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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pen	sion Benefit Guaranty Corporation	<u> </u>	accordance with the instructions to the Form 5	500-S	F.	•			
Par	t I Annual Report	Identification Information	l						
For ca	alendar plan year 2015 or fi	scal plan year beginning 01/01/2	2015 and ending 12	2/31/2	015				
A Th	nis 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 Th	is return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths))				
C C	neck box if filing under:	X Form 5558	automatic extension		DFVC prog	ram			
		special extension (enter desc	• ,						
Par	t II Basic Plan Info	ormation—enter all requested in	formation						
	lame of plan NOVA GROUP 401(K) PLA	AN		1b	Three-digit plan number (PN)	001			
				1c	Effective date o	f plan 1/2014			
N	lailing address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C		2b	Employer Identii (EIN) 47-2	fication Number 443082			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) QUAD NOVA GROUP				2c	2c Sponsor's telephone number 904-638-4626				
				2d	Business code (see instructions)			
UITE :	NORMANDY BLVD 505 ONVILLE, FL 32221				5416	600			
3a ₽	'lan administrator's name a	nd address XSame as Plan Spon	SOF.	3b	Administrator's	EIN			
				3с	Administrator's t	telephone number			
4 If	f the name and/or EIN of the name, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN 26-3	018909			
	ponsor's name QUAD NOV			4c	PN 0	01			
5a ⊺	Total number of participants	at the beginning of the plan year		5	а	6			
b Total number of participants at the end of the plan year				5	b	6			
C N	Number of participants with	account balances as of the end of	the plan year (defined benefit plans do not	5	С	5			
d(1) Total number of active participants at the beginning of the plan year			lan year	5d(1)					
d(2	Total number of active pa	articipants at the end of the plan ye	ar	5d	(2)	6			
e	Number of participants that than 100% vested	terminated employment during the	e plan year with accrued benefits that were less	5		0			
		<u> </u>	n/report will be assessed unless reasonable car						
			ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor						

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

	Filed with authorized/valid electronic signature.	10/05/2016	JK GRAFE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address (include r	er) Preparer's telephone number	

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 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot 	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ ad use	PA) Form	5500.		X	Yes [No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	determi	ned
Part III Financial Information	1				-					
7 Plan Assets and Liabilities		(a) Beginning					(b) End			
a Total plan assets	7a		115	851					133276	<u>`</u>
b Total plan liabilities	7b		445	054					400070	
C Net plan assets (subtract line 7b from line 7a)	7c			851	-				133276)
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total		
(1) Employers	8a(1)		8	347						
(2) Participants	8a(2)		11	457						
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b		-2	331						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								17473	3
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			48						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								48	3
i Net income (loss) (subtract line 8h from line 8c)	8i								17425	5
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 2T 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in t	he instru	ictions:		
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	as from the List of Pla	n Char	octorist	ic Coc	les in th	a instru	tions:		-
In the plan provides wellare benefits, effer the applicable wellare to	cature cout	23 HOITH THE LIST OF FIRE	ii Onaie	actorist	.10 000	103 111 111	C IIIStruc	Alloris.		
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 described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest										
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e	X						250
f Has the plan failed to provide any benefit when due under the plan			10f		X					
g Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	nd.)	10g		Χ					
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g		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	10i							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance			. •,		<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	No
11a Enter the unpaid minimum required contribution for all years from						11a		<u>, </u>	<u>L</u>	
12 Is this a defined contribution plan subject to the minimum funding							RISA?	. П	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 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
	rianio	of tubics of suctorial			telephone		o
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I		t Identification Information				\1 F					
For calenda	ar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/20						
▲ This ret	urn/report is for:	X a single-employer plan		an (not multiemployer) ployer information in ac							
A This rec	штиероп в юг.	a one-participant plan	a foreign plan								
B This retu	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return/report (less than 12 months)								
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pr	rogram					
		special extension (enter desc	cription)								
Part II	Basic Plan Inf	formation—enter all requested in	nformation								
1a Name QUAD NO	of plan OVA GROUP 401	(K) PLAN			1b Three-digit plan number (PN) ▶	001					
					1c Effective dat 01/01/20						
2a Plan s	ponsor's name (emp	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.	O. Box)			entification Number					
City or		nce, country, and ZIP or foreign pos		uctions)	2c Sponsor's te	lephone number					
	NORMANDY BLV	7D				de (see instructions)					
SUITE		22221									
	ONVILLE	FL 32221 and address XSame as Plan Spor	nsor		3b Administrato	r's EIN					
ou i iaii a											
4 If the	name and/or EIN of	the plan sponsor has changed sinc	e the last return/report filed f	or this plan, enter the	4b EIN 26-3	018909					
	e, EIN, and the plan r sor's name	number from the last return/report. QUAD	NOVA INC.		4c PN 001						
		nts at the beginning of the plan year			. 5a	6					
		nts at the end of the plan year				6					
C Numb	per of participants with	th account balances as of the end o	of the plan year (defined bene	efit plans do not	5c	5					
		participants at the beginning of the			5d(1)	6					
		participants at the end of the plan y			5d(2)	6					
e Num	ber of participants th	at terminated employment during the	ne plan year with accrued be	nefits that were less	5e	0					
Caution:	A penalty for the lat	te or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	use is established						
SB or Sch	nalties of perjury and ledule MB completed true, correct, and co	other penalties set forth in the instr and signed by an enrolled actuary	uctions, I declare that I have , as well as the electronic ve	examined this return/repo	eport, including, if ap rt, and to the best o	f my knowledge and					
SIGN	1 00, 00, 00, 00, 00, 00	Dale	10/4/2016	JK GRAFE							
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan administrator						
SIGN											
HERE	Signature of emp	ployer/plan sponsor	Date			loyer or plan sponsor					
Preparer's	s name (including firr	n name, if applicable) and address	(include room or suite numb	er)	Preparer's teleph	one number					

	Form 5500-SF 2015		Page 2							
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)	an independ	ent qualified public ad	ccounta	ant (IQF	PA)			X Ye	
	If you answered "No" to either line 6a or line 6b, the plan cann									
	f the plan is a defined benefit plan, is it covered under the PBGC in							No	Not dete	ermined
Par										
_	Plan Assets and Liabilities		(a) Beginning	of Vo	ar .	T		(h) End	d of Year	
_	Total plan assets	7a	(a) Degiiiiiiig		5,85	1		(b) Line		33,276
	Total plan liabilities	7b			,	1				
	Net plan assets (subtract line 7b from line 7a)	7c		11.	5,85	1			1	33,276
_	Income, Expenses, and Transfers for this Plan Year	10	(a) Amou		,			(h)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	(a) Alliou		8,34	7		(5)		
	(2) Participants	8a(2)		1	1,45	7		2		
	(3) Others (including rollovers)	8a(3)								
-	Other income (loss)	8b		-	2,33	1				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								17,473
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e							4.1	
f	Administrative service providers (salaries, fees, commissions)	8f			4	8				
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								48
i	Net income (loss) (subtract line 8h from line 8c)	8i								17,425
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 2T 3D	feature code	es from the List of Pla	an Cha	racteris	stic Co	des in t	he instru	uctions:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature code	s from the List of Plar	Chara	acterist	ic Cod	les in the	e instrud	ctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	it
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	luciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not in	clude transactions	10b		Х				
С	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		Х				
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of th	ne benefits under	10e	Х					250
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	ıd.)	10g		Х				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	10h		Х	2. 3			
i	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10			10i						
j	Did the plan trust incur unrelated business taxable income?			10i						

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

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

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40...

Yes

Yes X No

Part VI Pension Funding Compliance

12

F	orm 5500-SF 2015 Page 3 -						
(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a If a w	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi ng the waiver Month		nter the Day		e letter rul 'ear_	ng	
If you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b Enter	he minimum required contribution for this plan year		12b				
	ne amount contributed by the employer to the plan for this plan year		12c				
	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of ve amount)		12d				
e Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
art VII	Plan Terminations and Transfers of Assets						
3a Hasa	resolution to terminate the plan been adopted in any plan year?			Yes	X No		
If "Ye	s," enter the amount of any plan assets that reverted to the employer this year		13a				
	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur PBGC?	nder the co	ntrol		Yes X	No	
	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	plan(s) to					
13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)	
Part VIII	Trust Information						
4a Name			14b Trust's EIN				
Part IX	IRS Compliance Questions			telephone i	number		
			☐ Ye	s	No		
15b If "Ye	plan a 401(k) plan?," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and eming contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		De ba	esign- ased safe arbor ethod		P/ACP	
testin	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curren p method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m (iii))?		Ye	S	No		
16a Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section 4	0(b):	1 1	atio ercentage st		rage efit test	
	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining with any other plans under the permissive aggregation rules?	-	Ye	s	No		
17a Has th	e plan been timely amended for all required tax law changes?		Ye	S	No	□ N/A	
	he last plan amendment/restatement for the required tax law changes was adopted law changes and codes).	Enter the	applicat	ole code	(See i	nstruction	
advis	olan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that ory letter, enter the date of that favorable letter and the letter's serial numb	er				or	
deter	olan is an individually-designed plan and received a favorable determination letter from the IRS, enter to innation letter		the plan	n's last favo	orable		
	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands		Yes	S	No		
19 Were	n-service distributions made during the plan year?		Ye	s	No		
If "Ye	s," enter amount		19				
	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether), as required under section 401(a)(9)?		Ye	es	No	N/A	