	rm 5500-SF	Short Form Annual	уее ОМВ №		OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury rnal Revenue Service	This form is required to be fi	Benefit Plan	and 4065 of the Employe	е		2013		
Employee B	epartment of Labor enefits Security Administration	Retirement Income Security Act the Intern	8(a) of This Form is Open to Inspection						
8	enefit Guaranty Corporation	Complete all entries in acco	ordance with the instru	uctions to the Form 550	0-SF.	113	pection		
Part I		entification Information		and an diam.	0/04/				
_	ar plan year 2013 or fisca				2/31/2				
A This ret	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-particip	oant plan		
B This ret	turn/report is:	port is: I the first return/report I the final return/report							
		an amended return/report	months)						
C Check	box if filing under:	Form 5558		DFVC program					
		special extension (enter descrip	tion)						
Part II	Basic Plan Inform	nation—enter all requested infor	mation						
1a Name	•				1b	Three-digit			
RJ THIENEN	MAN REALTY GROUP L	_C 401K PLAN				plan number (PN) ▶	001		
					1c	Effective date of			
						04/25/	•		
	ponsor's name and addre MAN REALTY GROUP L	ess; include room or suite number	(employer, if for a single	e-employer plan)	2b	Employer Identification Number (EIN) 20-8142938			
12488 LAGI	RANGE RD				2c	Sponsor's telep 502-49			
	E, KY 40245-1901				2d	Business code (see instructions) 531310			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor	r Name Same as Pla	an Sponsor Address	3b	Administrator's EIN			
4 If the	name and/or EIN of the n	lan sponsor has changed since th	e last return/report filed	for this plan enter the	46	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. a Sponsor's name 				40 PN					
<u>'</u>		the beginning of the plan year			5a				
-		the end of the plan year			5b	-			
		count balances as of the end of the			50		11		
					5c		11		
6a Were	all of the plan's assets d	uring the plan year invested in elig	gible assets? (See instru	ictions.)			X Yes No		
		e annual examination and report of					X Yes 🗌 No		
		See instructions on waiver eligibilit er line 6a or line 6b, the plan car							
-		blan, is it covered under the PBGC			_		Not determined		
				,					
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause 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	lid electronic signature.	07/18/2014	BRIAN A THIENEMAN	IAN				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/va	lid electronic signature.	07/18/2014	BRIAN A THIENEMAN					
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	Enter name of individual signing as employer or plan sponsor				
Preparer's		ne, if applicable) and address; incl	ude room or suite numb		_		number (optional)		

a Total pan assets 7a 85610 123872 b Total pan labelities 7b 0 0 0 c Net plan assets (subtract line 7a from line 7a) 7c 86016 123872 d Contributions exceeded or reservable from: 8a(1) 9847 (b) Total (2) Participants 8a(2) 6850 3 (3) Others (including rollovers) 8a(3) 1034 5 (3) Others (including rollovers) 8a(3) 1034 5 (3) Others (including rollovers) 8a(3) 1034 5 (3) Others (including rollovers) 8a(2) 6 3 (3) Other sequences 8g 0 5 (4) France (including rollovers) 8d 425 5 (5) Other sequences 8g 0 5 (6) Other sequences 8g 0 5 (7) France (including rollovers) 8d 6 6 (1) And expenses (and lines 8d, 8e, 6d, and 8g) 8d 6 6 (1) And expenses (and lines 8d, 8e, 6d, and 8g) 0 5 6 6 (1) Transfers 10 from line plan (see	7 Plan Assets and Liabilities			(a) Beginning of Yea	ar			(b) End o	of Year
C Net plan assets (subtract line 7b from line 7a) 7c 85616 122372 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total C Contributions received or receivable from: 8a(1) 9847 (c) Total (a) Drives (including rollovers). 8a(2) 6065	a Total plan assets		7a	8561	6				123572
8 income, Expenses, and Transfers for this Pin Year (a) Amount (b) Total a Contributions received or receivable from: (b) Amount (c) Total (c) Employers (b) Amount (c) Total (c) Detrois (including rollovers) (b) (c) Total (c) Total (c) Others (including rollovers) (b) (c) Total (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) (c) Total income (edd lines 8a(1), 8a(2), 8a(3), 8a(b Total plan liabilities	7b		0	0				
a Contributions received or receivable from: Ba(1) 9847 (2) Participants	C Net plan assets (subtract line 7b from lin	7c	8561	6	123572				
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(b) Other income (loss) (c) Other income (loss) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
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d Benefits paid (including direct rollovers and insurance premiums by divergence of the provide benefits)				2175	0	-			20,400
to provide benefits). 8d 426 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, (see, commissions)		, , ,	80			_			38482
or animated construction of the service providers (salaries, fees, commissions)			8d	426					
Province (unit of the provides provides (unit of the provides (unit of the provides provides (unit of the provides p	e Certain deemed and/or corrective distrib	outions (see instructions)	8e		0				
g b b c	f Administrative service providers (salarie	s, fees, commissions)	8f	10	0				
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 526 i Net income (loss) (subtract line 8h from line 8c) 8i 37956 j Transfers to (from) the plan (see instructions) 8j 0 Plan Characteristics 8j 0 Ba If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2z 2z 2f 2J 30 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2mt V Compliance Questions 0 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 2.9 CFR 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 party-in-interest? (Do not include transactions reported on ine 10a) 10b X c Was there a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonest? 10d X c Was there any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that pr			8g		0				
j Transferse to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, an	d 8g)							526
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2z 2x	i Net income (loss) (subtract line 8h from	line 8c)	8i						37956
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X c Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distonestly? 10d X e Were my fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions and poly See (frause), or other organization that provides the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10g X f Has the plan failed to provide any benefit when due under the plan? 10h X 10h X	j Transfers to (from) the plan (see instruc	tions)	8i		0				
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2a 2F 2G 2J 3D b 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 10 During the plan year. Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Part IV Plan Characteristics								
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Part V Compliance Questions							1	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10 During the plan year:					Yes	No		Amount
on line 10a.)	29 CFR 2510.3-102? (See instruction	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					x		
c Was the plan tovered by a fidelity bold ? 10c 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	, i						Х		
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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 of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i X Part VI Pension Funding Compliance 10i Yes 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 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Inter the date of the letter ruli granting the waiver. 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 ruli granting the waiver. Day Year	insurance service, or other organizatio	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See					х		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	_				10f		Х		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	q Did the plan have any participant loan	s? (If "Yes." enter amount a	s of year end	.)	_		Х		
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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) Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 ruli granting the waiver. Month Day Year					10h		^		
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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 ruli granting the waiver	2520.101-3.) i If 10h was answered "Yes," check the exceptions to providing the notice app Part VI Pension Funding Compli 11 Is this a defined benefit plan subject to	box if you either provided th lied under 29 CFR 2520.10 ance minimum funding requirem	ne required no 1-3 ents? (If "Yes	otice or one of the	10i		dule SE		Yes []
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 ruli granting the waiver	 2520.101-3.) i If 10h was answered "Yes," check the exceptions to providing the notice app Part VI Pension Funding Compli 11 Is this a defined benefit plan subject to 5500) and line 11a below) 	box if you either provided th lied under 29 CFR 2520.10 ance minimum funding requirem	ne required no 1-3 ents? (If "Yes	otice or one of the s," see instructions and com	10i	<u></u>	dule SE		Yes]
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If you completed line 122 complete lines 3. 9, and 10 of Schedule MR (Form 5500), and skin to line 12	 2520.101-3.) i If 10h was answered "Yes," check the exceptions to providing the notice app Part VI Pension Funding Compli 11 Is this a defined benefit plan subject to 5500) and line 11a below) 11a Enter the unpaid minimum required co 12 Is this a defined contribution plan subject 	box if you either provided th lied under 29 CFR 2520.10 ance minimum funding requirem ntribution for current year fr ect to the minimum funding	ents? (If "Yes om Schedule requirements	otice or one of the s," see instructions and com s SB (Form 5500) line 39 s of section 412 of the Code	10i		dule SE		
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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.)							
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)		1				
14a	lame of trust	14b Trust's EIN					