## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.	Ins	spection
Part I	Annual Report	Identification Information					
For calend		scal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This ret	turn/report is for:			an (not multiemployer)		a one-particip	pant plan
<b>B</b> This ret	turn/report is:	the first return/report	he final return/report				
		an amended return/report a	short plan year return	n/report (less than 12 me	onths)	)	
C Check	box if filing under:	Form 5558   a	utomatic extension			DFVC progra	am
		special extension (enter description)	)				
Part II	Basic Plan Info	rmation—enter all requested informati	ion				1
1a Name SEARCY & S	•	OME, INC. PROFIT SHARING PLAN			1b	Three-digit plan number (PN)	002
					1c	Effective date o	f plan
	ponsor's name and add STRONG FUNERAL H	dress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 61-05	fication Number 66207
P.O. BOX 37	77				2c	Sponsor's telep	
BOONEVILL	LE, KY 41314				2d	Business code (	(see instructions)
3a Plan a	dministrator's name an	nd address 🗵 Same as Plan Sponsor Nai	me Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
						, tarrimotrator 5	terepriorie marriber
1 If the r	name and/or EIN of the	a plan anappar has shanged since the las	et return/report filed fo	ur this plan, optor the	4h	FINI	
		e plan sponsor has changed since the las mber from the last return/report.	st return/report filed to	or this plan, enter the	40	EIN	
	or's name	·			4c	PN	
<b>5a</b> Total i	number of participants	at the beginning of the plan year			5a		4
<b>b</b> Total i	number of participants	at the end of the plan year			5b		0
		account balances as of the end of the pla	•	•	5c		0
<b>6a</b> Were	all of the plan's assets	during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No
under	29 CFR 2520.104-46?	the annual examination and report of an ? (See instructions on waiver eligibility an	nd conditions.)				X Yes No
•		ther line 6a or line 6b, the plan cannot			_	. – –	7
C If the	olan is a defined benef	it plan, is it covered under the PBGC insu	urance program (see	ERISA section 4021)? .		Yes No	Not determined
Caution: A	penalty for the late of	or incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	ıse is	established.	
SB or Sche	, , ,	ner penalties set forth in the instructions, nd signed by an enrolled actuary, as well olete.			,	O, 11	,
SIGN HERE	Filed with authorized/	valid electronic signature.					
ПЕКЕ	Signature of plan a	dministrator	Date	Enter name of individe	ual sig	gning as plan adn	ministrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor
Preparer's	name (including firm n	ame, if applicable) and address; include	room or suite numbe				number (optional)

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Reginning of Ver				(b) End	of Vo	or		
	(1)						(b) End	лте	<u>аі</u> 0		
	Total plan assets	7a 7b	01100	•							
			64400	11					0		
		76					/b\ T	-4-1			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	(a) Amount			(b) To	otai			
u	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	6164	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						6	61640		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	70510	8							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	53	3							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						7(	05641		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-64	44001		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ons:			
Par	V Compliance Questions										
10					Yes	No		A			
a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period described in		162	NO		Amo	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X					
N	on line 10a.)	,		10b		X					
	Was the plan covered by a fidelity bond?			10c	X					2000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X					500
	or dishonesty?			10d							
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					V					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i		X					
Part		-				ı					
11	Is this a defined benefit plan subject to minimum funding requirem							П	Yes	×	No
110	5500) and line 11a below)								. 50	**	
	1 Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39								No		
12	to the defined control of the first state of the fi							INO			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and 4	enter ti	l ne date of th	ne let	ter ruli	ina	
	granting the waiver										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
h	Enter the minimum required contribution for this plan year					12b					

Page	3 -	. 1	
raye	J		

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)	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?	X	es No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	:0					
1	3c(1) Name of plan(s):	3 <b>c(2)</b> EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

From: TA:192.168.166.11:1720, NAME:SEA

Page: 2/5

Date: 10/15/2014 4:53:12 PM

FAX NO. :5022447765

Oct. 15 2014 04:35PM P2

## Filing Authorization For the 2013 Form 5500-SF

Name of Plan:

Searcy & Strong Funeral Home, Inc. Profit Sharing Plan

EIN / PN:

61-0566207 / 002

Plan Year Ending: December 31, 2013

Client ID: 00022.4

PART I

Authorization of Practitioner to Electronically Sign and File

I hereby authorize Dean Dorton Allen Ford, PLLC ("DDAF") to electronically sign and file the abovenamed return/report through EFAST2.

I understand that in granting this authority that:

- I/we must manually sign and date page 1 of the Form 5500-SF and provide a copy of that . signature to DDAF before the electronic filling can be initiated;
- DDAF will retain a copy of this written authorization in its records;
- DDAF will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual retulm/report; and
- A copy of my signature, as it appears on page 1 of the form 5500-8F, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- DDAl' shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above, Date: 15-14 Plan Administrator: Employer/Plan Sponsor: Date: (If not the Plan Administrator) PART II Acknowledgement of Receipt of Authorization

On behalf of DDAF, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DQL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For DDAF: Date: (alguature and (itbe)

The designated service provider must retain this authorization.

Do not submit this form to the DOI, unless requested to do so.

Page: 3/5

Date: 10/15/2014 4:53:12 PM

FROM: FAX NO. :5022447765 Oct. 15 2014 04:35PM Short Form Annual Return/Report of Small Employee OMB Nos, 1210-0110 Form 5500-SI 1210-5089 Benefit Plan Department of the Treasury Internal Hoversia Rervice 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) 2013 Department of Leber Employee Behelite Necurity Admin of the internal Revenue Code (the Code). This Form is Open Complete all entries in accordance with the instructions to the Form 5500-SF. to Public Inspection Penalon Benufit Guaranty Occupation Part | Annual Report Identification Information 12/31/2013 01/01/2013 and ending For calendar plan year 2013 or fiscal plan year beginning a one-participant plan a multiple-employer plan (not multiemployer) a single-employer plan This return/report is for the final return/report the first return/report This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVO program automatic extension Form 5558 Check box if filing under: special extension (enter description) Part II Basic Plan Information - enter all requested Information Three-digit 1a Name of plan plan number (PN) 🛌 002 SEARCY & STRONG FUNERAL HOME, INC. 1C Effective date of plan PROFIT SHARING PLAN 01/01/1986 2a Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) 2b Employer [dentification Number (EIN) 61-0566207 SEARCY & STRONG FUNERAL HOME, INC. 2¢ Sponsor's telephone number P.O. BOX 377 606-593-5123 2d Business code (see instructions) 812210 BOONEVILLE **KY 41314** 3b Administrator's EIN X Same as Plan Sponsor Name X Same as Plan Sponsor Address 38 Plan administrator's name and address 3C Administrator's telephone number 4b 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, EN, and the plan number from the last return/report. 4C PN Sponsor's name 5a Total number of participants at the beginning of the plan year 5b Ò **b** Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined banefit blans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-457 (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instea<u>d use Form 5500.</u> C If the plan is a defined benefit plan, is it opvered under the PBGC insurance program (see ER(SA section 4021)? Caution: A penalty for the late or incomplete filling of this return/report will be sessesed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. **SIGN** Enter name of Individual signing as plan administrator Date alignature of plan administrator SIGN HEME Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date

SIGN
HERE
Signature of employer/plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)
Preparer's telephone number (optional)

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

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<u> </u>									
Par	1 []]	Financia	Information						
_	and the latest the same	sets and Liab	Alties		(a) Begini	<u>aing</u>	of Ye	ar XV	(b) End of Year
_		an assets	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7a	· 	Ď	440	01	V
		an liabilities		7b		-	118	<del>7.</del> 3.	· · · · · · · · · · · · · · · · · · ·
			ract (Ine 7b from line 7a)	_7c_	644001			ÜT.	75.5 75-4-1
			d Transfers for this Plan Year		(a) A	WOF	ınt		(b) Total
a	Contrib	utłons receive	d or receivable from:						
	(1) E <u>mp</u>			8a(1)	· "				7. Over 1. 1. 2.
	(2) Parti	cipants		8a(2)		-			
	(3) Othe	ers (including i	oliovers) SEE STATEMENT 1	8e(3)	·, ·		616	<u>4 n</u>	
<u> </u>	Other in	ncome (loss)	8 44 7 - (2) (2 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4) 1 - (4)	8b 8c	······································		<u> </u>	<del></del>	61640
			es 8a(1), 8a(2), 8a(3), and 8b)	, DC					02020
			ng direct rollovers and insurance premiums to provide	8d		7	051	08	STATEMENT 2
	<u>penefits</u>		or corrective distributions (see Instructions)	80					
			providers (salaries, fees, commissions)	. Bf			5	33	STATEMENT 3
			a providers (Banaries, 1665, Corinnasaio) (5)	8g					
		xpenses	ines 8d, 8e, 6f, and 8g)	8h	. 42	٠.			705641
			ptract ilne 8h from line 8c)	8i	at.		-		-644001
			a plan (see Instructions)	8)	······································		***************************************	Y.,	
	t IV	Plan Ch	practeriatics						
			pension benefits, enter the applicable pension feature or	cles fr	rn the List of	Ріал	Chare	cteris	tic Codes in the instructions:
		2G 3D	·						
Ь	If the	pian provides	welfare benefits, enter the applicable welfare feature coo	tes fron	n the List of Pi	lan C	harac	teristi	c Codes in the instructions:
								<u> </u>	
Pa	rt V	Complia	nce Questions						
10		the plan year					Yes	No	Amount
a			ansmit to the plan any participant contributions within the time p					′	
			(See instructions and DOL's Voluntary Fiduciary Correct		gram.)	10a		Х	
b		-	exempt transactions with any party-in-interest? (Do not in-	ciude				v	
			d on (ine 10a.)			10b	X	X	200000
			d by a fidelity bond?			10c	43.	11.53	200000
a			oss, whether or not reimbursed by the plan's fidelity bond					x	
			or dishonesty?		THE RESERVE OF THE PERSON NAMED IN	10d			
e			nmissions paid to any brokers, agents, or other persons					ŀ	
			rvice, or other organization that provides some or all of the	ið Hálji		106		x	
-			ctions.)			101		X	
<u> </u>			b provide any benefit when due under the plan? y participant loans? (If "Yes," enter amount as of year en			10g		X	
			account plan, was there a blackout period? (See Instruc			·vH			*)
,,		is an individue 9 OFR 2520.10	I		<b>,</b>	(Qt)	1	ж	
1			"Yes," check the box if you either provided the required				***		*** *** *** *** *** *** *** *** *** **
•			providing the notice applied under 29 CFR 2520,101-3	(10041-00		101		Х	
Pa	A VI		Funding Compliance	te live telepisch	- Maria broker	7.4.1			Land to the second seco
11			offt plan subject to minimum funding requirements? (If "Y	'es." se	e instructions	and	como	lete	
•			5500) and line 11a below)						Yes X No
118			limum required contribution for gurrent year from Schedu		Form 550 <u>0) IIл</u>	e 39	)	11a	
12	is this c	defined contri	ution plan subject to the minimum funding requirements of sect	ion 412	of the Code or s	ectio	п 362 -	ol ERIS	A? Yes X No
	(If "Ye	a, " complete (	ne 12a or lines 12b, 12c, 12d, and 12e below, as applical	bie.)					
ä	If a wa	lver of the mit	imum funding standard for a prior year is being amortized	d in this	plan year, se	e ins	tructi	ons, a	nd enter the date of the letter
		granting the v			Month		Da		Year
H			12a, complete lines 3, 9, and 10 of Schedule MB (Form	5 <b>50</b> 0),	and skip to l	ine 1	3.		
			equired contribution for this plan year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12b	<u>l</u>
_			<u> </u>						

From: TA:192.168.166.11:1720, NAME: SEA Date: 10/15/2014 4:53:12 PM Page: 4/5 FROM: FAX NO. :5022447765 Oct. 15 2014 04:36PM P5 Р<u>ад</u>е **3**-Form 5500-SF 2013 1301 (8 12c Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to 12d the left of a negative amount) 8 Will the minimum funding amount reported on line 12d be met by the funding deadline? | You No N/A Part VII Plan Terminations and Transfers of Assets X Yes No 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year 13e b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought X Yes ΠNo under the control of the PBGC? 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(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s): Part VIII Trust Information (optional) 14b Trust's EIN 148 Name of trust