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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information	1					
For calenda	ar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12	2/31/2014			
A This ret	urn/report is for:	X a single-employer plan		olan (not multiemployer) oyer information in accor				
		a one-participant plan	a foreign plan					
B This retu	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)			
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC pr	ogram		
		special extension (enter desc	cription)					
Part II	Basic Plan Inf	ormation—enter all requested ir	nformation					
1a Name					1b Three-digit			
F 401K PLAI					plan numbe			
					(PN) >	002		
					1c Effective da	te of plan 1/01/2013		
2a Plan sp HAYDEN EN	ponsor's name and a ERGY, INC.	ddress; include room or suite numb	per (employer, if for a single	-employer plan)		entification Number 6-0286462		
					2c Sponsor's t	elephone number		
PO BOX 651 DWENSBOR	O KY 42302)-684-2848		
31121102011	DWENSBORO, KY 42302				2d Business code (see instructions)			
3a Plan administrator's name and address XSame as Plan Sponsor.					3b Administrate			
	Than daminiotiator o hamo and dadroso pound do ham oponion.							
					3c Administrate	or's telephone number		
4 If the r	name and/or EIN of the	he plan sponsor has changed since	the last return/report filed t	for this plan, optor the	4b EIN			
name,	, EIN, and the plan n	umber from the last return/report.	the last return/report med	or this plan, enter the	4c PN			
a Sponso		s at the beginning of the plan year.			5a			
_					-	3		
		s at the end of the plan year			5b	3		
comple	ete this item)				5c	3		
		articipants at the beginning of the p			5d(1)	3		
		earticipants at the end of the plan ye			5d(2)	3		
		terminated employment during the			5e	(
Caution: A	penalty for the late	e or incomplete filing of this retur	n/report will be assessed	unless reasonable ca	use is established			
SB or Sche	edule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,						
	true, correct, and con		05/07/0045	IZEV/INTHAVDEN				
SIGN HERE	Signature of plan	d/valid electronic signature.	05/07/2015	KEVIN HAYDEN	lual aigning on plan	administrator		
OLON	Signature of plan	administrator	Date	Enter name of individ	iuai signing as pian	administrator		
SIGN HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	lual signing as emp	loyer or plan sponsor		
Preparer's		name, if applicable) and address (i				one number (optional)		
-,	- (, , , , , , , , , , , , , , , , , , , ,		, (-1 ·/		()		
					•			

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X Ye		0
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not dete	ermined	
Par	t III Financial Information		Г							_
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End			
	Total plan assets	7a	798	350				155	5568	_
	Total plan liabilities	7b	798	850				155	5568	_
	Net plan assets (subtract line 7b from line 7a)	7c		,00	+		(b) T			_
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otai		
	(1) Employers	8a(1)	56	600						
	(2) Participants	8a(2)	690	000						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	25	511						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						77	'111	_
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	13	393						
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	393	
i	Net income (loss) (subtract line 8h from line 8c)	8i						75	718	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b		eature cod	es from the List of Plan Charac	cterist			T			
10	During the plan year:				Yes	No		Amount		_
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.	iciary Cor	rection Program)	10a		Χ				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		X				
c	Was the plan covered by a fidelity bond?			10c	X				10000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	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		X				
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						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s N	0
11a	Enter the unpaid minimum required contribution for current year fr					11a				_
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	Ye	s X N	0
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter i Year	uling	

	Form 5500-SF 2014	Page 3 - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13	3.		
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?			Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		t under the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify	the plan(s) to		
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

2044

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information					
		scal plan year beginning	01/01/2014	and ending	12/31/2014		
		x a single-employer plan	a multiple-employer p	lan (not multiemployer)	(Filers checking this box	must attach a list	
A This retu	rn/report is for:	п	_	yer information in accor	dance with the form inst	ructions)	
		a one-participant plan	a foreign plan				
B This retur	rn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	n/report (less than 12 n	nonths)		
C objects		Form 5558	automatic extension		DFVC program	m	
C Check b	ox if filing under:	special extension (enter desc	_		-		
		!					
Part II	Basic Plan Info	ormation—enter all requested in	formation		146		
1a Name o	*				1b Three-digit plan number	002	
F 401K	Plan				(PN) •	002	
					1C Effective date of	plan	
			01/01/2013	3			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)					2b Employer Identif		
Hayden	Energy, Inc.				(EIN) 76-028		
PO Box	CE1				2c Sponsor's telephone number		
FO BOX	927				270-684-28 2d Business code (
Owensbo	ro	KY 42302			211110	see mad dedona)	
		and address XSame as Plan Spor	nsor		3b Administrator's EIN		
• • · · · · · · · · · · · · · · · · · ·	arminou dior o ridirio	Meanle as I am oper					
					3C Administrator's t	elephone number	
A 1645		hl anno ha abanad sina	the last seturn/report filed	for this plan, anter the	4b EIN		
		he plan sponsor has changed since umber from the last return/report.	e the last return/report filed	roi this plan, enter the	4D EIN		
	or's name				4c PN		
5a Total r	number of participant	s at the beginning of the plan year			5a	3	
b Total :	number of participant	ts at the end of the plan year			5b	3	
C Numb	er of participants with	h account balances as of the end o	f the plan year (defined ber	nefit plans do not	5c		
					5C	3	
d(1) Tota	al number of active p	participants at the beginning of the p	olan year		5d(1)	3	
d(2) Tot	al number of active o	participants at the end of the plan y	ear		5d(2)	3	
	•	terminated employment during the				<u>~</u>	
	an 100% vested	terminated employment during the	pian year with doorded bei		5e	0	
Caution: A	penalty for the late	e or incomplete filing of this retu	rn/report will be assesse	d unless reasonable c	ause is established.		
Under pena	alties of perjury and	other penalties set forth in the instr	uctions, I declare that I hav	e examined this return/r	eport, including, if applic		
	edule MB completed true, correct, and co	and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/repo	ort, and to the best of my	rknowledge and	
	, , , , , , , , , , , , , , , , , , , ,	J	5/7/15	Kevin Hayden			
SIGN HERE	By:Kan-A.	Bur					
	Signature of plan	administrator	Date	Enter name of indiv	idual signing as plan adr	ninistrator	
SIGN							
HERE		loyer/plan sponsor	Date		idual signing as employe		
Preparer's	name (including firm	name, if applicable) and address (include room or suite numl	oer) (optional)	Preparer's telephone	number (optional)	
1							
1							

Page	2
r ayıc	4

Form	5500-	SF	20	14
------	-------	----	----	----

Form 5500-SF 2014		 	Page 2		_				
b Are you claiming a waiver of the annual under 29 CFR 2520.104-46? (See instruit If you answered "No" to either line 6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (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 instead use Form 55						X Yes No		
C If the plan is a defined benefit plan, is it of	covered under the PBGC inst	urance pr	ogram (see ERISA section 402	1)?		Yes _	No Not	determined	
Part III Financial Information	· · · · · · · · · · · · · · · · · · ·	·····						-	
7 Plan Assets and Liabilities			(a) Beginning of Year		- -		(b) End of Y		
a Total plan assets		7a	7	985	<u> </u>			155568	
b Total plan liabilities		7b		005	 	_		155568	
C Net plan assets (subtract line 7b from lin		7c		985	<u> </u>			122300	
8 Income, Expenses, and Transfers for th			(a) Amount		+-		(b) Total		
Contributions received or receivable from Employers		8a(1)		560	0				
(2) Participants		8a(2)	6	900	0				
(3) Others (including rollovers)		8a(3)							
b Other income (loss)		8b		251	1				
C Total income (add lines 8a(1), 8a(2), 8a	(3), and 8b)	8c						77111	
d Benefits paid (including direct rollovers to provide benefits)	· · · · · · · · · · · · · · · · · · ·	8d		139	3				
Certain deemed and/or corrective distril		8e							
f Administrative service providers (salarie	s, fees, commissions)	8f							
g Other expenses		8g							
h Total expenses (add lines 8d, 8e, 8f, ar	d 8g)	8h			\perp			1393	
i Net income (loss) (subtract line 8h from	line 8c)	8i_			1_			75718	
j Transfers to (from) the plan (see instruc	tions)	8j							
Part IV Plan Characteristics									
b If the plan provides welfare benefits, et Part V Compliance Questions	nter the applicable welfare fe	ature cod	es from the List of Plan Charac	terist			e instructions		
10 During the plan year:					Yes	No	Ап	ount	
Was there a failure to transmit to the 29 CFR 2510.3-102? (See instruction				10a		х			
b Were there any nonexempt transaction on line 10a.)	ns with any party-in-interest?	? (Do not	include transactions reported	10b		х			
					х			100000	
	,,,,,			10c	1			100000	
d Did the plan have a loss, whether or r or dishonesty?				10d		X	,		
Were any fees or commissions paid t insurance service, or other organizati instructions.)	on that provides some or all o	of the ber	efits under the plan? (See	10e		х			
f Has the plan failed to provide any ber	nefit when due under the plan	n?		10f		х			
g Did the plan have any participant loar	ns? (If "Yes," enter amount as	s of year	end.)	10g		Х			
h If this is an individual account plan, w 2520.101-3.)				10h		х			
If 10h was answered "Yes," check the exceptions to providing the notice ap	box if you either provided th	ne require	d notice or one of the	10i					
Part VI Pension Funding Comp	 								
11 Is this a defined benefit plan subject to 5500) and line 11a below)	o minimum funding requirem	ents? (If	Yes," see instructions and con	plete	Sche	dule SB	(Form	Yes No	
11a Enter the unpaid minimum required o						11a			
12 Is this a defined contribution plan su						302 of I	ERISA?	Yes X No	
(If "Yes." complete line 12a or lines 1	2b, 12c, 12d, and 12e below,	, as applic	cable.)						
If a waiver of the minimum funding st granting the waiver.	andard for a prior year is being	ng amorti	zed in this plan year, see instru	ction:	s, and	enter th Day	e date of the	letter ruling ear	

	Form 5500-SF 2014	Page 3 -					
ΪŤ	ou completed line 12a, complete lines 3, 9, and 10	of Schedule MB (Form 5500), and skip to line 1	3.				
	Enter the minimum required contribution for this plan			12b			
					r		
C	Enter the amount contributed by the employer to the			12c	<u> </u>		
d	Subtract the amount in line 12c from the amount in line negative amount)			12d		-	
е	Will the minimum funding amount reported on line 12	d be met by the funding deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers o	f Assets					
13a	Has a resolution to terminate the plan been adopted in a	ny pian year?		<u> </u>	/es X 1	No	
	If "Yes," enter the amount of any plan assets that rev	rerted to the employer this year		13a			
b	Were all the plan assets distributed to participants or of the PBGC?					∏ Yes	X No
С	If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See instructions)		y the plan(s)	to			
	13c(1) Name of plan(s):		1	3c(2) E	N(s)	13c(3) PN(s)
Pari	t VIII Trust Information (optional)						
14a Name of trust			14b ⊺	rust's EIN			