	and ending 12					
A This re	eturn/report is for:		a onigic omployer plan	box must attach a m instructions)							
			a one-participant plan		oreign plan	inproyer information in a	accord	ance with the for	m instructions)		
					J. Pian						
B This re	turn/report is	X	the first return/report	The	final return/report						
		П	an amended return/report			rn/report (less than 12)	months	.)			
<b>C</b> 01 1			and an analysis of the state of	Пазі	ion plan year retur	Threport (less than 12)	months	·)			
C Check	box if filing under:		Form 5558	aut	omatic extension			DFVC prog	gram		
Part II	Basic Plan Info	rm	nation—enter all requested inf	formation	n	<del></del>					
1a Name	e of plan		-				1h	Three-digit			
Taylormade	e Investments 401(k) P	lan					10	plan number			
							(PN) <b>)</b>	001			
							1c	Effective date of	of plan		
2- 51								01/01/2015			
Za Plan s	sponsor's name (emplo	yer,	, if for a single-employer plan) apt., suite no. and street, or P.O				2b	Employer Ident	tification Number		
City o	r town, state or provinc	e. c	country, and ZIP or foreign posta	J. Box)	if foreign see instr	ructions)		(EIN) 20-08916	390		
Taylormade	Investments, LLC	,	, and an or foreign posts		ii lorcigii, see iiisti	ructions)	2c	Sponsor's telep	phone number		
								772-0091			
10000 B:							2d	Business code	(see instructions)		
10800 Bisca	ayne Blvd., Suite 700							523900			
Miami, FL 3	3161										
		nd a	ddress X Same as Plan Spons	201			21				
	and a second right of	iu u	doress Moanie as Flan Spons	501.			30	Administrator's	EIN		
							30	Administrator's	telephone number		
							3c Administrator's telephone number				
4 If the	name and/or EIN of the	pla	an sponsor has changed since t	the last r	eturn/report filed for	or this plan anton the	Ab cu				
name	, EIN, and the plan nur	nbe	r from the last return/report.	the last h	etarn/report illed it	or this plan, enter the	4b EIN				
<b>a</b> Spons	or's name						4c	PN			
5a Total	number of participants	at th	he beginning of the plan year						2		
<b>b</b> Total	number of participants	at th	he end of the plan year				5				
C Numb	er of participants with a	acco	ount balances as of the end of the	the plan	your (defined have		. 3	<u> </u>	2		
comp	lete this item)			ine pian y	year (delined bene	efit plans do not	5	С	2		
			pants at the beginning of the pla				5d	(1)	2		
d(2) Tot	al number of active par	ticir	contract the and of the plants	an year	••••••		54				
e Numb	per of participants that t	erm	pants at the end of the plan year ninated employment during the p	ar			5d	(2)	2		
ınan	100% vested						5		0		
Caution. A	penalty for the late of	r in	Complete filing of this refurn	renort v	will he acceced	unlace reaconable as	use is	established.			
Onder pena	ailles of perjury and oth	ier c	penalties set forth in the instruct	tions I de	eclare that I have	ovaminad this rature /va		-Ladina is the	cable, a Schedule		
	true, correct, and comp	u Si	uned by all ellfolled actuary as	s well as	the electronic vers	sion of this return/repor	t, and	to the best of my	knowledge and		
SIGN						Stephen Taylor					
HERE	HERE										
	Signature of plan administrator  Date Enter name of indiv						lual sig	ning as plan adr	ministrator		
SIGN HERE	-255-25074 V	700	Color 24		7/22/2016						
	Signature of employ	/er/	plan sponsor	[	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor		
Preparer's name (including firm name, if applicable) and address (include room or suite number )						arer's telephone					

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cannot be a continuous or the continuous or</li></ul>	an indeper and condit ot use Fo	ndent qualified public a ions.) rm 5500-SF and mus	ccount t instea	ant (IC	PA) Form	5500.		X Yes	No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ection 4	021)?		Yes	No 📗	Not deter	mined
Part III Financial Information		Γ							
7 Plan Assets and Liabilities		(a) Beginning	g of Ye		-		(b) End		
a Total plan liabilities	7a			0	+			160574	1
b Total plan liabilities	7b 7c			0	+			160574	1
Income, Expenses, and Transfers for this Plan Year							(I-) T		•
a Contributions received or receivable from:		(a) Amou	ınt				(b) To	otai	
(1) Employers	8a(1)		229	97		785.4576			
(2) Participants	8a(2)		400	00					
(3) Others (including rollovers)	8a(3)		15124						
b Other income (loss)	8b		303	35					1000
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							160574	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i Net income (loss) (subtract line 8h from line 8c)	8i							16057	4
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	des in the	instruction	ons:	
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		×				
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х				
C Was the plan covered by a fidelity bond?			10c		Х				
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
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.)	er person	s by an insurance the benefits under	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 a	s of year e	nd.)	10g		X				
h If this is an individual account plan, was there a blackout period? (	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				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	ne required	notice or one of the	10h 10i						
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance			,						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions a	and cor	nplete	Sched	lule SB (F	orm	Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of th	ne Cod	e or se	ction 3	302 of EF	RISA?	Yes	X No

	Form 5500-SF 2015 Page <b>3 -</b> 1							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ingranting the waiver.	Month	enter the Day	date of	the letter ru Year_	ling		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line							
k	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 minus sign to the negative amount)	left of a	12d					
	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?		Yes X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
b	of the PBGC?				Yes X	No		
	which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
	: VIII Trust Information							
14a	Name of trust		<b>14b</b> ⊤	rust's Ell	N			
140	Name of trustee or custodian		14d Trustee's or custodian's telephone number					
Par	t IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan?		Yes	;	No			
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba:	sign- sed safe rbor ethod	ADP/ACP test			
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "creating method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	urrent year 01(m)-	Yes		No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ra per tes	rcentage		erage efit test		
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?		Yes	j	No			
	Has the plan been timely amended for all required tax law changes?		Yes	i	No	N/A		
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a				structions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial	number				or		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter		the plan	s last fav	vorable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	Islands)?	Yes		No			
19	Were in-service distributions made during the plan year?		Yes		No			
	If "Yes," enter amount		19					
20	Were required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of where the transfer of the retired), as required under section 401(a)(9)?	ether or not	Yes		No	N/A		