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).

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instruc	tions to the Form 5500	0-SF.	""	peotion
Part I	Annual Report	Identification Information					
For caler	ndar plan year 2013 or fis	scal plan year beginning 01/01/20	014	and ending 0	3/31/2	2014	
	return/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-partici	pant plan
B This	return/report is:	the first return/report	the final return/report				
		an amended return/report	x a short plan year return	n/report (less than 12 mo	onths)		
C Chec	k box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descrip	<u> </u>				
Part II	•	rmation—enter all requested infor	mation				T
1a Nam	•	OFFICION DENOION DI ANI			16	Three-digit plan number	
GANNETI	DIRECT MARKETING	SERVICES, INC. PENSION PLAN				(PN)	001
					1c	Effective date of	
					. •	01/01	•
	sponsor's name and add	dress; include room or suite number SERVICES, INC.	(employer, if for a single-e	employer plan)	2b	Employer Identi (EIN) 61-10	fication Number
P.O. BOX	34470				2c	Sponsor's telep	
LOUISVIL	LE, KY 40232-4470				2d	Business code	(see instructions)
3a Plan	administrator's name ar	nd address XSame as Plan Sponsor	r Name Same as Plan	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
4 If the	a name and/or FIN of the	e plan sponsor has changed since the	e last return/renort filed fo	r this plan enter the	4h	EIN	
nan		mber from the last return/report.	e last return report liled to	i tilis plati, effici tile	4c		
		at the beginning of the plan year			5a	T	1
_		at the end of the plan year					
	·	account balances as of the end of the			5b		0
com	plete this item)				5с		0
	•	s during the plan year invested in elig	,	•			X Yes No
		the annual examination and report of the control of					X Yes No
		ther line 6a or line 6b, the plan car					
C If the	e plan is a defined benef	it plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	П	Yes Пло Г	Not determined
	·	•		<u> </u>]
	•	or incomplete filing of this return/r	•				
SB or Sc		ner penalties set forth in the instruction nd signed by an enrolled actuary, as blete.					
SIGN	Filed with authorized/	valid electronic signature.	06/25/2014	JACKIE HOLZKNECH	Т		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor
Preparer	's name (including firm n	ame, if applicable) and address; inclu					number (optional)

Form 5500-SF 2013 Page **2**

	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır.			(b) End	l of V	oar	
<u>′</u> а	Total plan assets	7a	· · · · · · · · · · · · · · · · · · ·	6			(b) Enc	1011	0	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	76 7c	1	6					0	
8	Income, Expenses, and Transfers for this Plan Year	70					(b) '	Total		
a	Contributions received or receivable from:		(a) Amount				(D)	Total		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	48	6						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							486	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	49	3						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		9						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							502	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-16	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics	•								
9a	If the plan provides pension benefits, enter the applicable pension 2C 2G	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	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 contribu					X		7.111	<u> </u>	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)Were there any nonexempt transactions with any party-in-interest	_		10a						
	on line 10a.)	•	•	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				20	000000
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									
	incompany and a second and all the second and the second and all the s		s by an insulance camel,							
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See	40-		X				
	instructions.)	of the ben	efits under the plan? (See	10e						
f	instructions.)	of the ben	efits under the plan? (See	10e 10f		X				
f	instructions.) Has the plan failed to provide any benefit when due under the plan	of the ben	efits under the plan? (See							
	instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.)	of the ben n?s of year e	efits under the plan? (See	10f		X				
9	instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.)	of the ben n?s s of year e (See instru	efits under the plan? (See	10f 10g		X				
g	instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	of the ben n?s s of year e (See instru	efits under the plan? (See	10f 10g 10h		X				
g h	instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	of the ben	efits under the plan? (See	10f 10g 10h 10i		X X X			Yes	No No
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9 h	instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the plan subject to minimum for current year from the plan subject to minimum funding requirem for the unpaid minimum required contribution for current year from the plan subject to minimum funding requirem for the unpaid minimum required contribution for current year from the plan subject to minimum funding requirem for the unpaid minimum required contribution for current year from the plan subject to minimum funding requirem for the unpaid minimum required contribution for current year from the plan subject to minimum funding requirem for the unpaid minimum required contribution for current year from the plan subject to minimum funding requirem for the unpaid minimum required contribution for current year from the plan subject to minimum funding requirem for the plan subject to minimum funding for the plan subject to minimum funding for the plan subject to minimum funding funding for the plan subject to minimum funding fund	of the ben n? s of year e (See instru ne required 1-3 ents? (If "	efits under the plan? (See	10f 10g 10h 10i		X X X dule SE			Yes	No No
i Part	instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding	of the ben n?	efits under the plan? (See	10f 10g 10h 10i		X X X dule SE			-	
9 h i Part 11 11a 11a	instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein	of the ben n?	efits under the plan? (See	10f 10g 10h 10i nplete	ection	X X X Adule SE 11a 302 of	ERISA?	the leaves	Yes	X No
9 h i Part 11 11a 12	instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10: If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	of the ben n?	refits under the plan? (See	10f 10g 10h 10i nplete	ection	X X X dule SE 11a 302 of	ERISA?		Yes	X No

Page	3 -	. 1	
raye	J		

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			
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?	X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	control		X Yes	No
С	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.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

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Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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2013

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

J-01					dance with the instri		20-31.		
			Identification Info		<u></u>				
For	calendar	r plan year 2013 or f	iscal plan year beginnin	g <u>0</u>	1/01/2014	and ending		03/31/201	.4
Α	This retu	rm/report is for:	X a single-employer	plan [a multiple-employer	plan (not multiemployer)		a one-particip	oant plan
В	This retu	rn/report is:	the first return/rep	=					
			an amended retur	n/report X		ırn/report (less than 12 m	onths)	٦	
C	Check bo	ox if filing under:	☐ Form 5558		automatic extension		L	DFVC progra	im
· <u></u>			special extension				i formi pio specimento		
Pa	rt II	Basic Plan Info	rmation—enter all re	equested inform	ation		T-22-		
1a	Name of	f plan						Three-digit olan number	
			RKETING SERVIO	CES,		•	4 '	(PN) •	001
	INC.	PENSION PLAN					1c	ffective date of	f plan
							(01/01/1980	0
	GANNE'		dress; include room or RKETING SERVIC		mployer, if for a single	e-employer plan)	1	Employer Identit EIN) 61-101	fication Number 3768
	INC.				,			Sponsor's telep (502) 454-	
	P.O. 1	BOX 34470							see instructions)
	LOUTS	VILLE			K	7 40232-4470		323100	GCC RISH GGGOINS
			nd address XSame as	Plan Sponsor N		an Sponsor Address	3b /	Administrator's (EIN
			— ,				3c A	Administrator's t	elephone number
							"	Tarifficial St	oropatone member
		······		,					
4	If the na	ame and/or EIN of th	e plan sponsor has cha	nged since the l	ast return/report filed	for this plan, enter the	4b 6	E N	
	name, B	EIN, and the plan nu	e plan sponsor has cha mber from the last retur	nged since the l n/report.	ast return/report filed	for this plan, enter the	4b 6		
	пате, Е Sponsor	EIN, and the plan nu r's name	mber from the last retur	n/report.		for this plan, enter the	4c F		
а 5а	name, E Sponsor Total nu	EIN, and the plan nu r's name umber of participants	mber from the last retur at the beginning of the	n/report. plan year			4c i		1 0
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Pa	rt III Financial Information		3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year	
а	Total plan assets	7a			6	*************			0
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c			L6				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) .	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							ra, e Madala i ila
w	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		4 8	36				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		÷ ::::::::::::::::::::::::::::::::::::					486
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d		49	3				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					dali ve		PRINTE
f	Administrative service providers (salaries, fees, commissions)	8f			9				
<u>g</u>	Other expenses	8g						(the first of	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							502
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	Effication continue		:				(16)
j_	Transfers to (from) the plan (see instructions)	8j							
9a b	If the plan provides pension benefits, enter the applicable pension $2\mathrm{C}\ 2\mathrm{G}$ If the plan provides welfare benefits, enter the applicable welfare for								
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amour	nt
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within	n the time period described in ection Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х			2,	000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х			<u> </u>
e		er person	s by an insurance carrier, efits under the plan? (See	10e		Х	· · · · · · · · · · · · · · · · · · ·		
f	Has the plan failed to provide any benefit when due under the plan	n?	***************************************	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х			
ì	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					
Part		, , , , , , , , , , , , , , , , , , , ,							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	∕es," see instructions and com	plete	Sched	lule SE	(Form	Пү	es 🗵 No
11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding					-	ERISA?	Пү	es 🗵 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)	***************************************					- Ind
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	g amortize	ed in this plan year, see instruc	ctions th	, and e	enter th	e date of	he letter Year	ruling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
<u>b</u>	Enter the minimum required contribution for this plan year					12b			·····

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© Enter the amount contributed by the employer to the pi	lan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line negative amount)	,	1 20	
e Will the minimum funding amount reported on line 12d			Yes No NA
Part VII Plan Terminations and Transfers of	Assets		
13a Has a resolution to terminate the plan been adopted in any	y plan year?	X Yes	s No
If "Yes," enter the amount of any plan assets that rever	rted to the employer this year	13a	0
b Were all the plan assets distributed to participants or b of the PBGC?			X Yes No
c If during this plan year, any assets or liabilities were tra- which assets or liabilities were transferred. (See instru	ansferred from this plan to another plan(s), identify the	the state of the s	
13c(1) Name of plan(s):		13c(2) E!N(s) 13c(3) PN(s)
	· ·		
Part VIII Trust Information (optional)			
14a Name of trust		14b Trus	t's EIN