

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>CENTRAL CONTROL 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2004</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2004</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2004</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CENTRAL CONTROL, INC.</u> <u>4333 SHREVEPORT HWY</u> <u>PINEVILLE, LA 71360</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>72-0830443</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>318-445-6470</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>72-0830443</u>	2c Sponsor's telephone number <u>318-445-6470</u>	2d Business code (see instructions) <u>561110</u>	
2b Employer Identification Number (EIN) <u>72-0830443</u>					
2c Sponsor's telephone number <u>318-445-6470</u>					
2d Business code (see instructions) <u>561110</u>					

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 accompanying schedules, statements and attachments, 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.	10/14/2014	NICOLE HOWARD
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	1429
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	1221
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	49
d Subtotal. Add lines 6a , 6b , and 6c		6d	1270
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	1270
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	174
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	610
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>CENTRAL CONTROL 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTRAL CONTROL, INC.</u>	D Employer Identification Number (EIN) <u>72-0830443</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 52 60 62 25 49 72	RECORDKEEPER	481	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>CENTRAL CONTROL 401(K) PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTRAL CONTROL, INC.</u>		D Employer Identification Number (EIN) <u>72-0830443</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	2010462
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	142637	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	77061	87307
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1295919	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	1515617	2097769

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1515617	2097769
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	83841	
(B) Participants	2a(1)(B)	325408	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		409249

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2281	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2281

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	67316	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		67316

(3) Rents	2b(3)		0
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		242921
c Other income	2c		219
d Total income. Add all income amounts in column (b) and enter total	2d		721986

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	118934	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		118934
f Corrective distributions (see instructions)	2f		16159
g Certain deemed distributions of participant loans (see instructions)	2g		4260
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	481	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		481
j Total expenses. Add all expense amounts in column (b) and enter total	2j		139834

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		582152
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: THIBODAUX, HERBERT, DESHOTELS, LEBL

(2) EIN: 20-8102502

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a	X		60
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>CENTRAL CONTROL 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTRAL CONTROL, INC.</u>	D Employer Identification Number (EIN) <u>72-0830443</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-3691658</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

THIBODAUX
HEBERT
DESHOTELS
LEBLANC
L.L.C.

**Certified Public Accountants
& Business Consultants**

CENTRAL CONTROL 401(k) PLAN

**AUDITED FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION**

For the Years Ended December 31, 2013 and 2012

*935 Camellia Blvd., Suite 200
Lafayette, Louisiana 70508*

CENTRAL CONTROL 401(k) PLAN

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 Toby J. Blanchard**

* A Professional Corporation
 ** A Limited Liability Company

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 Jack B. Thibodaux, Jr. (Retired)

Kelli M. Broussard
 Stephanie C. Broussard
 Lindsay F. Delcambre
 Laura E. Gilder
 Priscilla H. Hunt
 Jonathon J. Melancon
 Laure B. Moseley
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INDEPENDENT AUDITOR'S REPORT

To the Trustees
 Central Control 401(k) Plan
 Pineville, Louisiana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Central Control 401(k) Plan, which comprise the statement of net assets in liquidation available for benefits as of December 31, 2013, the related statement of changes in net assets in liquidation available for benefits for the year ended December 31, 2013, the statement of net assets available for benefits as of December 31, 2012, the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 11, which was certified by Capital Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

INDEPENDENT AUDITOR'S REPORT (Continued)**Other Matter**

The supplementary schedules of Schedule H, Line 4a of Form 5500 – Schedule of Delinquent Participant Contributions, Schedule H, Line 4i – Schedule of Assets (Held at End of Year), and Schedule H, Line 4j – Schedule of Reportable Transactions, as of or for the year ended December 31, 2013, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



CERTIFIED PUBLIC ACCOUNTANTS

October 10, 2014

CENTRAL CONTROL 401(k) PLAN

STATEMENT OF NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS as of December 31, 2013 and STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS as of December 31, 2012

	<u>2013</u>	<u>2012</u>
Assets		
Investments, at fair market value	\$ -	\$1,295,919
Receivables:		
Participant contributions	60	-
Employer contributions	90,678	74,870
Participants' notes receivable	87,307	77,061
Total Receivables	<u>178,045</u>	<u>151,931</u>
Cash and cash equivalents	<u>2,010,462</u>	<u>142,637</u>
Total Assets	2,188,507	1,590,487
Liabilities		
Excess contributions refundable	<u>1,887</u>	<u>6,371</u>
Net assets available for benefits	<u><u>\$2,186,620</u></u>	<u><u>\$1,584,116</u></u>

See Independent Auditor's Report.

The accompanying notes are an integral part of these financial statements.

CENTRAL CONTROL 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2013

and

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2012

	<u>2013</u>	<u>2012</u>
Additions		
Additions to net assets attributed to:		
Contributions:		
Participants'	\$325,468	\$258,172
Employer	90,678	74,870
Other employer	8,971	-
Rollover	-	36,328
Investment income:		
Net appreciation in fair value of investments	242,921	130,456
Interest and dividends	67,316	25,966
Other income	219	1,516
Interest income on notes receivable from participants	2,281	862
Total Additions	<u>737,854</u>	<u>528,170</u>
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants	134,869	109,256
Administrative expenses	481	362
Total Deductions	<u>135,350</u>	<u>109,618</u>
Net increase	602,504	418,552
Net assets available for benefits, beginning of the year	<u>1,584,116</u>	<u>1,165,564</u>
Net assets available for benefits, end of the year	<u><u>\$2,186,620</u></u>	<u><u>\$1,584,116</u></u>

See Independent Auditor's Report.

The accompanying notes are an integral part of these financial statements.

CENTRAL CONTROL 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

The following description of Central Control 401(k) Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

a) General

The Plan is a defined contribution plan covering all employees, except those covered under a collective bargaining agreement, who have attained age twenty-one. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2014, the Plan was merged with the Adams Keegan Retirement Savings Plan. Pursuant to the terms of the plan, as amended, participants in the Central Control 401(k) Plan who continued in the employ of the Company following the merge were provided the opportunity to transfer the distributions (including loans) from the Central Control 401(k) Plan to the merger plan. Distributions of \$2,097,769, consisting of \$2,010,462 in cash and \$87,307 in notes receivable from participants, were transferred from the Central Control 401(k) Plan to the merger plan during the first month of 2014.

b) Contributions – Participants

A participant may make contributions to the Plan of up to 100% of compensation with certain limitations adjusted annually for inflation.

c) Contributions – Employer

Employer contributions to the plan are at the discretion of the Company's management and are adjusted by any forfeitures.

d) Participant Accounts

Each participant's account is credited with the participant's and employer's contributions and allocation of Plan earnings. Allocations are made in the same manner as the employer's contribution.

e) Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service as shown below:

<u>Years of Service</u>	<u>Vesting %</u>
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

f) Payment of Benefits

On termination of services, a participant may elect to receive a lump-sum distribution of an amount equal to the value of his or her vested account balance, or receive payments through an installment agreement.

CENTRAL CONTROL 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN *(Continued)*

g) Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions in various investment options. Participants may change their investment options at any time. Investments in these funds are not guaranteed and are subject to market fluctuations.

h) Forfeitures

Additions to the forfeitures totaled \$3,628 and \$3,095 in 2013 and 2012, respectively, of which \$3,423 and \$10,362 were used to reduce the employer match in 2013 and 2012, respectively. The balance in the forfeited non-vested accounts totaled \$3,945 and \$3,740 for 2013 and 2012, respectively. The accounts will be used to offset future employer matching contributions.

i) Participant Notes Receivable

Participants may borrow from their account balances with interest charged at a rate equal to the prime rate published in the Wall Street Journal, which remains in effect for the duration of the loan. Loan terms range from 1 to 5 years or up to 15 years for the purchase of a primary residence. The minimum loan is \$1,000 and the maximum loan is the lesser of \$50,000 or 50% of the participant's account. The loans are secured by the participant's nonforfeitable account balance. Principal and interest are paid ratably through payroll deductions. Participants may only take out one loan during any 12 month period and may only have two loans outstanding at any time.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting. Effective January 1, 2013, the Plan Sponsor elected to terminate the Plan. From that date forward, the Plan will use the liquidation basis of accounting.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 13 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

CENTRAL CONTROL 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2: SUMMARY OF ACCOUNTING POLICIES *(Continued)*

Cash Equivalents

The Plan considers all highly liquid investments purchased with a maturity of three months or less to be cash equivalents.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the Financial Statements were available to be issued.

Prior Year Reclassifications

Certain amounts in the prior year financial statements have been reclassified to conform with the current year presentation. Such reclassifications had no effect on net assets available for benefits.

NOTE 3: TERMINATED PARTICIPANTS

Net assets available for benefits at December 31, 2013 include \$234,198 allocated to the accounts of persons who as of or prior to that date had elected to withdraw from the Plan. Of this amount, \$224,138 is vested. The remainder will be forfeited upon distribution.

NOTE 4: TAX STATUS

The prototype plan document used by the third party administrator obtained its latest determination letter on March 31, 2008 in which the Internal Revenue Service stated that the document, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. This prototype document was adopted during 2004 by the Plan. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 5: PLAN TERMINATION

Effective January 1, 2014, the Plan was terminated and all assets were transferred to the merger plan, Adams Keegan Retirement Savings Plan. As a result, all participants became 100% vested in their accounts.

CENTRAL CONTROL 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6: TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan invests in mutual funds and one money market account, sponsored by Capital Bank and Trust Company, the Plan's Trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Administrative fees related to the Trustees' administration of the Plan are paid by the Plan. Other administrative fees are paid by the Plan sponsor on behalf of the Plan.

NOTE 7: PLAN RESTATEMENT

The Plan was restated, effective February 1, 2012, to allow Roth deferrals.

NOTE 8: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9: INVESTMENTS (UNAUDITED)

The following presents investments at December 31, 2013 and 2012 that represent 5% or more of the Plan's net assets:

	<u>2013</u>	<u>2012</u>
American Funds EuroPacific GR R2	*	\$84,360
American Funds Growth Fund of Amer. R2	*	114,136
American Funds New Perspective R2	*	99,098
American Funds Inv. Co. of Amer. R2	*	214,698
American Funds Capital Income Bldr R2	*	211,165
American Funds Income Fund of Amer. R2	*	177,396
American Funds American Balanced R2	*	133,050
American Funds Bond Fund of Amer. R2	*	118,534
American Funds Money Market Fund R2	\$2,010,462	142,637

* Does not represent 5% for respective year.

During the years ended December 31, 2013 and 2012, the Plan's investments (including investments bought, sold and held during the year) appreciated in value as follows:

	<u>2013</u>	<u>2012</u>
Net appreciation in fair value of mutual funds	\$242,921	\$130,456

CENTRAL CONTROL 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 10: EXCESS CONTRIBUTIONS REFUNDABLE

For the plan years ended December 31, 2013 and 2012, payments of \$1,887 and \$6,371, respectively, were made to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan.

NOTE 11: INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (UNAUDITED)

The following information included in the accompanying financial statements and supplementary schedule was obtained from data that has been prepared and certified to be complete and accurate by Capital Bank and Trust Company, the trustee.

	<u>2013</u>	<u>2012</u>
Investments, at fair market value	\$ -	\$1,295,919
Cash and cash equivalents	2,010,462	142,637
Investment income:		
Net appreciation in fair value of investments	242,921	130,456
Interest and dividends	67,316	25,966
Other income	219	1,516
Interest income on notes receivable from participants	2,281	862

NOTE 12: RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Net assets available for benefits per the financial statements	\$2,186,620	\$1,584,116
Contributions receivable		
Employer's	(90,678)	(74,870)
Participants'	(60)	-
Excess contributions refundable	<u>1,887</u>	<u>6,371</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$2,097,769</u>	<u>\$1,515,617</u>

CENTRAL CONTROL 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 12: RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500
(Continued)

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the years ended December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Change in net assets available for benefits per the financial statements	\$602,504	\$418,552
Current year contributions receivable	(90,738)	(74,870)
Prior year contributions receivable	74,870	54,466
Current year excess contributions refundable	1,887	6,371
Prior year excess contributions refundable	<u>(6,371)</u>	<u>(5,872)</u>
Change in net assets available for benefits per Schedule H of Form 5500	<u>\$582,152</u>	<u>\$398,647</u>

NOTE 13: FAIR VALUE MEASUREMENTS (UNAUDITED)

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2012. All investments were liquidated on December 31, 2013.

	Assets at Fair Value as of December 31, 2012			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds:				
Growth funds	\$366,097	\$ -	\$ -	\$366,097
Growth-and-income funds	289,677	-	-	289,677
Equity-income funds	388,561	-	-	388,561
Balanced funds	133,050	-	-	133,050
Bond funds	118,534	-	-	118,534
Total mutual funds	<u>1,295,919</u>	<u>-</u>	<u>-</u>	<u>1,295,919</u>
Total assets at fair value	<u>\$1,295,919</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$1,295,919</u>

CENTRAL CONTROL 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 13: FAIR VALUE MEASUREMENTS (UNAUDITED) *(Continued)*

FASB ASC 820, Fair Value Measurement, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of quoted prices for similar assets in active markets, or quoted prices for identical or similar assets in markets that are not active, and Level 3 inputs are the most subjective and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or 3 inputs were available to the Plan.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

NOTE 14: PROHIBITED TRANSACTIONS

During 2013, the company failed to remit to the plan's trustee certain employee contributions totaling approximately \$60 within the period prescribed by Department of Labor regulations. Delays in remitting contributions to the trustee were due to administrative errors. There were no lost earnings due to this late remittance.

Central Control, Inc.
 Central Control 401(k) Plan
 Employer Identification #72-0830443
 Plan #001
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Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP & PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ -	\$60	\$ -	\$ -	\$ -

Central Control, Inc.
Central Control 401(k) Plan
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	American Funds	1RABXX - Money Market Fund R2	\$ -	\$2,010,462
*	Participant Notes Receivable	Rates are 3.25%	-	87,307
*	Parties-in-interest			

Central Control, Inc.
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Schedule H, Line 4j - Schedule of Reportable Transactions

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of loan)	Purchase price	Selling price	Lease rental	Expenses incurred with transaction	Cost of asset	Current value of asset on date of transaction	Net gain or (loss)
CCI 401(k) Plan	1RERBX	\$ -	(\$127,327)	\$ -	\$ -	(\$103,522)	(\$127,327)	\$ -
CCI 401(k) Plan	1RGABX	-	(186,642)	-	-	(141,099)	(186,642)	-
CCI 401(k) Plan	1RNPBX	-	(153,957)	-	-	(120,848)	(153,957)	-
CCI 401(k) Plan	1RSLBX	-	(120,071)	-	-	(96,077)	(120,071)	-
CCI 401(k) Plan	1RICBX	-	(301,233)	-	-	(242,012)	(301,233)	-
CCI 401(k) Plan	1RWMBX	-	(135,526)	-	-	(105,005)	(135,526)	-
CCI 401(k) Plan	1RIRBX	-	(264,846)	-	-	(231,806)	(264,846)	-
CCI 401(k) Plan	1RIDBX	-	(223,553)	-	-	(186,869)	(223,553)	-
CCI 401(k) Plan	1RLBBX	-	(210,084)	-	-	(165,933)	(210,084)	-
CCI 401(k) Plan	1RFBFX	-	(108,852)	-	-	(109,045)	(108,852)	-
CCI 401(k) Plan	1RABXX	-	(174,428)	-	-	(174,428)	(174,428)	-

See Independent Auditor's Report.

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Central Control 401(k) Plan
01-JAN-13 to 31-DEC-13

21-JAN-14 22:07:36

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3RABXX	3,627.96	3,627.960000	47	(5,207.02)	(5,207.020000)	2	(5,207.02)	SERIES
4RABXX	(1,297.52)	(1,297.520000)	3	(863.57)	(863.570000)	2	(863.57)	SERIES
1RERBX	30,798.94	717.689425	1548	(133,894.35)	(2,819.345851)	194	(109,560.21)	SERIES
IRGABX	53,217.49	1,376.623723	1993	(198,963.62)	(4,776.560748)	243	(150,683.20)	SERIES
1RNPBX	40,689.05	1,182.786943	1916	(162,003.87)	(4,429.774625)	231	(127,479.20)	SERIES
IRSLBX	37,311.70	850.260009	1564	(123,075.30)	(2,644.443089)	191	(98,558.60)	SERIES
IRICBX	72,706.23	2,102.063295	3393	(336,903.93)	(9,251.509548)	377	(270,049.86)	SERIES
IRWMBX	45,491.59	1,287.643710	2664	(144,234.19)	(3,714.165921)	272	(112,277.70)	SERIES
IRIRBX	55,593.83	995.162906	2875	(291,668.43)	(4,996.023749)	314	(255,348.70)	SERIES
IRIDBX	56,689.77	2,946.300936	2753	(261,802.81)	(12,856.690039)	289	(218,642.41)	SERIES
IRLBXX	65,993.48	2,969.203411	2188	(230,506.34)	(9,523.368183)	209	(182,558.56)	SERIES
IRBFBX	32,911.66	2,598.358017	3121	(147,192.14)	(11,751.560018)	229	(146,564.06)	SERIES
1RABXX	42,178.65	42,178.650000	1224	(181,075.96)	(181,075.960000)	180	(181,075.96)	SERIES

5% TRANSACTIONS

1RERBX	0.00	0.000000	0	(127,326.91)	(2,666.531480)	102	(103,522.45)	31-DEC-13
IRGABX	0.00	0.000000	0	(186,642.12)	(4,465.123809)	137	(141,099.06)	31-DEC-13
1RNPBX	0.00	0.000000	0	(153,956.82)	(4,205.322841)	127	(120,847.55)	31-DEC-13
IRSLBX	0.00	0.000000	0	(120,071.12)	(2,578.292944)	111	(96,076.66)	31-DEC-13
IRICBX	0.00	0.000000	0	(301,232.51)	(8,246.167389)	192	(242,011.77)	31-DEC-13
IRWMBX	0.00	0.000000	0	(135,526.05)	(3,473.245773)	138	(105,005.22)	31-DEC-13
IRIRBX	0.00	0.000000	0	(264,845.52)	(4,522.635785)	175	(231,806.36)	31-DEC-13
IRIDBX	0.00	0.000000	0	(223,552.74)	(10,926.329950)	158	(186,868.62)	31-DEC-13
IRLBXX	0.00	0.000000	0	(210,084.06)	(8,645.435721)	117	(165,932.60)	31-DEC-13
IRBFBX	0.00	0.000000	0	(108,851.79)	(8,778.377432)	136	(109,044.61)	31-DEC-13
1RABXX	0.00	0.000000	0	(174,427.85)	(174,427.850000)	99	(174,427.85)	31-DEC-13

LEGEND

INVESTMENT OPTION:

3RABXX American Funds Money Market R2
 1RERBX American Funds EuroPacific Gr R2
 1RNPBX American Funds New Perspective R2
 1RICBX American Funds Invmt Co of America R2
 1RIRBX American Funds Capital Inc Bldr R2
 1RLBXX American Funds American Balanced R2
 1RABXX American Funds Money Market R2

4RABXX American Funds Money Market R2
 1RGABX American Funds Growth Fund of Amer R2
 1RSLBX American Funds SMALLCAP World R2
 1RWMBX American Funds Washington Mutual R2
 1RIDBX American Funds Income Fund of America R2
 1RBFBX American Funds Bond Fund of Amer R2

Name of Plan: CENTRAL CONTROL 401(K) PLAN

Employer Identification No.: ► 72-0830443

Plan year (beginning/ending):▶ 01/01/2013 - 12/31/2013 Plan number:▶ 001

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