Form 5	500-SF	Short Form Annu	al Return/Repo Benefit Plar	•	oyee	ON	B Nos. 1210-0110 1210-0089
Department of Internal Reve		This form is required to be file		-	etirement	2	015
Departmen Employee Benefits Se	curity Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Interna					n is Open to Inspection
Pension Benefit Gua		Complete all entries in a		structions to the Form 5	500-SF.	Tublic	
		dentification Information al plan year beginning 01/01/2		and ending 12	2/31/2015		
i or oulondur plan	year 2010 of 1130	a single-employer plan		r plan (not multiemployer)		na this box r	nust attach a
A This return/rep	port is for:	a one-participant plan		employer information in ac		-	
<b>B</b> This return/rep	ort is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 m	onths)		
C Check box if fi	ling under:	Form 5558	automatic extensio	n		VC program	
Part II Bas	io Plan Infor	special extension (enter desci mation—enter all requested ini					
<b>1a</b> Name of plan		<b>Ination</b> —enter all requested in	ormation		1b Three-o	diait	
CHARIOT EAGLE		N			plan nu (PN)	Imber	001
					1c Effectiv	•	
		er, if for a single-employer plan) apt., suite no. and street, or P.C	Box)		2b Employ (EIN)	01/01/19 ver Identifica 59-2419	tion Number
	state or province,	country, and ZIP or foreign post		nstructions)	2c Sponso		e number
					2d Busines		instructions)
931 NORTH WEST DCALA, FL 34475	37TH AVENUE					236110	
3a Plan administ	trator's name and	address Same as Plan Spons	sor.		3b Adminis	strator's EIN	
					3c Adminis	strator's tele	phone number
4 If the name a	nd/or EIN of the r	plan sponsor has changed since	the last return/report file	d for this plan, optor the	<b>4b</b> EIN		
	and the plan numb	per from the last return/report.			4C PN		
-		t the beginning of the plan year			5a		44
		t the end of the plan year			5b		0
C Number of pa	articipants with ac	count balances as of the end of	the plan year (defined b	enefit plans do not	5c		0
<b>d(1)</b> Total numl	ber of active parti	cipants at the beginning of the pl	an year		5d(1)		42
<b>d(2)</b> Total num	ber of active parti	cipants at the end of the plan yea	ar		5d(2)		0
than 100% v	vested	rminated employment during the incomplete filing of this return	• •		5e		0
Under penalties o	f perjury and othe 1B completed and	r penalties set forth in the instruct signed by an enrolled actuary, a	ctions, I declare that I ha	ive examined this return/re	port, including	, if applicabl	
SIGN Filed		alid electronic signature.	10/04/2016	ELAINE J. MORRIS			
HERE	ature of plan adı	ministrator	Date	Enter name of individ	ual signing as	plan admini	strator
SIGN HERE Sign	ature of armula	where one and the second	Dete			omplesses	
	ature of employe (including firm nar	er/plan sponsor me, if applicable) and address (ir	Date Iclude room or suite nur	Enter name of individ	ual signing as Preparer's te		
For Paperwork Rec	luction Act Notice	and OMB Control Numbers, see the	e instructions for Form 55	i00-SF.		For	m 5500-SF (2015)

<ul><li>6a Were all of the plan's assets during the plan year invested in eligib</li><li>b Are you claiming a waiver of the annual examination and report of</li></ul>	f an independ	lent qualified public a	ccount	ant (IQ	PA)		
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							X Yes No
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC							No Not determined
Part III Financial Information	·	<u> </u>		,		L	
7 Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
a Total plan assets	7a	(u) 20g	1103				1175
<b>b</b> Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)			1103	266			1175
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	unt				(b) Total
a Contributions received or receivable from:				0			
(1) Employers	8a(1)		-	0			
(2) Participants			(	862			
(3) Others (including rollovers)				<b>E</b> 4 4			
<b>b</b> Other income (loss)			22	511	_		
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		30373
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1128	283			
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				_		1132464
Net income (loss) (subtract line 8h from line 8c)	8i						-1102091
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	n feature cod	es from the List of Pla	an Cha	racteri	stic Co	odes in t	the instructions:
<b>B</b> If the plan provides welfare benefits, enter the applicable welfare	feature code	s from the List of Pla	n Chara	acterist	tic Coo	les in th	ne instructions:
Part V Compliance Questions							
<b>10</b> During the plan year:				Yes	No	N/A	Amount
<ul> <li>Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)</li> </ul>	Voluntary Fid	luciary Correction	10a		x		
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		
<b>C</b> Was the plan covered by a fidelity bond?			10c	х			150000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		x		
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of th	e benefits under	10e	x			1514
${f f}$ Has the plan failed to provide any benefit when due under the pl	an?		10f		x		
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount	as of year en	d.)	10g	Х			0
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10g		х		
<ul> <li>If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> </ul>	the required	notice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance							

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	Ente	r the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	le th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	802 of F	RISA2	Yes	X No	

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<ul> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.</li> </ul>		enter the Day	e date of th	he letter ru Year	ling			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_						
<b>b</b> Enter the minimum required contribution for this plan year		12b						
		12c						
<ul> <li>C Enter the amount contributed by the employer to the plan for this plan year</li> <li>d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the</li> </ul>								
negative amount)		12d			1			
e 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?		X Yes	Yes No					
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			(			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?		ontrol		Yes 🗙	No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1						
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part VIII Trust Information								
14a Name of trust		14b Trust's EIN						
14c Name of trustee or custodian	<b>14d</b> Trustee's or custodian's telephone number							
Part IX IRS Compliance Questions		I						
<b>15a</b> Is the plan a 401(k) plan?		Ye:	S	No				
<b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ba	Design- based safe ADP/ACP harbor test method					
<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 "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?		Ye	Yes No					
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Ц ре	Ratio percentage test Average benefit te					
<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	0	Ye:	S	No				
17a Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A			
<b>17b</b> Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	(See ins	structions			
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial protocols and the letter's series and protocols		ct to a fa	vorable IF	RS opinion	or			
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n'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		Yes	;	No				
19 Were in-service distributions made during the plan year?		Ye	s	No				
If "Yes," enter amount		19						
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	S	No N/A				

For	m 5500-SF	Short Form Annu	-	of Small Employee		OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan	4065 of the Employee Retiremen	nt <b>2015</b>			
	partment of Labor enefits Security Administration		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).					
Pension Be	nefit Guaranty Corporation	Complete all entries in		ructions to the Form 5500-SF.	Put	olic Inspection		
Part I		lentification Information						
For calenda	ar plan year 2015 or fisc	_	01/01/2015		2/31/201			
<b>A</b> This ret	urn/report is for: [	K a single-employer plan		lan (not multiemployer) (Filers c nployer information in accordance				
<b>3</b> This retu	rn/report is	the first return/report	the final return/report					
	L	an amended return/report	a short plan year retur	n/report (less than 12 months)				
C Check b	box if filing under:	÷	automatic extension	[	DFVC prog	ram		
Davé II	Deals Dien lufer	special extension (enter desc						
Part II		mation-enter all requested in	formation	4h _=		1		
<b>la</b> Name Chariot	ofplan Eagle, Inc. 4	01(k) Plan		pl	nree-digit an number 'N) ▶	001		
				1c E	fective date of			
		r, if for a single-employer plan) apt., suite no. and street, or P.C		<b>2b</b> Er		fication Number		
City or	town, state or province.	country, and ZIP or foreign post	al code (if foreign, see insti	ructions) 2c S	(EIN) 59-2419973 2c Sponsor's telephone number			
931 North West 37th Avenue				<b>2d</b> Bu	352-629-7007 2d Business code (see instructions) 236110			
Ocala		FL 34475						
				3C Ad	lministrator's	telephone number		
		lan sponsor has changed since er from the last return/report.	the last return/report filed f	or this plan, enter the 4b El	N			
a Sponso	-	er nom me last leturmepon.		4c PI	4			
a Total n	umber of participants at	the beginning of the plan year		5a		44		
	• •	the end of the plan year			1			
C Numbe	er of participants with ac	count balances as of the end of	the plan year (defined bene	efit plans do not 5c	-			
•	•	pants at the beginning of the pl				42		
		cipants at the end of the plan yes	-					
e Numb	er of participants that te	minated employment during the	plan year with accrued be	nefits that were less 50				
aution: A	penalty for the late or	incomplete filing of this return	n/report will be assessed	unless reasonable cause is es				
B or Sche		signed by an enrolled actuary, a		examined this return/report, inclusion of this return/report, and to the second to the second to the second test of the second s				
IGN	07.	9 ml il	10-4-16	Elaine J. Morris				
ERE	Signature of plan adm	ninkstrator	Date	Enter name of individual signir	n as nlan adi	ministrator		
IGN 🚽		allinen	10-4-16		. //	minsualo		
IERE				Kobert Hall	day			
'	Signature of employe name (including firm nam	er/plan sponsor ne, if applicable) and address (ir	Date Include room or suite numbe	Enter name of individual signir er) Prepare	g as employe r's telephone			
on Bononus	with Reduction Act Notice a	Ind OMR Control Numbers age th	e lostructions for East E600	éc		Form 5500-SE (2015)		

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Page	2
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b	Were all of the plan's assets during the plan year invested in eligit 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 canr	an independe and condition	ent qualified public a ns.)	ccounta	ant (IQ	PA)			X	Yes Yes	No   No
	If the plan is a defined benefit plan, is it covered under the PBGC in							]No []	Not	determ	ined
Par											
7	Pian Assets and Liabilities		(a) Beginning	of Yea	ar _			(b) End	of Y	ear	
a	Total pian assets	. 7a		1,10	3,26	6				]	.,175
	Total pian liabilities	. 7b									
	Net plan assets (subtract line 7b from line 7a)	. 7c		1,10	3,26	6				]	.,175
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(Ь) Т	otal		<u></u>
	Contributions received or receivable from:					0					
	(1) Employers	<u>. 8a(1)</u>				-		·			
	(2) Participants	. 8a(2)			7,86	2		· · · · · · · · · · · · · · · · · · ·		4.4 7 1 1 1	
	(3) Others (including rollovers)	. <u>8a(3)</u>				+					
b	Other income (loss)	. 8b		2	2,51	1			_		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. <u>8</u> c	· · · · · ·							3(	),373
	Benefits paid (including direct rollovers and insurance premiums	8d		1,12	8,28	3					
	to provide benefits)	. ou .	······································					14	ا الله		
_	Certain deemed and/or corrective distributions (see instructions)	. 8f			4,18	1				434	
-	Administrative service providers (salaries, fees, commissions)	++-									
	Other expenses	. 8g								1 1 2 '	2,464
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				+					
_	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>				+		1.1.1.1		<u>, 101</u>	2,091
1	Transfers to (from) the plan (see instructions)	· 8j			_					× ./	
В	If the plan provides welfare benefits, enter the applicable welfare	feature codes	s from the List of Pia	n Chara	icterist	ic Coc	les in th	e instruct	ions		
Par	V Compliance Questions								. <u>.</u>		
10	During the plan year:				Yes	No	N/A		An	ount	
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 Program)	Voluntary Fid	uciary Correction	10a		x					
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	st? (Do not in	clude transactions	10b		x					
С	Was the plan covered by a fidelity bond?			10c	х					1	50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bond	l, that was caused	10d		x					
e	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of th	e benefits under	10e	x						1,514
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year en	d.)	10g	х						(
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 exceptions to providing the notice applied under 29 CFR 2520.1	the required i 01-3	notice or one of the	10i						· .	
j	Did the plan trust incur unrelated business taxable income?			_10j							
Parl	VI Pension Funding Compliance					_					
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	<u> </u>			<u>.</u>	<u></u>	<u></u>	(Form		Yes	No No
11a	Enter the unpaid minimum required contribution for all years from								F	<u> </u>	
12	Is this a defined contribution plan subject to the minimum fundin	g requiremen	its of section 412 of t	the Cod	e or se	ection	302 of 6	RISA?		Yes	X No

_	Form 5500-SF 2015 Page <b>3</b> -			_			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and	enter Da		of the lette Year	er rulii	ng	
	granting the waiver		<u> </u>	1 Cal			
	Enter the minimum required contribution for this plan year	12	b				
		12	c l				
	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12	d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?	╢──	∏ Yes		ĪT	N/A	
?art		<u> </u>	<u></u>		╾┕━┙		
	Has a resolution to terminate the plan been adopted in any plan year?	<u> </u>	X`	res 🗌 N	 ວ		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					0	
- <u> </u>	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the o	ontro		Yes	 N		
- <u>-</u>	of the PBGC?	<u></u>			<u>困</u>		
	which assets or liabilities were transferred. (See instructions.)			4.0			
1	3c(1) Name of plan(s): 13c(2)	EIN	s)	130	( <u>3)</u> Pl	N(S)	
				1			
				I			
			1				
Part	VIII Trust Information						
	Name of trust	14b Trust's EIN					
440		1	d Tructo				
140	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
<u> </u>							
Par	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		Yes	י <u>[]</u>	10		
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 sa harbor method	fe	ADP/ACP test		
15c	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))?		Yes	ים	10		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		Ratio percenta test	ge 🗌	Aver bene	age efit test	
16b	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?	+	Yes	<u> </u>	<b>\</b> o		
17a	Has the plan been timely amended for all required tax law changes?		Yes		No.	<b>N/A</b>	
	Date the last plan amendment/restatement for the required tax law changes was adopted					structions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subje advisory letter, enter the date of that favorable letter and the letter's serial number		·			Эг 	
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date o determination letter	f the	plan's lasi	favorable	! 		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?		Yes		lo		
19	Were in-service distributions made during the plan year?		Yes	N	0		
	If "Yes," enter amount	. 1	•				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?		Yes	<b>N</b>	0	<b>N/A</b>	
			-				