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).

0040

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	 Complete all entries in accor 	rdance with the instru	ctions to the Form 5500	0-SF.				
Part I	Annual Report I	dentification Information							
For calend	ar plan year 2013 or fis	cal plan year beginning 01/01/201	13	and ending 1	2/31/2	013			
A This return/report is for: ☐ a multiple-employer plan ☐ a multiple-employer plan (not multiemployer)				olan (not multiemployer)	er) a one-participant plan				
B This return/report is: the first return/report the final return/report									
		an amended return/report	a short plan year retur	rn/report (less than 12 mo	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program				
		special extension (enter description							
Part II	Basic Plan Infor	rmation—enter all requested inform	nation				1		
1a Name					1b	Three-digit			
BOYS & GIF	RLS HAVEN 401(K) RE	TIREMENT PLAN				plan number	001		
					10	(PN)	001		
					10	Effective date o	т ріап /2012		
2a Plan s	nonsor's name and add	dress; include room or suite number (e	employer if for a single	-employer plan)	2h		fication Number		
	ALONEYS BOYS HAVE		chiployer, il for a single	-ciripioyer plani)	20		79621		
					2c	2c Sponsor's telephone number			
2301 GOLD	SMITH LANE					502-45			
LOUISVILLE	E, KY 40218				2d	Business code	(see instructions)		
						62410			
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor I	Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN		
					3c	Administrator's	telephone number		
		plan sponsor has changed since the	last return/report filed f	or this plan, enter the	4b	EIN			
	, EIN, and the plan num or's name	nber from the last return/report.			4c PN				
		at the beginning of the plan year			5a	T	93		
		at the end of the plan year			5a 5b				
		account balances as of the end of the			อม		79		
	· · · · · · · · · · · · · · · · · · ·	account balances as of the end of the			5c		77		
6a Were	all of the plan's assets	during the plan year invested in eligib	ole assets? (See instruc	ctions.)			X Yes No		
		the annual examination and report of							
		(See instructions on waiver eligibility					X Yes No		
•		ther line 6a or line 6b, the plan can			_		1		
C If the	plan is a defined benefit	t plan, is it covered under the PBGC i	nsurance program (see	ERISA section 4021)? .	····· <u> </u>	Yes No	Not determined		
Caution: A	A penalty for the late o	or incomplete filing of this return/re	port will be assessed	unless reasonable cau	ıse is (established.			
		er penalties set forth in the instruction							
	edule MB completed an true, correct, and comp	d signed by an enrolled actuary, as w	ell as the electronic ve	rsion of this return/report	, and t	o the best of my	knowledge and		
Deliei, it is	Tide, correct, and comp	nete.		_					
SIGN	Filed with authorized/v	valid electronic signature.	10/13/2014	JULIE MEIMAN	1				
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	r name of individual signing as plan administrator				
SIGN									
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individu	Enter name of individual signing as employer or plan sp				
Preparer's		ame, if applicable) and address; include		•			number (optional)		
Ī									

Form 5500-SF 2013 Page **2**

7 Plan Assets and Liabilities	Pa	Part III Financial Information									
a Total plan assets Ta	7			(a) Beginning of Yea	ar			(b) En	d of Y	ear	
D Total plan liabilities. To C Note plan assets (subtract line 75 from line 7a). 7c 1401529 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 1353409 13	a	(4) = 5						(2) =:::			9
C Net plan assets (subtract line 7 b from line 7a)		·									
8 income. Expenses, and Transfers for this Plan Year a Contribution received or receivable from: (1) Employers (2) Participants. (3) Other (including rotiovers). (3) Other (including rotiovers). (4) Employers (5) Determinating direct rotiovers and insurance premiums to provide benefits plat (including direct rotiovers and insurance premiums to provide benefits). (6) Energia and (including direct rotiovers and insurance premiums to provide benefits). (7) Employers (8) Determinating direct rotiovers and insurance premiums to provide benefits). (8) See Cartain deemed and/or corrective distributions (see instructions). (8) See Cartain deemed and/or corrective distributions (see instructions). (8) See Cartain deemed and/or corrective distributions (see instructions). (8) See Cartain deemed and/or corrective distributions (see instructions). (9) Other expenses. (9) Other expenses. (9) Other expenses (seed lines 8d. 8e. 8f. and 8g). (1) Total expenses (seed lines 8d. 8e. 8f. and 8g). (1) Total expenses (seed lines 8d. 8e. 8f. and 8g). (2) See Cartain deemed and/or corrective distributions (see instructions). (8) The plan provides presion lens from line 8g.) (1) Transfers to (firm) the plan (see instructions). (2) Transfers to (firm) the plan (see instructions). (3) If the plan provides presion herefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (2) 2F 2F 2G 2J 2T 3D (2) If the plan provides presion benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (2) 2FR 2G 3J 3T 3D (3) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (2) 2FR 2G 3J 3T 3D (3) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (2) 2FR 2G 3J 3T 3D (3) If the plan provides welfare benefits, enter the applicable welfare feature codes fr				140152	29				1	353469	9
a Contributions received or receivable from: (1) Employers. (2) Participants. (2) Participants. (3) Others (including rollowers). (3) Others (including rollowers). (3) Others (including rollowers). (4) Experimental or the participant of the				(a) Amount				(b)	Total		
(2) Participants. (3) Others (including rollovers). 8a(3) 9607 b Other income (loss). 5 Other income (loss). 6 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 6 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 9 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 9 C Total expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 9 C Total expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 9 C Total expenses (add lines 8a(2), 8a(3), and 8b). 9 C Total expenses (add lines 8a(3), 8a(3), and 8b). 9 C Total expenses (add lines 8a(3), 8a(3), and 8b). 9 C Total expenses (add lines 8a(3), 8a(3), and 8b). 9 C Total expenses (add lines 8a(3), 8a(3), and 8b). 9 C Total expenses (add lines 8a(3), 8a(3), and 8b). 9 C Total expenses (add lines 8a(3), 8a(3), and 8b). 9 C Total expenses (add lines 8a(3), 8a(3), and 8b). 9 C Total expenses (add lines 8a(3), 8a(3), and 8b). 9 C Total expenses (add lines 8a(3), 8a(3), and 8b). 9 C Total expenses (add lines 8a(3), 8a(3), and 8b). 9 C Total expenses (add lines 8a(3), 8a(3), and 8b). 9 C Total expenses (add lines 8a(3), 8a(3), and 8b). 9 C Total expenses (add lines 8a(3), 8a(3), and 8b). 9 C Total expenses (add lines 8a(3), 8a(3), and 8b). 9 C Total expenses (add lines 8a(3), 8a(3), and 8b). 9 C Total expenses (add lines 8a(3), 8a				(w) runount				(-,			
(3) Other s(including rollovers)		(1) Employers	8a(1)								
D Other income (loss) B D Other income (loss) C Total income (loss) B D Other spenses F Administrative service providers (salaries, fees, commissions) B D Other expenses B D D Other expenses C C Odes in the instructions B If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: B If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions and DOL's Voluntary Fluciary Correction Program. D Other plan bare a faller to transmit to the plan any participant contributions within the time		(2) Participants	8a(2)	4127	2						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)	960)7						
d Benefits pair (including direct rollovers and insurance premiums by the provided benefits) and the provided benefits or provided benefits of the plan deemed and/or corrective distributions (see instructions). 8 d 310433 e Cartain deemed and/or corrective distributions (see instructions). 8 d 7 g Other expenses (add lines 8d, 8e, 8f, and 8g). 8 d 310433 i Net income (loss) (subtract line 8h from line 8c). 8 d 48060 j Transfers to (from) the plan (see instructions). 8 d 310433 i Net income (loss) (subtract line 8h from line 8c). 8 d 48060 j Transfers to (from) the plan (see instructions). 8 d 48060 part IV Plan Characteristics 9 a lift the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2 e Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 2 g C C 72 (26e instructions and DOL's Voluntary Fiduciary Correction Program). 10 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on nine 10a). 10 c Was the plan nevered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesely? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions and provides among and of the the enfish under the plan' (See instructions by provides men or all of the benefits under the plan' (See instructions). 10 p Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	b	Other income (loss)	8b	20748	6						
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	262373	}
f Administrative service providers (salaries, fees, commissions)	d	, , ,	8d	31043	3						
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
Notal expenses (add lines 8d. 8e, 8f, and 8g) Sh 310433 I Net income (loss) (subtract line 8h from line 8c) Si -48060 I Transfers to (from) the plan (see instructions) Si Part IV Plan Characteristics Part IV Plan Characteristic Part IV Plan Characteristics P	f	Administrative service providers (salaries, fees, commissions)	8f								
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g								
Transfers to (from) the pian (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							31043	3
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2F 2G 2J 2T 3D b If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DoL's Voluntary Fiduciary Correction Program)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-48060	J
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2C 2J 2T 3D	j	Transfers to (from) the plan (see instructions)	8j								
Description	Pai	t IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	uction	S:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	ctions		
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions									
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		•				Yes	No	Ī	Am	ount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	a Was there a failure to transmit to the plan any participant contributions within the time period described in			10a		X				
C Was the plan covered by a fidelity bond?	b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported					X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		·				Χ					140000
or dishonesty?		<u> </u>			100						140000
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		or dishonesty?			10d		X				
instructions.)	е	, , , , , , , , , , , , , , , , , , , ,	•	,							
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				. ,	10e		Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	f	Has the plan failed to provide any benefit when due under the plan?			10f		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				X				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			J		X				
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 5500) and line 11a below)	i	If 10h was answered "Yes," check the box if you either provided the	ne required	I notice or one of the	10i						
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)	Part		-								
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 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 being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.											
(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 being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver											
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.											
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	a	If a waiver of the minimum funding standard for a prior year is beir	ng amortize	ed in this plan year, see instru		, and e	_	ne date of			ling
Marine membron record componion de dia vida VEdi		• • • • • • • • • • • • • • • • • • • •	•				12b				

Page	3 -	1
------	-----	---

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		
C 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.)						
13c(1) Name of plan(s):				13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a Name of trust			14b Trust's EIN			