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b Total number of participants at the end of the plan year 5b 4 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 3 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No lf you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? No No determined Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. No So Schedule BB completed and signed by an enrolled actuary, as w	· _ ·		the beginning of the plan year					3		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 3 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No index 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. X Yes No Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. No Not determined 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/valid electronic signature. Enter name of individual signing as plan administrator SIGN Filed with authorized/valid electronic signature. Enter name of individual signing as employer or plan sponsor										
complete this item) 5c 3 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No 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. Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor						50		4		
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Yes No c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No 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/valid electronic signature. Enter name of individual signing as plan administrator SIGN Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor				•		5c		3		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. No No No determined C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No No 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/valid electronic signature. Enter name of individual signing as plan administrator SIGN Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor								🗙 Yes 🗌 No		
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No No 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/valid electronic signature. HERE Signature of plan administrator Date SIGN Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								X Yes 🗌 No		
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 HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		,	• • •	,						
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 HERE Filed with authorized/valid electronic signature. Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	C If the p	lan is a defined benefit p	olan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)? .		Yes No	Not determined		
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 HERE Filed with authorized/valid electronic signature. Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Caution: A	nenalty for the late or	incomplete filing of this return/repor	t will be assessed i	unless reasonable cau	se is	established			
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 HERE Filed with authorized/valid electronic signature. Signature of plan administrator Date SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								able. a Schedule		
SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SB or Sche	dule MB completed and	signed by an enrolled actuary, as well a							
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	belief, it is t	rue, correct, and comple	ete.							
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Filed with authorized/va	lid electronic signature.							
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator		
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN									
	HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sig	ining as employe	er or plan sponsor		
	Preparer's									
					ľ					

Pa	rt III Financial Information				-						
7	Plan Assets and Liabilities	(a) Beginning of Yea	ar		(b) End of Year						
а	Total plan assets	7a		0					10137		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c		0					10137		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from:										
	(1) Employers	8a(1)	141								
	(2) Participants	8a(2)	811	2							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	61	4							
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				10137		_
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
	Net income (loss) (subtract line 8h from line 8c)	8i							10137		-
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	IJ									-
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instru	ctions	:		
	2E 2F 2G 2J 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:			
Par							1				
10	During the plan year:				Yes	No		Amo	ount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х					
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		Х					
c	Was the plan covered by a fidelity bond?			10c	Х					75000)
C		•		40-1		Х					
	or dishonesty?			10d							—
e	 Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 					×					
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
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	ne required	d notice or one of the								
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part								—			
11	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 X										
11a	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	requireme	ents of section 412 of the Code	e or se	ection (302 of	ERISA?		Yes	X No)
	(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 bein granting the waiver.				, and e	enter th Day	ne date of	the le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.								
						12b	I				

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 Trust's EIN		

	1							
Form 5500-SF	Short Form Annual Re	eturn/Report Senefit Plan	of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service	This form is required to be filed				2013			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act or the Interna	f 1974 (ERISA), and a al Revenue Code (the		l(a) of	This Form	is Open to Public		
Pension Benefit Guaranty Corporation	 Complete all entries in accord 	•	•	0-SF	Ir	spection		
Part I Annual Report Id	dentification Information			v-ur. [
For calendar plan year 2013 or fisca	al plan year beginning	05/01/2013	and ending	12/	/31/2013			
A This return/report is for:	x a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-partici	pant plan		
B This return/report is:	the first return/report	the final return/report						
Ī	an amended return/report	a short plan year relu	im/report (less than 12 m	ionths)				
C Check box if filing under:	x Form 5558	automatic extension		П	DFVC progra	រ៣		
Ĩ	special extension (enter description)		-				
Part II Basic Plan Infor	mation enter all requested infor	mation						
1a Name of plan					hree-digit			
Stone Law Office 401	(k) Plan				an number PN) ►	001		
				· ·	ffective date o	f plan		
				0	5/01/2013			
2a Plan sponsor's name and addr Stone Law Office, PL	ess; include room or suite number (er LC	nployer, if for a single	e-employer plan)		mployer Ident EIN) 26–37	fication Number 72252		
				2c S	ponsor's telep 270) 422-	hone number 3900		
469 East Broadway				2d 8	usiness code	(see instructions)		
US Brandenburg	KY 40108				41110			
Sa Plan administrator's name and	address X Same as Plan Sponsor	Name Same as	Plan Sponsor Address	3D AC	dministrator's	EIN		
4 If the name and/or EIN of the p	lan sponsor has changed since the la	st return/report filed f	or this plan, enter the	4b EI	N			
name, EIN, and the plan numb	er from the last return/report.			40.0				
a Sponsor's name	the beginning of the plan year			4 CPi 5a	<u>v</u>	3		
	the end of the plan year			5a 5b		4		
C Number of participants with acc	count balances as of the end of the pla	an year (defined bene	efit plans do not	5c		3		
6a Were all of the plan's assets du	rring the plan year invested in eligible	assets? (See instruc	ions.)			XYes No		
, <u>,</u>	e annual examination and report of an See instructions on waiver eligibility an	d conditions)	d public accountant (IQP	,		X Yes No		
	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use F	orm 550				
c If the plan is a defined benefit p	lan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?		Yes 🗌 No	Not determined		
Caution: A penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	se is est	tablished.			
Under penalties of perjury and othe SB or Schedule MBrcompleted and belief, it is true, complet, and completed and belief.	r penalties set forth in the instructions signed by an enrolled actiony, as well	, I declare that I have I as the electronic ve	examined this return/reprision of this return/report	ort, inclu , and to t	ding, if applic he best of my	able, a Schedule knowledge and		
SIGN UUUZ	COMP	112/116						
HERE Signature of plan admini	Istrator	Date	Enter name of individua	l signina	as plan admir	nistrator		
SIGN]						
HERE Signature of employer/pl	an sponsor	Date	Enter name of individua	l signing	as employer (or plan sponsor		
	ne, if applicable) and address; include	1				number (optional)		
For Dononuoli Daduatian Astat	tino and OHD Control Munches	the lacture to the second	- Farm F100.05					
roi raperwork Reduction Act Not	tice and OMB Control Numbers, see	e the instructions fo	r Form 5500-SF.		FC	orm 5500-SF (2013)		

v.130118

Page 2

P	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	f Year	
а	Total plan assets	7a		0				10,137	
b	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7c		0			10,137		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:		· · · ·		366				
	(1) Employers	8a(1)	1,4		48655				
	(2) Participants	8a(2)	8,1	12					
	(3) Others (including rollovers)	8a(3)			10000000				
<u>b</u>	Other income (loss)	8b	6	14	A194992				
d d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						10,137	
u	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	80					24 (B) (B+		
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			2395009	10/07/09/26			
i		81						10,137	
, 1	Transfers to (from) the plan (see instructions)	81		6414,-1545				,	
1	rt IV Plan Characteristics	<u>oj</u>			385093	5561-0616			
	2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare feat rt V. Compliance Questions	ture codes	from the List of Plan Character	íslic (Codes	in the	e instructions	3:	
10	During the plan year:				Yes	No		mount	
a				10a	165	x			
b		(Do not ir	clude transactions reported	10b		x			
С	Was the plan covered by a fidelity bond?			10c	х			75,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fir or dishonesty?	idelity bon	d, that was caused by fraud	10d		x			
e	Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all o instructions.)	f the bene	fits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?	?	****	10f		х	1		
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х			
h	If this is an individual account plan, was there a blackout period? (S 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 2520.101-			10i					
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)							Yes X No	
	Is this a defined benefit plan subject to minimum funding requireme		*****		 T			Yes X No	
1 1 a	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	m Schedu	le SB (Form 5500) line 39			11a		Yes X No	
1 1 a	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	m Schedu aquiremen as applical	le SB (Form 5500) line 39 ts of section 412 of the Code or ble.)	secti	 on 30	11a 2 of E	RISA?]	Yes 🗶 No	
1 1 a	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding re	m Schedu equiremen as applical amortize	le SB (Form 5500) line 39 ts of section 412 of the Code or ble.) d in this plan year, see instruction	sections, a	 on 30	11a 2 of E ter the	RISA?	Yes 🗶 No	
12 a	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is being	m Schedu equiremen as applical amortize	le SB (Form 5500) line 39 ts of section 412 of the Code or ble.) d in this plan year, see instructio Mon	sections, a	 on 30	11a 2 of E ter the	RISA?	Yes X No	

Form 5500-SF 2013	Page 3-

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?	🗆 Y	es 🗌 No 🗌 N/A	
Part	VII Plan Terminations and Transfers of Assets			
<u>13a</u>	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 the co of 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): 13c	(2) EIN(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)			
14a i	Name of trust	14b Trust's EIN		