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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.		
Part I	Annual Report lo	dentification Information					
For calenda	ar plan year 2013 or fisc	al plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This ret	turn/report is for:	🛚 a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
B This ret	turn/report is:	the first return/report the	ne final return/report				
		an amended return/report a	short plan year returr	n/report (less than 12 mo	onths)	_	
C Check I	box if filing under:		utomatic extension			DFVC progra	am
	T	special extension (enter description)					
Part II		mation—enter all requested informati	on				1
1a Name GRASH LAV	of plan V, P.S.C 401K RETIREN	MENT SAVINGS PLAN			1b	Three-digit plan number	004
					1c	(PN) ▶ Effective date o	f plan
						01/01	•
2a Plan s _l GRASCH LA		ress; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 61-12	fication Number 40636
302 WEST S	STREET				2c	Sponsor's telep	hone number
LEXINGTON					2d	Business code ((see instructions)
3a Plan a	dministrator's name and	address Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
		plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN	
	, EIN, and the plan num or's name	ber from the last return/report.			4c	PN	
5a Total r	number of participants a	t the beginning of the plan year			5a		6
		t the end of the plan year			5b		5
		ccount balances as of the end of the pla	• •	-	5с		5
_	•	during the plan year invested in eligible	•	,			X Yes No
under	29 CFR 2520.104-46?	he annual examination and report of an (See instructions on waiver eligibility an	d conditions.)		·····		X Yes No
•		ner line 6a or line 6b, the plan cannot			_	. – –	7
C If the p	olan is a defined benefit	plan, is it covered under the PBGC insu	ırance program (see	ERISA section 4021)? .	📙	Yes No	Not determined
Caution: A	A penalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	ıse is	established.	
SB or Sche		er penalties set forth in the instructions, I signed by an enrolled actuary, as well ete.					
SIGN	Filed with authorized/va	alid electronic signature.					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator
SIGN							
HERE	Signature of employe		Date	Enter name of individu			
Preparers	name (including iimi na	me, if applicable) and address; include	room of suite number	г (орионаг)	Ріер	arer's telepriorie	number (optional)

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	'ear	
a	Total plan assets	7a	83439				(8) =:		703174	4
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	83439	6					703174	1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b)	Total		
	Contributions received or receivable from:		(a) Amount	(5) 10tal						
	(1) Employers	8a(1)	543	8						
	(2) Participants	8a(2)	2569	3						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	7769	4						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							108825)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	24004	7						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							240047	7
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-	131222	2
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature cod	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions	:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a	Χ					1504
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Χ				
					Χ					250000
	· · · · · · · · · · · · · · · · · · ·			10c						230000
	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	•	•							
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10q		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	ne required	notice or one of the	10i						
Par		-				<u>I</u>				
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	X No
44-	5500) and line 11a below)							_	163	^ INU
	Enter the unpaid minimum required contribution for current year fr					11a	EDIC::	Г	7 ٧	V NI
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 No									
a	(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 being standard for a prior year.	ng amortize	ed in this plan year, see instru		, and e	_	ne date c			ling
	granting the waiver.		Mon	th		Day		_ Ye	ar	
1.0	you completed line 12a complete lines 2.0 and 40 of Caladall	MP /Fa	m 5500) and akin to line 42							
	you completed line 12a, complete lines 3, 9, and 10 of Schedule Enter the minimum required contribution for this plan year	•				12b				

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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		
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?	Y	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 coof the PBGC?	ontrol		Yes X 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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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).

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pe	nsion Benefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instru	ctions to the Form 550	0-SF.
		dentification Information			
For c	alendar plan year 2013 or fis	cal plan year beginning 01,	/01/2013	and ending	12/31/2013
	his return/report is for:	X a single-employer plan	multiple-employer p	lan (not multiemployer)	a one-participant plan
Вт	his return/report is:		e final return/report		
_				n/report (less than 12 m	onths)
C c	heck box if filing under:		utomatic extension		DFVC program
man,2 consider		special extension (enter description)			
251277777111		mation—enter all requested information	on		
1a 1	Name of plan				1b Three-digit
G	RASH LAW, P.S.C 4	01K RETIREMENT SAVINGS H	PLAN		plan number
					(PN) 001
					1c Effective date of plan 01/01/1993
2a F	Plan sponsor's name and add	fress; include room or suite number (emp	oloyer, if for a single-	empioyer plan)	2b Employer Identification Number
G	RASCH LAW, P.S.C			, , ,	(EIN) 61-1240636
					2c Sponsor's telephone number
3	02 WEST STREET				
т	EXINGTON		7.53.5	40509	2d Business code (see instructions)
		d address XSame as Plan Sponsor Nan	·	40507 Sponsor Address	541110
oa :	Tall administrators flattic and	a address Asame as Flam Sponsor Nam	ne Same as Plar	n Sponsor Address	3b Administrator's EIN
					3c Administrator's telephone number
		•			· ·
4 1	£45				
4	t the name and/or bin of the	plan sponsor has changed since the last ober from the last return/report.	t return/report filed fo	or this plan, enter the	4b EIN
	Sponsor's name	TOTAL TELEVISION OF THE PROPERTY OF THE PROPER			4c PN
5a `	Total number of participants a	at the beginning of the plan year			5a
		at the end of the plan year			5b
C	Number of participants with a	ccount balances as of the end of the plan	n year (defined bene	efit plans do not	5c
		during the plan year invested in eligible a			
		the annual examination and report of an			
	under 29 CFR 2520-104-46?	(See instructions on waiver eligibility and	d conditions.)		X Yes No
		her line 6a or line 6b, the plan cannot			
C I	f the plan is a defined benefit	plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?	Yes No Not determined
Caut	ion: A penalty for the late o	r incomplete filing of this return/repor	t will be assessed	unless reasonable cau	se is established.
Unde	r penalties of perjury and oth	er penalties set forth in the instructions,	declare that I have	examined this return/red	port, including, if applicable, a Schedule
SB or belief	r Schedule MB completed and f, it is true, correct, and compl	d signed by an enrolled actuary, as well a lete.	as the electronic ven	sion of this return/report	, and to the best of my knowledge and
SIGN		rel	7/75-/14	ALBERT F. GRAS	CH, JR
HERI	Signature of plan ac	Iministrator /	Date	Enter name of individu	ual signing as plan administrator
SIGN		dich!	7/5-/14	ALBERT F. GRAS	
HER	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing as employer or plan sponsor
Prepa		me, if applicable) and address; include r	oom or suite numbe	r (optional)	Preparer's telephone number (optional)
					· · · ·
	-	-			
					mandrida (19.74) telescornices acione es even considera.

Pa	rt III Financial Information	·						····			
7	Plan Assets and Liabilities	447,4417,4417	(a) Beginning of Yea	ar	T		(b) End	of Y	ear		
а	Total plan assets	. 7a	83	4,39	96					3,:	174
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	83	4,39	96				70	3,1	174
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
а	Contributions received or receivable from: (1) Employers	. 8a(1)		5 , 43	38						
		<u> </u>		5,69	1000						
	(2) Participants	8a(2)			1/2/11/						
	(3) Others (including rollovers)	8a(3) 8b	7	7,69	94						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				111111111111111111111111111111111111111			10	8.8	325
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	24	0,04	17			194 191940 19 794 191940 19 60 191940 19 60 191940		101791.00	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			120 mm		Children Children				
f	Administrative service providers (salaries, fees, commissions)	. 8f			23733		egg() pepa vi pana (name) (pe lim) vota vi pana (name) (pe		151416001141		
g	Other expenses	8g					**************************************		100 / 100 / 100 000 000 000 000 000 000		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							24	0,0	047
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							(131	, 22	22)
j	Transfers to (from) the plan (see instructions)	8i									
b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F 2F 2G 2J 2K 2R 3D										
10	During the plan year:				Yes	No		Amo	nunt		
a				10a	Х			7	, , , , , , , , , , , , , , , , , , ,	1,!	504
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?		***************************************	10c	Х				25	0.0	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					
е		ner person of the bene	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?n		10f		Х					
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				**************************************	
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			TATAL TO THE TATE OF THE TATE				
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form		Yes	X	No
_11a	2 Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	orse	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)								
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	*************	Mon	ctions th	, and e	enter th Day	ne date of t	he le Yea		ing	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
b	Enter the minimum required contribution for this plan year					12b					

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	I	40-		
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 min negative amount)		12d		
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?		Yes	s ∑ 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 anothe of the PBGC?				Yes X No
c If during this plan year, any assets or liabilities were transferred from this plan to anothe which assets or liabilities were transferred. (See instructions.)				
13c(1) Name of plan(s):	1:	3c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)			1	
14a Name of trust		14b Trus	t's EIN	