-	rm 5500-SF	Short Form Annual R	Return/Report o Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	artment of the Treasury rnal Revenue Service	This form is required to be file		and 4065 of the Employer	е		2013
	epartment of Labor Benefits Security Administration	Retirement Income Security Act of the Interna	ections 6057(b) and 6058		This Form i	is Open to Public	
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	dance with the instru	ctions to the Form 5500	0-SF.		spection
Part I		Ientification Information					
For calend	lar plan year 2013 or fisca	al plan year beginning 01/01/201	3	and ending 1	2/31/2	2013	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-partici	pant plan
B This ref	turn/report is:	X the first return/report	the final return/report				
	Γ	an amended return/report	a short plan year retur	rn/report (less than 12 mc	onths)	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
-	[special extension (enter descriptio	on)				
Part II	Basic Plan Inforr	mation—enter all requested inform	,				
1a Name		indian one an requests and			1b	Three-digit	1
	•	AND SUBSIDIARIES 401(K) PLAN				plan number	
					Ļ	(PN) 🕨	001
					1c	Effective date of	•
		· · · · · · · · · · · · · · · · · · ·	the state of the second	· · · · · · · · · · · · · · · · · · ·	-		/2013
	sponsor's name and addre	ess; include room or suite number (e	employer, if for a single-	-employer plan)	2b		ification Number
					20	Sponsor's telep	
274 NORTH	H MIDDLETOWN ROAD				20		57-4462
P.O. BOX 60 PARIS, KY 4	07				2d		(see instructions)
3a Plan a	administrator's name and	address XSame as Plan Sponsor N	Name Same as Plar	n Sponsor Address	3b	Administrator's	
					•		
		olan sponsor has changed since the l	last return/report filed fo	or this plan, enter the	4b	EIN	
		per from the last return/report.			40		
	sor's name	t the beginning of the plan year				PN	12
_		0 0 1 1			5a		13
		t the end of the plan year			5b		16
		count balances as of the end of the			5c		16
		during the plan year invested in eligib					X Yes No
	•	he annual examination and report of	•	,			
under	r 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditions.)	· · · · · · · · · · · · · · · · · · ·			X Yes No
-		her line 6a or line 6b, the plan cann					-
C If the p	plan is a defined benefit p	plan, is it covered under the PBGC ir	nsurance program (see	ERISA section 4021)?	····· L	Yes No	Not determined
Caution: A	A penalty for the late or	incomplete filing of this return/rep	port will be assessed	unless reasonable cau	se is	established.	
SB or Sche		er penalties set forth in the instruction signed by an enrolled actuary, as we ste.					
SIGN	Filed with authorized/val	lid electronic signature.	10/08/2014	HENRY L. HINKLE			
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual siç	gning as plan adr	ministrator
SIGN							
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sid	gning as employe	er or plan sponsor
Preparer's		me, if applicable) and address; includ					e number (optional)

Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ear	
а	Total plan assets	7a						3	48245	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		0				3	48245	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	6803	5						
	(2) Participants	8a(2)	4078	6						
	(3) Others (including rollovers)	8a(3)	21988	0						
b	Other income (loss)	8b	2925	6						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	57957	
d	Benefits paid (including direct rollovers and insurance premiums			_						
	to provide benefits)	8d	9612	2						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	10	0						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				9712	
÷	Net income (loss) (subtract line 8h from line 8c)	8i			_			3	48245	
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	aturo cod	os from the List of Plan Charac	etoriet		os in t	ho instructi	000.		
D				SIGNSI		65 11 1		0115.		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	ount	
а	Was there a failure to transmit to the plan any participant contribu					х				
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	-		10a		~				
d	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				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all			10e	X					1077
f	instructions.)					Х				1077
	·····			10f						
			,	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 th			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)	•		•			•		Yes	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?	Π	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			0.00	2					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th Day	ne date of t	he le Yea		ng
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					209			-	
	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	

Form 5500-SF	Short Form Annua	Benefit Plan	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to b	e filed under sections 104 a	and 4065 of the Employe	ee		2013
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		ternal Revenue Code (the C	Code).		This Form	is Open to Public spection
	 Complete all entries in a t Identification Information 		ctions to the Form 550	0-SF.		
For calendar plan year 2013 or		01/01/2013	and ending		12/31/201	3
A This return/report is for:	X a single-employer plan	_	lan (not multiemployer)		a one-partici	
B This return/report is:C Check box if filing under:	X the first return/report an amended return/report X Form 5558 special extension (enter description)	the final return/report a short plan year retur automatic extension	n/report (less than 12 m	onths)		
Part II Basic Plan Infe	ormation—enter all requested in					
1a Name of plan	pany LLC and Subsidia			1b	Three-digit plan number (PN) ▶	001
					Effective date of 01/01/2013	
2a Plan sponsor's name and a Hinkle Holding Co.,	ddress; include room or suite numb	per (employer, if for a single	-employer plan)	S.PHERS.	(EIN) 01-094	
374 North Middletow	vn Road			2c	Sponsor's telep 859-987-4	
P.O. Box 607 Paris	KY 40362-060	07		2d	Business code 551112	(see instructions)
	and address XSame as Plan Spon	sor Name XSame as Plan	n Sponsor Address	3b	Administrator's	EIN
				3c	Administrator's	telephone number
4 If the name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	3c 4b		telephone number
name, EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for	or this plan, enter the	4b	EIN	telephone number
name, EIN, and the plan nu a Sponsor's name	ne plan sponsor has changed since umber from the last return/report. s at the beginning of the plan year .			4b 4c		
a Sponsor's name 5a Total number of participant	umber from the last return/report. s at the beginning of the plan year.		211	4b 4c 5a	EIN	1
name, EIN, and the plan nu a Sponsor's name 5a Total number of participant b Total number of participant	s at the beginning of the plan year . s at the end of the plan year .			4b 4c	EIN	1.
name, EIN, and the plan nu a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item)	umber from the last return/report. s at the beginning of the plan year . s at the end of the plan year n account balances as of the end of	the plan year (defined bene	efit plans do not	4b 4c 5a 5b 5c	EIN PN	1:
 name, EIN, and the plan nu Sponsor's name Total number of participant Total number of participant Total number of participants with complete this item) Were all of the plan's asse Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to of C If the plan is a defined beneficiated on the plan. 	s at the beginning of the plan year . s at the end of the plan year a account balances as of the end of the annual examination and repo for the annual examination and repo for (See instructions on waiver eligit either line 6a or line 6b, the plan afit plan, is it covered under the PBC e or incomplete filing of this retur	the plan year (defined bene eligible assets? (See instruct rt of an independent qualifie bility and conditions.) cannot use Form 5500-SF GC insurance program (see m/report will be assessed	efit plans do not tions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau	4b 4c 5a 5b 5c PA) Form	EIN PN 5500. Yes No [established.	1 1 1 X Yes No X Yes No X Yes No
name, EIN, and the plan nu a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item)	s at the beginning of the plan year . s at the end of the plan year a account balances as of the end of the annual examination and repo for the annual examination and repo for (See instructions on waiver eligit either line 6a or line 6b, the plan efit plan, is it covered under the PBC or incomplete filing of this retur other penalties set forth in the instru and signed by an enrolled actuary, a	the plan year (defined bene eligible assets? (See instruct rt of an independent qualifie bility and conditions.) cannot use Form 5500-SF GC insurance program (see m/report will be assessed intions. I declare that I have	efit plans do not ctions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	4b 4c 5a 5b 5c PA) Form use is port, in t, and t	EIN PN 5500. Yes No established. cluding, if applic	1 1 X Yes No X Yes No X Yes No Not determined
name, EIN, and the plan nu a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item)	s at the beginning of the plan year . s at the end of the plan year a account balances as of the end of the annual examination and repo for the annual examination and repo for (See instructions on waiver eligit either line 6a or line 6b, the plan efit plan, is it covered under the PBC or incomplete filing of this retur other penalties set forth in the instru and signed by an enrolled actuary, a	the plan year (defined bene eligible assets? (See instruct rt of an independent qualifie bility and conditions.) cannot use Form 5500-SF GC insurance program (see m/report will be assessed intions. I declare that I have	efit plans do not tions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/rer	4b 4c 5a 5b 5c PA) Form use is port, in t, and t	EIN PN 5500. Yes No established. cluding, if applic	1 1 X Yes No X Yes No X Yes No Not determined
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name, EIN, and the plan nu a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item) 6a Were all of the plan's asse b Are you claiming a waiver of under 29 CFR 2520.104-40 If you answered "No" to of c If the plan is a defined benefic Caution: A penalty for the later Under penalties of perjury and of SB or Schedule MB completed a belief, it is true, correct, and completed Signature of plan SIGN HERE Signature of plan	umber from the last return/report. s at the beginning of the plan year a sat the end of the plan year a account balances as of the end of the annual examination and repo for the annual examination and repo for (See instructions on waiver eligit either line 6a or line 6b, the plan efft plan, is it covered under the PBC or incomplete filing of this return other penalties set forth in the instru and signed by an enrolled actuary, an plete.	the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualifie bility and conditions.) cannot use Form 5500-SF GC insurance program (see m/report will be assessed ictions, I declare that I have as well as the electronic ver $\frac{16}{6}/14$ Date 10/6/14	efit plans do not tions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Henry L. Hink Enter name of individ Henry L. Hink	4b 4c 5a 5b 5c PA) Form use is port, in t, and t le ual sig le ual sig	EIN PN S500. Yes No established. Ining as plan adr	1 1 1 X Yes No X Yes No Not determined Not determined

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2013)

7 1	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Yea	ar
a	Total plan assets	7a						34824
	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c			0			34824
	ncome, Expenses, and Transfers for this Plan Year	No. Elef	(a) Amount				(b) Total	
	Contributions received or receivable from:			5803	5			
-	1) Employers	8a(1)			_			
	2) Participants	8a(2)		1078	-			
	3) Others (including rollovers)	8a(3)		1988 2925	-			
_	Other income (loss)	8b		2923	0			25705
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1.1.1.11	-	P. Dreep.		35795
t	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d		961	2			
	Certain deemed and/or corrective distributions (see instructions)	8e		1.0	0			
_	Administrative service providers (salaries, fees, commissions)	8f		10	0			
	Other expenses	8g			-	A. 141		0.71
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-	-			971
	Net income (loss) (subtract line 8h from line 8c)	8i			-	0.2110		34824
<u>j</u> .	Transfers to (from) the plan (see instructions)	8j						
b	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Cod	es in the	instructions:	
-	V Questiana				-		_	
					Yes	No	Amoi	unt
10	During the plan year:	tions within th	ne time period described in		Yes	No	Amou	int
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Correct	ion Program)	10a	Yes	No X	Amou	int
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	ciary Correct ? (Do not incl	ion Program) ude transactions reported	10a 10b	Yes	x x	Amou	int
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	uciary Correct ? (Do not incl	ion Program) ude transactions reported		Yes	x	Amou	int
b c	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correct ? (Do not incl fidelity bond,	ion Program) ude transactions reported that was caused by fraud	10b	Yes	x x	Amou	int
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	(Do not incl (Do not incl fidelity bond, her persons b of the benefit	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c	Yes	X X X	Amou	int 107
0 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefit	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d		X X X	Amou	
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IO a b c d d e f f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other 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 and 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	iciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit n? s of year end (See instruction ne required not	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		X X X X X X X X	Amou	
IO a b c d d e f f h i i Part	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 at 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 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X Ulle SB (f	Form	107
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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		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/4
Part VII Plan Terminations and Transfers of Assets			
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes 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 of the PBGC?	the control		Yes X N
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	n(s) to		
13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s
Part VIII Trust Information (optional)			
14a Name of trust	14b 1	rust's EIN	