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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

. 00	on zonom Guaranty Corporation	 Complete all entries in ac 	cordance with the instru	ictions to the Form 55	00-SF.		
Part	I Annual Report	Identification Information					
For ca	endar plan year 2013 or fi	scal plan year beginning 01/01/	/2013	and ending	12/31/2	2013	
A Thi	s return/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-particip	oant plan
B Thi	s return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retui	rn/report (less than 12 r	nonths)	
C Ch	eck box if filing under:	Form 5558	automatic extension			DFVC progra	am
	J	special extension (enter descr	ription)				
Part	II Basic Plan Info	ormation—enter all requested info	ormation				
	ame of plan				1h	Three-digit	
	•	F THE BLUEGRASS RETIREMEN	T PLAN			plan number	
						(PN) ▶	001
					1c	Effective date of	f plan
						01/01	/2009
	an sponsor's name and ad OTHERS BIG SISTERS O	Idress; include room or suite numbe OF THE BLUEGRASS	er (employer, if for a single	e-employer plan)	2b	Employer Identification (EIN) 61-05	fication Number 23288
436 GE	ORGETOWN ST., STE. B				2c	Sponsor's telep	
	TON, KY 40508-1131				2d	Business code (
3a PI	an administrator's name a	nd address XSame as Plan Spons	sor Name Same as Pla	n Sponsor Address	3b	Administrator's I	
					3c	Administrator's t	telephone number
A 16					4.		
		e plan sponsor has changed since t	the last return/report filed f	for this plan, enter the	4b	EIN	
n	ame, EIN, and the plan nu	e plan sponsor has changed since t mber from the last return/report.	the last return/report filed f	for this plan, enter the			
n: a Sp	ame, EIN, and the plan nu ponsor's name	mber from the last return/report.		· 	4c	EIN PN	18
a Sp 5a To	ame, EIN, and the plan nu consor's name otal number of participants	mber from the last return/report.			4c - 5a		18
a Sp 5a To b To	ame, EIN, and the plan nu consor's name otal number of participants otal number of participants	mber from the last return/report. at the beginning of the plan year at the end of the plan year			4c - 5a		18
a Sp 5a To b To c N	ame, EIN, and the plan nu consor's name otal number of participants otal number of participants umber of participants with	mber from the last return/report.	the plan year (defined ben	efit plans do not	4c - 5a		
a Sp 5a To c N cc 6a V	ame, EIN, and the plan number of participants of participants of participants of participants of participants with complete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of t	the plan year (defined ben	efit plans do not	4c 5a 5b 5c	PN	14
a Sp 5a To c N co 6a V b A	ame, EIN, and the plan number of participants otal number of participants umber of participants with omplete this item)	mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of t s during the plan year invested in elf the annual examination and report	the plan year (defined ben- eligible assets? (See instruction	efit plans do not ctions.)	4c 5a 5b 5c	PN	14 9 X Yes No
a Sp 5a To b To c N cc 6a V b A	ame, EIN, and the plan number of participants otal number of participants umber of participants with omplete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of t s during the plan year invested in elf the annual examination and report? (See instructions on waiver eligibi	the plan year (defined ben- eligible assets? (See instruct t of an independent qualifi-	efit plans do not ctions.)ed public accountant (le	4c 5a 5b 5c	PN	14
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a Sp 5a To b To c N cc 6a V b A ui lf	ame, EIN, and the plan number of participants otal number of participants umber of participants with omplete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of t s during the plan year invested in elf the annual examination and report? (See instructions on waiver eligibi	the plan year (defined ben eligible assets? (See instruct t of an independent qualificility and conditions.)	efit plans do not ctions.)ed public accountant (l	4c 5a 5b 5c QPA)	PN	14 9 X Yes No
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	·			(b) End o	f Voc)r		
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella c		6470		
	Total plan liabilities	7b		-					• •		
	Net plan assets (subtract line 7b from line 7a)	76 7c	1593	4				1	6470		
	Income, Expenses, and Transfers for this Plan Year	70		•			(b) To				
	Contributions received or receivable from:		(a) Amount				(b) To	tai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	362	5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	3625		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e	183	9							
f	Administrative service providers (salaries, fees, commissions)	8f									
q	Other expenses	8g	125	0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3089		
ī	Net income (loss) (subtract line 8h from line 8c)	8i							536		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	oj .									
9a	If the plan provides pension benefits, enter the applicable pension 2L 2M	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruct	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Coc	les in t	he instruction	ns:			
Par	•						I				
10	During the plan year:				Yes	No	4	Amou	ınt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
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			100		X					
	instructions.)			10e		X					
f	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					
$\overline{}$	If 10h was answered "Yes," check the box if you either provided the			1011							
•	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)							П	Yes	X	No
112	Enter the unpaid minimum required contribution for current year fr					11a			-	<u> </u>	
12	· · · · · · · · · · · · · · · · · · ·		,				EDISA2	П	Yes	X	No
14	Is this a defined contribution plan subject to the minimum funding	-		oi se	CHOII .	JUZ UI	LNIOM!	Ш.	100	^	140
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 beir			ctions	and 4	enter th	ne date of th	e lette	er ruli	na	
	granting the waiver.	-			unu (Day		Year _	J. 1011	g	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
h	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)				
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 of the PBGC?				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

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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

P	art I	Annual Report	Identification Information					
Fo	r calen	dar plan year 2013 or fis	scal plan year beginning	01/01/2013	and ending		12/31/201	13
Α	This re	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	
		eturn/report is:	the first return/report	the final return/report			a one particip	pant plan
		•	an amended return/report	=	urn/report (less than 12 m	onthe	V.	
С	Check	box if filing under:	Form 5558	automatic extension		10111113		
	0110011	Cook it hilling direct.	special extension (enter descrip				☐ DFVC progra	am
P	art II	Basic Plan Info	rmation—enter all requested inform					
	Villa:	e of plan	That of enter all requested infor	mation		16	Three-digit	
		-1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	SISTERS OF THE BLUEGRA	SS		15	plan number	
		REMENT PLAN	realization of the bholdist				(PN) •	001
						1c	Effective date of	
2a	Plan	snonsor's name and add	dress; include room or suite number	/omplement if for a simple			01/01/2009	
	BIG	BROTHERS BIG S	SISTERS OF THE	(employer, it for a single	e-employer plan)	26	Employer Identif	
	BLUE	GRASS				20	(EIN) 61-052	
	120	CEODCEMOUN CE	G			20	Sponsor's teleph (859) 231-	
	430	GEORGETOWN ST.	, STE. B			2d	Business code (
		NGTON			40508-1131		813000	
3a	Plan a	administrator's name and	d address XSame as Plan Sponsor	Name Same as Pla	an Sponsor Address	3b	Administrator's E	EIN
						30	A deciniotecto de 4	-1
						30	Administrators to	elephone number
Δ	If the		plan anangar has share at sites it.	1 1 1 1 1 1 1				
4	If the name	name and/or EIN of the e, EIN, and the plan num	plan sponsor has changed since the ober from the last return/report.	last return/report filed	for this plan, enter the	4b	EIN	
а	Spons	e, EIN, and the plan num sor's name	ber from the last return/report.			4b 4c		
a 5a	Spons Total	e, EIN, and the plan num sor's name number of participants a	at the beginning of the plan year					18
a 5a b	Spons Total Total	e, EIN, and the plan num cor's name number of participants a number of participants a	at the end of the plan year			4c		18
a 5a b	Spons Total Total Numb	e, EIN, and the plan numeror's name number of participants and participants and participants are of participants with a	at the end of the plan year at the end of the plan year ccount balances as of the end of the	plan vear (defined ben	efit plans do not	4c 5a 5b		14
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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Ye	ear	\top		(b) End	d of Ye	ar	
а	Total plan assets	7a		15,93	34		(b) Lite	10110		6,470
b	Total plan liabilities	7b			\top					
С	Net plan assets (subtract line 7b from line 7a)	7c	1	15,93	34				1	6,470
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		\top		(b)	Total		
а	Contributions received or receivable from:		(a) ranount		\top		(15)	Total		***************************************
	(1) Employers	8a(1)			\bot					
_	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)	· · · · · · · · · · · · · · · · · · ·		\perp				***	
	Other income (loss)	8b		3,62	2.5					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			\perp					3,625
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions)	8e	3470	1,83	9					
2000	Administrative service providers (salaries, fees, commissions)	8f			+					
g	Other expenses	8g		1,25	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+-			P-		3,089
	Net income (loss) (subtract line 8h from line 8c)	8i			+	-				536
j	Transfers to (from) the plan (see instructions)	8j			+					330
Par	t IV Plan Characteristics	8)								
	If the plan provides pension benefits, enter the applicable pension f $2\mathrm{L}\ 2\mathrm{M}$									
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Chara	cteristi	c Cod	les in	the instruct	ions:		
Parl	V Compliance Questions									
10	During the plan year:				v		т —			
a		ione within	the time period described in		Yes	No		Amou	unt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not in	clude transactions reported	10b		Х				
С	Was the plan covered by a fidelity bond?			10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	idelity bond	d, that was caused by fraud	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	er persons the benefi	by an insurance carrier, ts under the plan? (See	10e		Х				
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 en	d.)	10g		Х				
	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h		Х	1 OC 1 I			-
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required r	notice or one of the	10i						
Part	VI Pension Funding Compliance						<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Ye	s," see instructions and com	plete S	chedu	ule SE	3 (Form	П	Yes	X No
11a	Enter the unpaid minimum required contribution for current year fro	m Schedul	e SB (Form 5500) line 39		1	11a				
12	Is this a defined contribution plan subject to the minimum funding re				-		FRISA?	П	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a			0, 000		JE 01	ZINOA!		. 50	110
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized	in this plan year, see instruc	tions, a	and er	nter th		ne lette Year	r rulin	g
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule l	MB (Form	5500), and skip to line 13.					- 531		
b	Enter the minimum required contribution for this plan year				1	2b				

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С	Enter the amount contributed by the employer to the plan for this plan year	12c	Π	
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				
_13a	Has a resolution to terminate the plan been adopted in any plan year?	III	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 of the PBGC?	control		☐ 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) which assets or liabilities were transferred. (See instructions.)	to		
1	3c/1) Name of plan(s):	3c(2) EI	N(s)	13c(3) PN(s)
	VIII Trust Information (optional)	14b Tr	ust's EIN	