| Form 5500-SF | | Short Form Annual F | YEE OMB Nos. 1210-0 1210-0 | | | | | |
|--|---|---|---|---------------------------|---|-----------------------------------|--------------------------------------|--|
| | artment of the Treasury ernal Revenue Service | 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 the Internal Revenue Code (the Code). | | | | 2 | 2013 | |
| Employee | Department of Labor Benefits Security Administration | | | | | This Form i | Form is Open to Public Inspection | |
| | Benefit Guaranty Corporation | 0-SF. | | | | | | |
| Part I | dar plan year 2013 or fisca | lentification Information | 10 | and anding 1 | 0/04/4 | 2042 | | |
| | L. | | 1 | ~ | 2/31/2 | | | |
| | eturn/report is for: | X a single-employer plan | | lan (not multiemployer) | | a one-particip | oant plan | |
| B This r | eturn/report is: | the first return/report | the final return/report | | | | | |
| an amended return/report a short plan year return/report (less than 12 | | | | | |) DFVC progra | | |
| C Check | C Check box if filing under: | | | | | | im | |
| | | special extension (enter descripti | , | | | | | |
| Part II | | mation—enter all requested inform | nation | | 16 | These sufficients | - | |
| 1a Nam | • | P, LLC 401K RETIREMENT SAVIN | GS PLAN | | a | Three-digit plan number | | |
| 0.71.00112 | | | | | | (PN) ▶ | 001 | |
| | | | | | 1c | Effective date of | f plan | |
| 0 | | | | | | 07/01/ | | |
| | sponsor's name and address MANAGEMENT GROU | ess; include room or suite number (IP, LLC | employer, if for a single- | employer plan) | | (====) | 88172 | |
| P.O. BOX | 1022 | | | | 2c | Sponsor's telep 270-759 | | |
| MURRAY, | KY 42071-0018 | | | | 2d | Business code (42492 | | |
| | administrator's name and MANAGEMENT GROUP | | | Sponsor Address | 3b | Administrator's EIN 26-2388172 | | |
| | | | | | | 270-759 | -1650 | |
| | | olan sponsor has changed since the per from the last return/report. | last return/report filed for | or this plan, enter the | 4b | EIN | | |
| | sor's name | | | | | PN | | |
| 5a Tota | I number of participants at | t the beginning of the plan year | | | 5a | | 46 | |
| | | t the end of the plan year | | - | 5b | 5b 38 | | |
| | | count balances as of the end of the | | | 5c | | 20 | |
| | | during the plan year invested in eligi | | | | | X Yes No | |
| b Are unde | you claiming a waiver of th er 29 CFR 2520.104-46? (| ne annual examination and report of See instructions on waiver eligibility er line 6a or line 6b, the plan can | an independent qualified and conditions.) | ed public accountant (IQF | PA) | | X Yes No | |
| C If the | plan is a defined benefit | plan, is it covered under the PBGC i | nsurance program (see | ERISA section 4021)? | | Yes No | Not determined | |
| Caution: | A penalty for the late or | incomplete filing of this return/re | port will be assessed | unless reasonable cau | se is | established. | | |
| Under pe SB or Scl | nalties of perjury and othe | r penalties set forth in the instruction signed by an enrolled actuary, as w | ns, I declare that I have | examined this return/rep | ort, ir | ncluding, if applic | | |
| SIGN | Filed with authorized/va | lid electronic signature. | 10/05/2014 | CHARLES A. JONES | | | | |
| HERE | Signature of plan adr | ministrator | Date | Enter name of individu | ninistrator | | | |
| SIGN HERE | | | | | | | | |
| | Signature of employe | | Date | | idual signing as employer or plan sponsor Preparer's telephone number (optional) | | | |
| rieparer | s name (including firm har | ne, if applicable) and address; inclu | ue room of suite humbe | a (opuonal) | rιep | | | |

| Pa | t III Financial Information | _ | | | | | | | | | |
|----------|--|---|---------------------------------|---------|----------|-----------------|------------|---------------|--------|------|----|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ar | | | (b) End | d of Y | ear | | |
| а | Total plan assets | . 7a | 40881 | 8 | 187190 | | | | | | |
| b | Total plan liabilities | 7b | | 0 | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 408818 | | | | 187190 | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | Expenses, and Transfers for this Plan Year (a) Amount | | | | | (b) Total | | | | |
| а | Contributions received or receivable from: | | 1595 | 0 | | | | | | | |
| | (1) Employers | 8a(1) | 1090 | 3 | _ | | | | | | |
| | (2) Participants | 8a(2) | | | | | | | | | |
| b | (3) Others (including rollovers) Other income (loss) | 8a(3) 8b | 6823 | 5 | | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | 0020 | • | | | | | 84194 | | |
| _ | Benefits paid (including direct rollovers and insurance premiums | . 00 | | | | | | | 04104 | | |
| | to provide benefits) | 8d | 29901 | 7 | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 680 | 5 | | | | | | | |
| g | Other expenses | 8g | | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | : | 305822 | | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -: | 221628 | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| Par | t IV Plan Characteristics | | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$ | feature co | des from the List of Plan Chara | acteris | stic Co | odes in | the instru | ictions | 8: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | | as from the List of Dian Chara | otoriot | | loo in t | ho inotruc | tiona | | | |
| D | In the plan provides wehate benefits, enter the applicable wehate it | | | CIENSI | | 105 111 | | ,0015. | | | |
| Par | V Compliance Questions | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Am | ount | | |
| а | Was there a failure to transmit to the plan any participant contribu | | | 4.0 | | х | | | | | |
| h | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest | - | | 10a | | | | | | | |
| | on line 10a.) | | | 10b | | Х | | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | Х | | | | 1 | 0000 | 00 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's | fidelity bo | nd, that was caused by fraud | | | х | | | | | |
| | or dishonesty? | | | 10d | | ~ | | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all | | | | X | | | | | | |
| | instructions.) | | • • | 10e | Х | | | | | 59 | 24 |
| f | Has the plan failed to provide any benefit when due under the pla | 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? | (See instru | uctions and 29 CFR | | | х | | | | | |
| <u> </u> | 2520.101-3.) | | | 10h | | ^ | | | | | |
| i | If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | | | | |
| Part | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| | 5500) and line 11a below) | | | | | | | | Yes | | No |
| | Enter the unpaid minimum required contribution for current year fr | | , , | | | 11a | | | 1 | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | e or se | ection 3 | 302 of | ERISA?. | | Yes | × | No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | oti | 0.7.1 | onter 1 | a d-t | th - ' | | | |
| | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | | Mon | | , and e | enter th Day | ie date of | the le Yea | | ng | - |
| lf | you completed line 12a, complete lines 3, 9, and 10 of Schedul | e MB (For | m 5500), and skip to line 13. | | | | | | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | | | | | |

| 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 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): 1 | 3c(2) EIN | l(s) | 13c(3) PN(s) |
| | | | | |
| | | | | |
| Part | VIII Trust Information (optional) | | | |
| 14a | Name of trust | 14b Tru | ust's EIN | |
| | | | | |
| | | | | |

| , | orm 5500-SF | Short Form Annual | Return/Repor Benefit Plan | t of Small Empl | oyee | OMB Nos, 1210-0110 | | |
|-------------------|---|---|--|--|---|--|--|--|
| 5 | opertment of the Treasury Internal Revenue Service | | | _ | 1210-0089 | | | |
| Employ | Department of Lebor e Benofits Security Administration | This form is required to be f Retirement income Security Act | yee 58(a) of | 2013 This Form Is Open to Public | | | | |
| | n Benefit Gueranty Corporation | nty Corporation Complete all entries in accordance with the instructions to the Form \$500.05 | | | | | | |
| Eor cale | Annual Report Id | entification information | | additions to the Form 55 | 00-SF. | | | |
| - | E. | | 01/01/2013 | and ending | | 2/31/2013 | | |
| | return/report is for: | | | r plan (not multiemployer |) [|] a one-participant plan | | |
| | | the first return/report an amended return/report | the final return/rep | | | | | |
| C Cheo | k box if filing under: X | | | turn/report (less than 12 r - | nonths) | 1 | | |
| | | special extension (enter descript | automatic extensio | n | L | DFVC program | | |
| Part II | Basic Plan Inform | ation-enter all requested infon | mation | | | | | |
| | ie of plan | | | | 1 b T | hree-digit | | |
| C.A. | JONES MANAGEMENT | GROUP, LLC 401K RET | IREMENT SAVIN | GS PLAN | pl | lan number PN) ▶ 001. | | |
| | | | | | 10 E | ffective date of plan 7/01/2008 | | |
| 2a Plan C.A. | sponsor's name and addre: JONES MANAGEMENT | ss; include room or sulte number (GROUP, LLC | employer, if for a sing | ie-employor plan) | (E | nployer identification Number IN) 26-2388172 | | |
| P.O. 3 | BOX 1022 | | | | 20 S | ponsor's telephone number 70 - 759 - 1,650 | | |
| MURRA | | <u>KY 42071-0018</u> | | | | siness code (see instructions) | | |
| 38 Plan C.A. 1 | administrator's name and a JONES MANAGEMENT | ddress Same as Plan Sponsor GROUP . LLC | Name Same as Pi | an Sponsor Address | 3b ∧d | Iministrator's EIN 5-2388172 | | |
| | 30X 1.022 | | | | 3c Ad | ministrator's telephone number | | |
| F.V. 1 | JOA 1.022 | | | | | 0~759-1650 | | |
| MURRA | Z | KY 42071-0018 | | | | | | |
| 4 If the name | name and/or EIN of the pla e, EIN, and the plan number | n sponsor has changed since the | last return/report filed | for this plan, enter the | 4b Ell | N | | |
| a Spon | sor's name | | | | 4c PN | | | |
| 5a Total | number of participants at th | e beginning of the plan year | | | 5a | | | |
| D Total | number of participants at th | e end of the plan year | | | 5b | 46 | | |
| C Num | ber of participants with acco | unt balances as of the end of the j | plan vear (defined ber | efit plans do not | 5c | | | |
| 6a Wen | e all of the plan's assets duri | ing the plan year invested in eligib | le assets? (See instru | ctions.) | | | | |
| D Arey | ou claiming a waiver of the . | annual examination and report of . | an independent qualif | od public occountant (IO) | 341 | | | |
| If you | answered "No" to either | e instructions on waiver eligibility : line 6a or line 6b, the plan cann | and conditions.) ot use Form 5500-SI | and must instead use | | XYes No | | |
| C If the | plan is a defined benefit pla | n, is it covered under the PBGC in | isurance program (see | ERISA section 4021)? | | s 🗍 No 🎵 Not determined | | |
| | | complete filing of this return/rep | | | | | | |
| SB or Sch | alties of perjury and other pe edule MB completed and sig true, correct, and conjugate. | enalties set forth in the instructions | s, I declare that I have all as the electronic ve | examined this return/rep rsion of this return/report, | se is esta ort, includ and to the | iblished. ling, if applicable, a Schedule e best of my knowledge and | | |
| SIGN | | | 9/30/14 | CHARLES A. JON | | | | |
| HERE | Signature of plan, admin | Istrato | Date | | | | | |
| SIGN | SIGN GIZ-LUC CHARLES A TO | | | ual signing as plan administrator | | | | |
| HERE | Signature of employed | lan-Sponsor | Dete | Enter | | | | |
| Preparer's | name (including firm name, | If applicable) and address; include | e room or suite numbe | r (optional) | ar signing Preparer's | as employer or plan sponsor s telephone number (optional) | | |
| | | | | | Ţ | | | |
| | | | | F | | | | |
| For Paperwo | ork Reduction Act Notice and | OMB Control Numbers, see the Instr | uctions for Form 5500- | SF. | | Form 5500-SF (2013) | | |

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Page 2

| Par | III Financial Information | | | _ | | | |
|-----------------|--|-------------------|---|----------|----------|----------|--|
| 7 P | Plan Assets and Liabilities | | (a) Regimeine | | _ | | |
| <u>a</u> 1 | Total plan assets | . 7a | (a) Beginning of | | 0.1.0 | | (b) End of Year |
| <u>b</u> 1 | otal plan liabilities | 75 | | 408 | 818 | | 18719 |
| <u> </u> | Net plan assets (subtract line 7b from line 7a) | 70 | | 400 | 0 | | |
| <u>8</u> Ir | ncome, Expenses, and Transfers for this Plan Year | | | 408 | 818 | | |
| a c | Contributions received or receivable from: | <u> </u> - | (a) Amount | | | | (b) Total |
| <u>C</u> | 1) Employers | 8a(1) | | 15 | 959 | | |
| | 2) Participants | 8a(2) | | | | | |
| (3 | 3) Others (Including rollovers) | 8a(3) | | | - | | |
| _ b o | ther income (loss) | 8b | | 68: | 235 | | · · · · · · · · · · · · · · · · · · · |
| | otal income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 8419 |
| d Bo to | enefits paid (Including direct rollovers and Insurance premiums | | | | | | 0415 |
| e c | provide benefits) | 8d | | 299(|)17 | | |
| f Ad | dministrative service providers (salaries, fees, commissions) | 8e | | | | | |
| g o | ther expenses | 8f | | 68 | 305 | | |
| <u>- р т</u> а | ther expenses | <u>89</u> | | | | | |
| <u>i</u> N/ | otal expenses (add lines 8d, 8e, 8f, and 8g) | <u>8h</u> | | | | | 30582 |
| i Tr | et income (loss) (subtract line 8h from line 8c) ansfers to (from) the plan (see instructions) | 81 | | | | | -221628 |
| Part I | | 8 | | | | | |
| | the plan provides pension benefits, enter the applicable pension f $2E \ 2F \ 2G \ 2J \ 2K \ 3D$ the plan provides welfare benefits, enter the applicable welfare fe | | | | | | |
| Part V | | | | | | | |
| | | | | | | | |
| | uring the plan year: | | | | Yes | No | Amount |
| | Vas there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fidue Vers there are a second to the plan and DOL of the second se | 190/ Cotto alla | • (D+) | 10a | | x | |
| or | a line 10a.) | (Do not includ | e transactions reported | 106 | | x | |
| C V | vas the plan covered by a fidelity bond? | | | 10c | x | | 1000000 |
| or | d the plan have a loss, whether or not reimbursed by the plan's fit dishonesty? | delity bond, that | at was caused by fraud | 10d | | x | 1000000 |
| ins | surance service, or other organization that provides some or all of structions.) | the benefits u | n insurance carrier, nder the plan? (See | 10e | × | | 5924 |
| f Ha | as the plan failed to provide any benefit when due under the plan? | | | 10f | | <u>х</u> | |
| g Die | d the plan have any participant loans? (If "Yes," enter amount as o | vear end) | | | | | ,, |
| 25 | his is an individual account plan, was there a blackout period? (Se 20.101-3.) | e Instructions | and 29 CFR | 10g | · | x x | |
| | Oh was answered "Yes," check the box if you either provided the septions to providing the notice applied under 29 CFR 2520.101-3 | en au du - I | | 10h | | | |
| ant vi | Pension Funding Compliance | | | 101 | | | |
| 11 is ti 550 | his a defined benefit plan subject to minimum funding requirement 0) and line 11a below) | 8? (If "Yes," s | e instructions and com | plete \$ | Sched | ule SB | (Form |
| | er the unpaid minimum required contribution for current year from | Schedule SB | (É0m 5500) line 39 | | <u></u> | | Yes No |
| 12 is t | his a defined contribution plan subject to the minimum funding rec | uirements of a | ection 412 of the Oast | <u></u> |] 1 N | 1a | |
| | 100, complete internation internation 120 120 and 126 balance on | و و السوال السوال | | | | | |
| ्य एवर | walver of the minimum funding standard for a prior ways is being a | | s plan year, see instruct | ions, a | and er | iter the | e date of the letter ruling |
| | | | N/amil | | | Eb . | |
| lf you c | nting the waiver, completed line 12a, complete lines 3, 9, and 10 of Schedule M or the minimum required contribution for this plan year | B (Eorm 5500 | and akin to Kar to | ר | | Day | Year |

Form 5500-SF 2013

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| C Enter the amount contributed by the employer to the plan for this plan too. | | | |
|--|-------------------|-----------|--|
| C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) | 12c | | |
| | 1.60 | | |
| reported on the 12d be met by the funding deadline? | | | 7 |
| Tan terminations and Transfers of Assets | | Yes | No N/A |
| 13a Has a resolution to terminate the plan been adopted in any plan year? | | | |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | ····· | Yes X N | <u>o </u> |
| word air the pidt assets distributed to participante or beneficiarian to an a | | ┼──── | |
| of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See Instructions.) | fy the plan(s) to | | Yes X No |
| 13c(1) Name of plan(s): | | | |
| | <u> </u> | N(s) | 13c(3) PN(s) |
| | | | |
| | | | - <u> </u> |
| | - | | <u> </u> |
| | | | |
| | | | |
| Part VIII Trust Information (optional) | | | |
| 14a Name of trust | | | |
| | 740 m | ust's EIN | |
| | } | | |
| | | | |
| | | | |