Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan							OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe						e <b>2013</b>				
	artment of Labor efits Security Administration	ctions 6057(b) and 6058( Code).	8(a) of This Form is Open to Publi Inspection							
Pension Ben	efit Guaranty Corporation	Complete all entries in accord	rdance with the instruc	ctions to the Form 5500	-SF.	Ins	pection			
Part I         Annual Report Identification Information           For calendar plan year 2013 or fiscal plan year beginning         01/01/2013         and ending         12/31/2013										
_		al plan year beginning 01/01/201	7		2/31/2					
	rn/report is for:	lan (not multiemployer)		a one-particip	pant plan					
B This return/report is: an amended return/report a short plan year return/report (less than 12 months)										
-		n/report (less than 12 mo								
C Check be	ox if filing under:	Form 5558	automatic extension			DFVC progra	IM			
	Part II       Basic Plan Information—enter all requested information									
Part II		nation—enter all requested inform	nation		46	<b></b>	<b>[</b>			
<b>1a</b> Name o PRECISION S	TAFFING INC. 401(K)	PLAN			đ	Three-digit plan number (PN) ▶	001			
					1c	Effective date of	•			
22 Dian and	anaar'a name and addre	and include room or quite number (	amplayor if for a single	omployor plop)	04	01/01/				
	STAFFING INCORPOR	ess; include room or suite number ( ATED	employer, if for a single-	employer plan)		(=)	93897			
300 WEST VI				-		Sponsor's telep 859-272	2-2030			
LEXINGTON,	KY 40507				2d	Business code (see instructions) 561300				
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address						Administrator's EIN				
		lan sponsor has changed since the er from the last return/report.	last return/report filed fo	or this plan, enter the		EIN				
a Sponso					4c	PN				
		the beginning of the plan year		_	5a					
		the end of the plan year		-	5b		1			
comple	te this item)	count balances as of the end of the			5c		1			
	•	uring the plan year invested in eligil	•	•			X Yes No			
		e annual examination and report of See instructions on waiver eligibility					X Yes 🗌 No			
	,	er line 6a or line 6b, the plan can	,							
<b>C</b> If the pl	an is a defined benefit p	blan, 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 caus	se is	established.				
Under penal SB or Scheo	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.									
	Filed with authorized/va	lid electronic signature.								
HERE	Signature of plan adn	e of plan administrator Date Enter name of individu					dual signing as plan administrator			
SIGN										
HERE							al signing as employer or plan sponsor			
Preparer's n	ame (including firm nan	ne, if applicable) and address; inclu	de room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)			

l

Pa	t III Financial Information	-								
7	lan Assets and Liabilities (a) Beginning of Ye			ar (b) End of Year					ear	
а	Total plan assets	7a	861	3	10044					
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)								10044	
8	8 Income, Expenses, and Transfers for this Plan Year (a) Amount				(b) Total					
а	Contributions received or receivable from:									
	(1) Employers									
	(2) Participants									
	(3) Others (including rollovers)									
	Other income (loss)	8b	143	1						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				1431	
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								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i	Net income (loss) (subtract line 8h from line 8c)	8i							1431	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	1	1							
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 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instruc	tions:		
Dor										
10	Part V     Compliance Questions       0     During the plan year:       Yes     No       Amount									
	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		163	NO		Ame	Junt	
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
С				10c	Х					25000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			×				
	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									
	instructions.)		• •	10e		Х				
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			V				
	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		х				
Part	Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
112	5500) and line 11a below) Yes X No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a									
12										
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Ves X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is bein	ng amortiz	ed in this plan year, see instruc		, and e	_	ne date of			ing
granting the waiver										
	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 c 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) t which assets or liabilities were transferred. (See instructions.)	0			
1	<b>3c(1)</b> Name of plan(s): 13	8 <b>c(2)</b> EIN	l(s)	<b>13c(3)</b> PN(s)	
Part	VIII Trust Information (optional)		1		
14a	lame of trust	14b Trust's EIN			

Form 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan						OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the E Retirement Income Security Act of 1974 (ERISA), and sections 6057(b)					Employee and 6058(a)	2013					
Department of Labor Employee Benefits Security Administration		of the Internal	l Revenue	Code (the Code).			This Form					
Pension Benefit Guaranty Corporation         Complete all entries in accordance with the instructions to the Form 5500-SF.         to Public Inspection           Part I         Annual Report Identification Information         Formation         Formation         Formation												
For calendar plan year 2013 or f			)1/201	3	and en	ndina 1	2/31/201	3				
A This return/report is for:	X a single-employer	employer)	a one-participa									
B This return/report is:												
<b>C</b> Check box if filing under:	ths) ] DFVC program											
Part II Basic Plan Info	special extension											
1a Name of plan		uesteu inton	nation		1b	Three-digit						
PRECISION STAFFING INC. 401(K) PLAN						plan number (PN)  001 C Effective date of plan						
							1/2001					
2a Plan sponsor's name and addre PRECISION STAFFI	•	• • •	er, if for sin	gle-employer plan)	2b	• •	entification Number (EIN) 0993897					
					2c Sponsor's telephone number							
300 WEST VINE ST	REET					-272-20						
LEXINGTON	KY 40	507			20	Business code 5613	e (see instruction	1S)				
<b>3a</b> Plan administrator's name a			ne 🗴 Same	as Plan Sponsor Address	3b	Administrator						
					3c	Administrator	's telephone nur	nber				
4 If the name and/or EIN of the				/report filed for this	4b	EIN						
plan, enter the name, EIN, an <b>a</b> Sponsor's name	d the plan number from	the last returr	n/report.		4c	DN						
a Sponsor's name						FIN						
5a Total number of participant	ts at the beginning of the	plan year			5a		1					
<b>b</b> Total number of participant					5b		1					
C Number of participants with benefit plans do not complete the second seco					5c		1					
6a Were all of the plan's asset					·····		X Ye	s 🗌 No				
<b>b</b> Are you claiming a waiver o					olic aco	countant						
(IQPA) under 29 CFR 2520.								s 🗌 No				
If you answered "No" to e C If the plan is a defined benefit p						stead use For		t determined				
Caution: A penalty for the late								<u>c dotominou</u>				
Under penalties of perjury and c Schedule SB or Schedule MB c my knowledge and belief, it is tr	other penalties set forth in completed and signed by	n the instructi an enrolled a	ions, I dec	lare that I have exam	ined t	his return/repo	rt, including, if a					
SIGN SCH C	O Presda	+ 10/10	14	Kathy O	'Da	niel, Pre	esident					
Signature of plan admi	nistrator 17	Date '	7	Enter name of indiv	idual s	signing as plan	administrator					
SIGN HERE												
Signature of employer/		Date		Enter name of indiv		T						
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telepho							elephone numbe	r (optional)				
							<u></u>					
For Paperwork Reduction Act 318571 07-17-13	Notice and OMB Contr	ol Numbers,	see the ir	structions for Form	n 5500	)-SF.	Form 5	500-SF (2013) v.130118				
07-17-13								v.100110				

Pa	art III Financial Information								
7	Plan Assets and Liabilities (a) Begi				ar	(b)	ear		
а	Total plan assets	7a			513			10044	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		86	513			10044	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo		(b) Total				
а	Contributions received or receivable from:								
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	14	.31						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1431	
d	Benefits paid (including direct rollovers and insurance premiums to provide								
	benefits)	8d							
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g						entre en es	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
<u>    i     </u>	Net income (loss) (subtract line 8h from line 8c)	8i						<u>1431</u>	
Ĺ,	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension feature c 2E 2J 3D	odes froi	m the List of Plar	n Char	acteris	tic Codes	in the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature coo	des from	the List of Plan	Charac	teristi	c Codes ir	the instru	uctions:	
Pa	rt V Compliance Questions								
<u>10</u>	During the plan year:			Yes	No		Amount		
a	Was there a failure to transmit to the plan any participant contributions within the time p	period des	cribed						
·	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct	tion Prog	ram.) 10a		X			<b>.</b>	
b	Were there any nonexempt transactions with any party-in-interest? (Do not in	clude							
	transactions reported on line 10a.)	·····	10b		X				
	Was the plan covered by a fidelity bond?		10c	X				<u>25000</u>	
C	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bon								
	was caused by fraud or dishonesty?				X				
e	Were any fees or commissions paid to any brokers, agents, or other persons								
	carrier, insurance service, or other organization that provides some or all of the	ne benefi							
	the plan? (See instructions.)		10e		X				
-	Has the plan failed to provide any benefit when due under the plan?		10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount as of year en		<u> 10g</u>	<b> </b>	X				
t	1 If this is an individual account plan, was there a blackout period? (See instruct	ctions							
<del>.</del>	and 29 CFR 2520.101-3.)		10h		X				
1	If 10h was answered "Yes," check the box if you either provided the required	notice o							
Do	of the exceptions to providing the notice applied under 29 CFR 2520.101-3		10i		X				
	rt VI Pension Funding Compliance							<b>.</b>	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Y	'es," see	instructions and	l comp	lete		Π	<b>F7</b>	
410	Schedule SB (Form 5500) and line 11a below)					I_	Yes	X No	
<u>11a</u> 12	Enter the unpaid minimum required contribution for current year from Schedu				11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of sect		t the Gode or section	on 302	OT ERIS	A?	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica							the lett	
d	I If a waiver of the minimum funding standard for a prior year is being amortize					ia enter tr		une letter	
	ruling granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form		<u>Aonth</u>	Da	y		Year		
	Enter the minimum required contribution for this plan year			13.	12b				