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 | Annual Repor | t Identification Information | | | | | | | |
|--------------------|-------------------------|---|---------------------------|--|--------------------------|---|--|--|--|
| For calend | dar plan year 2014 or | fiscal plan year beginning 01/01/2014 | 4 | and ending 12 | 2/31/2014 | | | | |
| Δ This re | eturn/report is for: | a single-employer plan | | r plan (not multiemployer) | | | | | |
| A IIII310 | stam/report is ior. | a one-participant plan | a foreign plan | g employer information in accordance with the form instructions) | | | | | |
| R This re | turn/report is | the first return/report the final return/report | | | | | | | |
| D 11112 161 | turn/report is | an amended return/report a short plan year return/report (less than 12 months) | | | | | | | |
| | | an amended return/report | a short plan year re | um/report (less than 12 h | ioritris) | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | า | DFVC prog | ıram | | | |
| | | special extension (enter descript | ion) | | | | | | |
| Part II | Basic Plan Inf | ormation—enter all requested infor | mation | | | _ | | | |
| 1a Name | | | | | 1b Three-digit | | | | |
| LEWIS BRO | OTHERS, INC. 401(K |) RETIREMENT SAVINGS PLAN | | | plan number (PN) ▶ | 001 | | | |
| | | | | | 1c Effective date | | | | |
| | | | | | | 01/2010 | | | |
| 2a Plans | sponsor's name and a | address; include room or suite number | (employer, if for a sing | le-employer plan) | 2b Employer Idea | | | | |
| LL WIO DICC | THERO, INO. | | | | (=, | 1374514 | | | |
| 4847 LEFT | FORK ROAD | | | | 2c Sponsor's tele | ephone number 439-4618 | | | |
| VIPER, KY | 41774 | | | | 2d Business code | | | | |
| 0 | | | | | | 3210 | | | |
| | administrator's name | <u> </u> | | | 3b Administrator' | s EIN 1374514 | | | |
| LEWIS BRC | OTHERS, INC. | 4847 LEFT VIPER, KY | FORK ROAD 41774 | | | s telephone number | | | |
| | | | | | | 139-4618 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 If the | name and/or EIN of t | he plan sponsor has changed since the | e last return/report file | d for this plan, enter the | 4b EIN | | | | |
| | | umber from the last return/report. | o last rotal more | a ror une piari, eriter une | 48 EIIV | | | | |
| | sor's name | | | | 4c PN | | | | |
| | | ts at the beginning of the plan year | | | 5a | 29 | | | |
| b Total | number of participan | ts at the end of the plan year | | | 5b | 23 | | | |
| | | h account balances as of the end of the | | | 5c | 23 | | | |
| d(1) To | otal number of active p | participants at the beginning of the plan | year | | 5d(1) | 15 | | | |
| d(2) To | otal number of active p | participants at the end of the plan year. | | | 5d(2) | 8 | | | |
| e Numb | er of participants that | terminated employment during the plan | n year with accrued be | enefits that were | 5e | (| | | |
| | | | | | | | | | |
| | | e or incomplete filing of this return/r | | | | liaabla a Cabaaliila | | | |
| SB or Sch | nedule MB completed | other penalties set forth in the instruction and signed by an enrolled actuary, as | | | | | | | |
| SIGN | Filed with authorize | mplete. d/valid electronic signature. | 06/29/2015 | BRIAN K. LEWIS | | | | | |
| HERE | Signature of plan | | Date | Enter name of individ | dual signing as plan a | dministrator | | | |
| SIGN | zigiiatai o oi piuri | | 20.0 | | o.gg do pidit d | | | | |
| HERE | Ciamatonia (| la contrata a constata di | Dete | F-1 | lual alaster e | | | | |
| | | loyer/plan sponsor name, if applicable) and address (incli | Date | Enter name of individual | | yer or plan sponsor ne number (optional) | | | |
| i Toparei s | 5 manne (moldding lllll | mamo, ii applicabio) and address (incli | ado room or suite fluir | iooi / (optional) | i repaid a telephol | ic number (optional) | | | |

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|------|--|------------|----------------------------------|---------|----------|-----------------|----------------|--------------------|--------|--|--|
| b | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | | | s No | | |
| | f the plan is a defined benefit plan, is it covered under the PBGC in | surance p | orogram (see ERISA section 40 |)21)? | | Yes | No | Not dete | rmined | | |
| Par | t III Financial Information | | <u> </u> | | | | | | | | |
| | Plan Assets and Liabilities | | (a) Beginning of Yea | | - | | (b) End | | 000 | | |
| | Total plan assets | 7a | 1613 | 335 | | | | 140 | 032 | | |
| | Total plan liabilities | 7b | 1613 | 335 | | | | 140 | 632 | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | ,00 | + | | (b) T | | 002 | | | |
| | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | | | (b) To | otai | | | |
| | (1) Employers | 8a(1) | | | | | | | | | |
| | (2) Participants | 8a(2) | | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | | |
| b | Other income (loss) | 8b | 64 | 194 | | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 6 | 494 | | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 268 | 397 | | | | | | | |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| | Administrative service providers (salaries, fees, commissions) | 8f | 3 | 300 | | | | | | | |
| | Other expenses | 8g | | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 27 | 197 | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -20 | 703 | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| Par | t IV Plan Characteristics | | | | | | | | | | |
| b | 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions | eature cod | les from the List of Plan Charac | cterist | tic Coc | les in t | he instruction | ons: | | | |
| 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 | ıciary Cor | rection Program) | 10a | | X | | | | | |
| | 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 | Х | | | | 25000 | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | | 10d | | X | | | | | |
| 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 ber | efits under the plan? (See | 10e | X | | | | 640 | | |
| 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 | end.) | 10g | | X | | | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | | | 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 No | | |
| 11a | Enter the unpaid minimum required contribution for current year fr | | | | | 11a | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requirem | ents of section 412 of the Code | or se | ection : | 302 of | ERISA? | Ye | s X No | | |
| | (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 r Year | uling | | |

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|------|---|------------------------------------|-------------------|----------|---------------------|
| lf : | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For | m 5500), and skip to line 13. | | | |
| 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? | | 🔲 Y | ′es X No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer the | his year | 13a | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC? | | inder 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 th | e plan(s) to | | |
| 1 | 3c(1) Name of plan(s): | | 13c(2) EI | N(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. Part I Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

| For calenda | r plan year 2014 or fi | scal plan year beginning 03 | L/01/2014 | and ending | 12/31/20 |)14 | | | |
|--|--|--|--------------------------|--------------------------|-------------------------------------|----------------------|--|--|--|
| A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must atta of participating employer information in accordance with the form instructions) | | | | | | | | | |
| | a one-participant plan a foreign plan | | | | | | | | |
| B This retur | rn/report is | the first return/report | he final return/report | | × | | | | |
| | | | | n/report (less than 12 m | months) | | | | |
| C Check b | ox if filing under: | | DFVC program | | | | | | |
| | | special extension (enter description | 1) | | | | | | |
| Part II | Basic Plan Info | rmation—enter all requested informa | tion | | | | | | |
| 1a Name o | | | | | 1b Three-digit | | | | |
| Lewis B | rothers, Inc. | 401(k) Retirement Savi | ngs Plan | | plan number (PN) ▶ | 001 | | | |
| | | | | | 1c Effective date 01/01/20 | | | | |
| 2a Plan sp | onsor's name and ad | dress; include room or suite number (en | ployer, if for a single- | -employer plan) | 2b Employer Ide | ntification Number | | | |
| Lewis B | rothers, Inc | • | | | (EIN) 61-1 | | | | |
| 4847 Le: | ft Fork Road | | | | 2c Sponsor's tel 606-439- | 0454 | | | |
| | | | | | 2d Business cod | e (see instructions) | | | |
| Viper | | KY 41774 | | | 238210 | - FINI | | | |
| | | d address Same as Plan Sponsor. | | | 3b Administrator | | | | |
| Lewis B. | rothers, Inc. | | | | 3c Administrator's telephone number | | | | |
| 4847 Le: | ft Fork Road | | | | 606-439-4618 | | | | |
| Viper | | KY 41774 | | | | | | | |
| 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 | | moor from the tast return/report. | | | 4c PN | | | | |
| 5a Total nu | umber of participants | at the beginning of the plan year | | | 5a | | | | |
| b Total nu | umber of participants | at the end of the plan year | | | 5b 2 | | | | |
| | | account balances as of the end of the pla | | | 5c | 23 | | | |
| d(1) Total | number of active par | ticipants at the beginning of the plan year | ar | | 5d(1) | 15 | | | |
| d(2) Total | number of active par | ticipants at the end of the plan year | | | 5d(2) | 8 | | | |
| | of participants that ten 100% vested | rminated employment during the plan ye | ear with accrued bene | fits that were | 5e | 0 | | | |
| Caution: A p | enalty for the late of | or incomplete filing of this return/repo | rt will be assessed | unless reasonable cau | se is established. | | | | |
| SB or Sched | | er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete. | | | | | | | |
| SIGN | mi | n K. Leur | | Brian K. Lewis | 3 | | | | |
| HERE | Signature of plan administrator Date 6 - 9 - / 5 Enter name of individual | | | | | dministrator | | | |
| SIGN | Bris | n K. Keus | | Brian K. Lewis | | | | | |
| HERE - | Signature of employ | ver/plan sponsor | Date 6-9-15 | Enter name of individu | ual signing as employ | er or plan sponsor | | | |
| | Signature of employer/plan sponsor Date 6-7-75 Enter name of individual signing as employer or plan spons parer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional) | | | | | | | | |
| · | , , | | | ,,,,, | | | | | |

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|--------------|--|-------------------------------------|--|--------------------|----------------|------------|-----------|-------------|--------|-------|
| b | Were all of the plan's assets during the plan year invested in eligible. 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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's asset during the plan's asset durin | an indepe and condi ot use Fo | endent qualified public accountations.)orm 5500-SF and must instea | ant (IC | QPA) • Forn | 1 5500 | | <u>x</u> | Yes | No No |
| | If the plan is a defined benefit plan, is it covered under the PBGC in | surance p | orogram (see ERISA section 40 | 021)? | L | Yes | ∐No | ∐ Not | determ | nined |
| Pa | rt III Financial Information | | T | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | NAME OF THE OWNER. | _ | | (b) Er | nd of Y | | |
| | Total plan assets | 7a | 1 | 6133 | 35 | | | | 14 | 40632 |
| <u>b</u> | Total plan liabilities | 7b | | 6133 | , - | | | | 1 | 10632 |
| 8 | Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year | 7c | | 013. | 33 | | | \ T - 4 - I | т. | ±0032 |
| _ | Contributions received or receivable from: | | (a) Amount | | + | | <u>a)</u> |) Total | | |
| | (1) Employers | 8a(1) | | | | | | | | |
| | (2) Participants | 8a(2) | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| b | Other income (loss) | 8b | | 649 | 94 | | | | | |
| _ | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | _ | | | | | 6494 |
| a | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | : | 2689 | 97 | | | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | | | _ | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 3 (| 00 | | | | | |
| | Other expenses | 8g | | | _ | | | | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | + | | | | | 27197 |
| - | Net income (loss) (subtract line 8h from line 8c) | 8i | | | + | | | | -2 | 20703 |
| | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| | t IV Plan Characteristics | in a truma a a | dee from the List of Dies Char | | -4:- C- | ما مما | the inet | | | |
| Ja | If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2T 3D | eature co | ides from the List of Plan Char | acteris | SIIC CC | aes in | the instr | uctions | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | ature cod | es from the List of Plan Charac | cterist | ic Cod | les in t | he instru | ctions: | | |
| Parl | V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amo | unt | |
| а | Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) | | | 10a | | Х | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? on line 10a.) | 1 | merca con concentration of the contract | 10b | | х | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | Х | | | | 2 | 5000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? | | | 10d | | Х | | | | |
| е | | er person of the ben | s by an insurance carrier, efits under the plan? (See | 10e | х | | | | | 640 |
| f | Has the plan failed to provide any benefit when due under the plan | | | 10f | | Х | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | of year e | nd.) | 10g | | X | | | | |
| h | If this is an individual account plan, was there a blackout period? (\$ | See instru | ictions and 29 CFR | N 18-5 | | Х | | | | |
| i | 2520.101-3.) | e required | notice or one of the | 10h 10i | | 13000 | | | | |
| Part | | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) | | | | | | | | Yes [| No |
| 11a | Enter the unpaid minimum required contribution for current year fro | | | | | 11a | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding r | equireme | ents of section 412 of the Code | or se | ction 3 | 302 of | ERISA?. | | Yes | No No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | as applica | able.) | | | | | | | |

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling

Day_

Year

granting the waiver.Month

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|---|--|-----------------|------|-------------|----------|-------------|--------|-------|
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For | rm 5500), and | skip | to line 13. | | | | |
| 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) | | | | 12d | | | |
| 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 t | his year | | | 13a | | | |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? | | | | | | rol Yes X N | | |
| 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.) | | | | | | | | |
| 1 | 3c(1) Name of plan(s): | | | | 13c(2) ⊟ | IN(s) | 13c(3) | PN(s) |
| | | | | | | | | |
| Part | VIII Trust Information (optional) | | | | | | | |
| 14a I | Name of trust | | | | 14b T | rust's EIN | | |
| | | | | | | | | |