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

2013

This Form is Open to Public Inspection

	rt I		t Identification Informat	tion					
For	calenda	ar plan year 2013 or		1/01/2013		and ending	12/31/	2013	
A T	his ret	urn/report is for:	X a single-employer plan	а	multiple-employer pla	an (not multiemployer)		a one-particip	ant plan
Вт	his ret	urn/report is:	the first return/report	th	e final return/report				
			an amended return/repor	rt as	short plan year return	n/report (less than 12 m	onths)	
C	Check b	oox if filing under:	Form 5558	au	utomatic extension			DFVC progra	m
			special extension (enter	description)					
Pa	rt II	Basic Plan Inf	ormation—enter all requeste	ed information	on				
		of plan					1b	Three-digit	
MD2U	MANA	AGEMENT, LLC 401	K PLAN					plan number (PN) ▶	001
							1c	Effective date of	
								01/01/	
		oonsor's name and a AGEMENT, LLC	ddress; include room or suite n	umber (emp	oloyer, if for a single-	employer plan)	2b	Employer Identif (EIN) 27-309	
140 W	/HITTI	NGTON PKWY					2c	Sponsor's telepl	
SUITE	100	E, KY 40222					2d	Business code (see instructions)
		•						62161	0
3a	Plan ad	dministrator's name a	and address XSame as Plan S	Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's E	EIN
							3с	Administrator's to	elephone number
4			ne plan sponsor has changed s		return/report filed fo	r this plan, enter the	4b	EIN	
а		, EIN, and the plan h or's name	umber from the last return/repo	rt.			40	PN	
	•		s at the beginning of the plan y	ear			5a	<u> </u>	81
_			s at the end of the plan year				5b		149
			account balances as of the en				30		140
				•	•	•	5c		77
_		•	ets during the plan year invested	•	•	*			X Yes No
b	•	•	of the annual examination and i 6? (See instructions on waiver e	•			,		X Yes ☐ No
			either line 6a or line 6b, the p						
С	If the p	olan is a defined bene	efit plan, is it covered under the	PBGC insu	rance program (see	ERISA section 4021)?	[Yes No	Not determined
Caut	tion: A	nenalty for the late	or incomplete filing of this re	eturn/renor	t will he assessed i	ınless reasonable cai	ıse is	established	<u> </u>
			other penalties set forth in the in						able, a Schedule
		edule MB completed arue, correct, and cor	and signed by an enrolled actuan plete.	ary, as well a	as the electronic vers	sion of this return/repor	t, and	to the best of my	knowledge and
SIGN		Filed with authorized	d/valid electronic signature.		06/18/2014	LES REVZON			
HER	_	Signature of plan	administrator		Date	Enter name of individ	ual sig	gning as plan adm	ninistrator
SIGI		Filed with authorized	d/valid electronic signature.		06/18/2014	LES REVZON			
HER			oyer/plan sponsor		Date	Enter name of individ		, , ,	
		name (including firm ONSULTING GROU	name, if applicable) and addres	ss; include r	oom or suite number	r (optional)	Prep	parer's telephone	number (optional)
								781-740)-1004
		ICE STREET, SUITE LD, MA 02050	6						
		, =====							

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear	
a	Total plan assets	7a	1920				()		271112)
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	1920	8					271112)
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(4) / 111104111				()			
	(1) Employers	8a(1)	2636	2						
	(2) Participants	8a(2)	18768	85						
	(3) Others (including rollovers)	8a(3)	2444	11						
b	Other income (loss)	8b	1789	7						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	256385	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	18	6						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	429	5						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4481	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							251904	1
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	uctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
	Was there a failure to transmit to the plan any participant contribut					X		AIII	Juni	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a		X				
	on line 10a.)			10b		^				
C	Was the plan covered by a fidelity bond?			10c	X					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all			40-		X				
	instructions.)			10e		X				
	Has the plan failed to provide any benefit when due under the plan	n?		10f						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
112	Enter the unpaid minimum required contribution for current year fr					11a			-	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding						EDICV3	Тг	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			J UI SE	CUUII	JUZ UI	LNISA!.	<u>· L</u>	1.03	
a	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instru		, and e	_	ne date of			ling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		Yea	aí	
	Enter the minimum required contribution for this plan year	•	•			12b				

Page	3 -	1
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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 (enter a minus sign to the left of a negative amount)	12d						
<u>e</u>	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?	🔲 🐪	res X N	lo				
	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 plan, or brought under the of the PBGC?	control		Yes X No				
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
	I3c(1) Name of plan(s):	13c(2) EIN(s)			PN(s)			
Part	VIII Trust Information (optional)							
	Name of trust U MANAGEMENT, LLC TRUST		rust's EIN 273098144					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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 section 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

2013

This Form is Open to Public Inspection

Part I Annual Report I	dentification Information	cordance with the mist	ructions to the Form 550	00-01.	
For calendar plan year 2013 or fisc		01/01/2013	and ending	12/31/2013	
A This return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-parti	cipant plan
B This return/report is:	the first return/report	the final return/repo	rt		
8	an amended return/report	a short plan year re	turn/report (less than 12 n	nonths)	
C Check box if filing under:	Form 5558	automatic extension	1	☐ DFVC prog	ıram
	special extension (enter descr	iption)			
Part II Basic Plan Infor	mation enter all requested	information			11-1
1a Name of plan	That of the tall requested	iniornation		1b Three-digit	
MD2U Management, LLC	401k Plan			plan number (PN) ▶	001
and	, , , , , , , , , , , , , , , , , , , ,			1c Effective date	
				01/01/201	
2a Plan sponsor's name and add MD2U Management, LLC	ress; include room or suite numb	er (employer, if for a sing	gle-employer plan)	2b Employer Ide (EIN) 27-3	ntification Number 098144
140 Whittington Pkwy				2c Sponsor's tele (502) 327	
Suite 100					e (see instructions)
US Louisville	KY 40222			621610	VS-DESCRIPTION OF THE PROPERTY
3a Plan administrator's name and	d address X Same as Plan Spo	onsor Name Same a	s Plan Sponsor Address	3b Administrator	's EIN
					and the second s
				3c Administrator	's telephone number
	plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN	
	ber from the last return/report.			A CONTRACTOR	
a Sponsor's name	4. ************************************			4c PN	0.1
5a Total number of participants ab Total number of participants a	at the beginning of the plan year			5a 5b	149
	count balances as of the end of			36	
complete this item)				5c	77
6a Were all of the plan's assets of				***************************************	X Yes No
under 29 CFR 2520.104-46? (he annual examination and report See instructions on waiver eligibi	lity and conditions.)		***************************************	X Yes No
	ner line 6a or line 6b, the plan c				
c If the plan is a defined benefit	plan, is it covered under the PBG	GC insurance program (s	ee ERISA section 4021)?	Yes	No Not determine
Caution: A penalty for the late o	r incomplete filing of this retur	n/report will be assess	ed unl <mark>ess reasonable c</mark> a	use is established.	
Under penalties of perjury and oth SB or Schedule MB completed an	d signed by an enrolled actuary,	ctions, I declare that I ha as well as the electronic	ive examined this return/reversion of this return/repo	eport, including, if apport, and to the best of	olicable, a Schedule my knowledge and
belief, it is true, correct, and comp	lete.	1111			
SIGN TYM NO	ryal	10.16.2014	Lynn Norvell		
HERE Signature of plan admin	histrator	Date	Enter name of individua	al signing as plan adr	ministrator
SIGN ON SIGN		6-16 RC1+	Joel Coleman		
HERE signature of employer/		Date	Enter name of individua		
Preparer's name (including firm na		nclude room or suite nun	nber (optional)	Preparer's telephon	e number (optional)
Revzon Consulting (Group			(781) 740-1	004
465 Furnace Street	, Suite 6				
US Marshfield	MA 02050				

/ Plan Assets	1 1 1 1 11111	AUGUST TO THE	(-) D		T		(L) = .		
	and Liabilities		(a) Beginning of Year		-		(b) End o	-210398-111	
**************************************	ssets	7a	19,20	80				271,	112
	bilities	7b			-				
_	ets (subtract line 7b from line 7a)	7c	19,20	8 0	-			271,	112
	enses, and Transfers for this Plan Year s received or receivable from:		(a) Amount				(b) To	otal	
	rs received or receivable from:	8a(1)	26,3	62					
(2) Participa	nts	8a(2)	187,68	85					
(3) Others (ncluding rollovers)	8a(3)	24,4	41					
• Control of the Cont	e (loss)	8b	17,8	97					
d Benefits paid	(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d	11	86				256,	385
-	ned and/or corrective distributions (see instructions)	8e		-					
- Park to the second to the			4,2	95	Mark St.				
	re service providers (salaries, fees, commissions)	8f	4,2.	93					
7	Ses	8g						1	481
	es (add lines 8d, 8e, 8f, and 8g)	8h 8i						251,	
	loss) (subtract line 8h from line 8c)	8j						231,	304
and the second	(from) the plan (see instructions)	oj				W-100000			
	mpliance Questions								
10 During the	plan year:								
9				1	Yes	No	-	Amount	
a Was there 29 CFR 25	a failure to transmit to the plan any participant contribution. 3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ction Program)	10a	Yes	No X	,	Amount	
a Was there 29 CFR 25 b Were there	a failure to transmit to the plan any participant contribu	ciary Corre ? (Do not in	ction Program)nclude transactions reported	10a	Yes		,	Amount	
a Was there 29 CFR 25 b Were there on line 10a	a failure to transmit to the plan any participant contribution. 10.3-102? (See instructions and DOL's Voluntary Fiduce any nonexempt transactions with any party-in-interest.)	ciary Corre ? (Do not in	ction Program)nclude transactions reported	gross	Yes	х	,	11	00,00
a Was there 29 CFR 25 b Were there on line 10a c Was the pla d Did the pla	a failure to transmit to the plan any participant contributions and DOL's Voluntary Fiduces any nonexempt transactions with any party-in-interest.	ciary Corre ? (Do not in	nclude transactions reported	10b		х	,		00,00
a Was there 29 CFR 25 b Were there on line 10a c Was the pla or dishone e Were any insurance	a failure to transmit to the plan any participant contribution. 3-102? (See instructions and DOL's Voluntary Fiduce any nonexempt transactions with any party-in-interest.) an covered by a fidelity bond? In have a loss, whether or not reimbursed by the plan's	fidelity bon	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c		x			00,00
a Was there 29 CFR 25 b Were there on line 10a c Was the pla or dishone e Were any insurance instructions	a failure to transmit to the plan any participant contributions. 10.3-102? (See instructions and DOL's Voluntary Fiduce any nonexempt transactions with any party-in-interest.) an covered by a fidelity bond? In have a loss, whether or not reimbursed by the plan's sty? Gees or commissions paid to any brokers, agents, or other organization that provides some or all of the plan's service, or other organization that provides some or all of the plan's service, or other organization that provides some or all of the plan's service.	ciary Corre (Do not in	nclude transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c 10d		x x			00,00
a Was there 29 CFR 25 b Were there on line 10a c Was the pla or dishone e Were any insurance instructions f Has the pla	a failure to transmit to the plan any participant contribution.3-102? (See instructions and DOL's Voluntary Fiduce any nonexempt transactions with any party-in-interest.) an covered by a fidelity bond? In have a loss, whether or not reimbursed by the plan's sty? dees or commissions paid to any brokers, agents, or other service, or other organization that provides some or all of the plants of the plants of the provide any benefit when due under the plants of	ciary Corre (Do not in fidelity bon her persons of the bene	ction Program) nclude transactions reported and, that was caused by fraud s by an insurance carrier, effits under the plan? (See	10b 10c 10d 10e 10f		x x x			00,00
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