Form 5500-SF		Short Form Annual R	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			e 2013		2013		
	Department of Labor Employee Benefits Security Administration Employee Benefits Security Administration					This Form is Open to Public			
Pension B	Benefit Guaranty Corporation	Complete all entries in accord	dance with the instruc	ctions to the Form 550	0-SF.	Ins	spection		
Part I Annual Report Identification Information									
For calence	dar plan year 2013 or fisca	al plan year beginning 01/01/2013	3	and ending 1	2/31/	2013			
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-particip	oant plan		
B This re	eturn/report is:	the first return/report	the final return/report						
_									
C Check	box if filing under:	Form 5558		DFVC program					
		special extension (enter descriptio							
Part II		mation—enter all requested information	ation				r		
1a Name	•	Y INC 401 K PROFIT SHARING PLAN TRUST			1b	Three-digit plan number			
RESCU CU	INSTRUCTION COMPAN	TTINC 401 K PROFIT SHARING PL	ANTRUST			(PN) ►	001		
					1c	Effective date of	f plan		
						01/01/	/1998		
	sponsor's name and addre	ress; include room or suite number (e NY INC	mployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 61-11	fication Number 85008		
2309 WAT1	TERSON TRL				2c	Sponsor's telephone number 502-266-8888			
LOUISVILL	E, KY 40299-2556				2d	Business code (see instructions) 238900			
3a Plan a	administrator's name and	address XSame as Plan Sponsor N	Vame Same as Plan	n Sponsor Address	3b	Administrator's EIN			
 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 									
	sor's name	· · · · · · · · · · · · · · · · · · ·				4c PN			
5a Total	number of participants at	t the beginning of the plan year			5a	17			
b Total	number of participants at	t the end of the plan year			5b	16			
		ccount balances as of the end of the p			5c		15		
6a Were	e all of the plan's assets c	during the plan year invested in eligib	le assets? (See instruc	 :tions.)			🗙 Yes 🗌 No		
unde	er 29 CFR 2520.104-46? (he annual examination and report of a (See instructions on waiver eligibility a	and conditions.)				X Yes No		
-		ner line 6a or line 6b, the plan cann					-		
C If the	plan is a defined benefit p	plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?	L	Yes No X	Not determined		
Caution:	A penalty for the late or	incomplete filing of this return/rep	port will be assessed	unless reasonable cau	ise 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, correct, and complete.									
SIGN	Filed with authorized/va	alid electronic signature.	06/23/2014	VIC KOESTEL					
HERE	Signature of plan adn	ministrator	Date	Enter name of individu	Enter name of individual signing as plan administrator				
SIGN HERE									
	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sid	ning as emplove	er or plan sponsor		
Preparer's		me, if applicable) and address; includ					number (optional)		

a Total plan labilities 7a 72897 852709 b Total plan labilities 7b 0 0 b Net plan sested (subtract line 7b from line 7a) 7c 72897 852709 a Contributions received or received to receive be from: 8a(1) 11949 (b) Total (2) Participants 8a(2) 26394 (c) Finite received or received to from: 8a(2) 26394 (3) Other income (loss) 8a(3) 0 (c) Total income (loss) 8a(3) 0 (c) Total income (loss) 11949 (3) Other income (loss) 8b 86339 (c) Total income (loss) 123712 C Total income (loss) 6a 0 (c) Total income (loss) (c) Total income (loss) 123712 C Total income (loss) 6a 0 (c) Total income (loss) (c) Total income (loss) 123712 G Other copenses 8d 0 (c) Total income (loss) 123712 (c) Total income (loss) 123712 J Transfers (Low (low las line ke, sles, els, and 8g) 8d 0 (c) Total income (loss) 123712 J Transfers (Low (low las line ke instructions) 8g 0 (c) Total income (loss)			(a) Beginning of Year			(b) End of Year			
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top provide benefits)		8c				123712			
e Certain deemed and/or corrective distributions (see instructions)		8d	84						
f Administrative service providers (salaries, fees, commissions)				0					
g Other expenses 8g 0 h Total expenses 8g 0 i Net income (loss) (subtract line 8h from line 8c) 8h 0 j Transfers to (from) the plan (see instructions) 8i 123712 j Transfers to (from) the plan (see instructions) 8i 123712 j Transfers to (from) the plan (see instructions) 8i 123712 j Transfers to (from) the plan (see instructions) 8i 0 j Transfers to (from) the plan (see instructions) 8i 0 j 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 0 Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in on ine 10a. X 20 CVR 2FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X c Was there a failure to transmit to the plan any participant contributions within the time period described in ine 10a. X X 0 Uring the plan have a loss, whether or not reimburused by the plan's fidelity bond, that was				0					
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a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 	fidelity bond, er persons by of the benefits n? s of year end. See instruction le required no l-3 ents? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	1	X X X X X Ule SB			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Pansion Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from the subject to the minimum funding the subjec	fidelity bond, er persons by of the benefits n? s of year end. See instruction e required no I-3 ents? (If "Yes om Schedule requirements	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	1	X X X X X Ule SB			
	 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	fidelity bond, er persons b of the benefit a? s of year end. See instruction e required no I-3 ents? (If "Yes om Schedule requirements as applicable g amortized i	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10h 10i	1 ction 3	X X X X X X X Ille SB Ille SB Ille SD Ille SD Ille SD Ille SD Ille SD Ille SD Ille SD	ERISA? Yes X M		

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 left of a negative amount)	12d					
е	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?	Ye	es X No				
	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 c of the PBGC?	ontrol		Yes X No			
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.)							
13c(1) Name of plan(s): 13			l(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)		1				
14a Name of trust			ust's EIN				