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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit PRECISION STAFFING INC. 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number PRECISION STAFFING INCORPORATED 61-0993897 (EIN) Sponsor's telephone number 859-272-2030 300 WEST VINE STREET LEXINGTON, KY 40507 Business code (see instructions) 561300 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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 4c PN Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 0 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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, 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

Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor 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)

	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 lif you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public accountaions.)	int (IQ	(PA)			5	X Ye	_	No No
C	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	No	ot dete	ermin	ied
Par	t III Financial Information	_									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	d of '	Year		
a	Total plan assets	7a	100)44						0	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	100)44						0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tota	ı <u>l</u>		
	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	5	580							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								580	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	106	602							
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f		22							
	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10	624	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-10	0044	
j	Transfers to (from) the plan (see instructions)	8j									
9a b Part	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2J 3D										
10	During the plan year:				Yes	No		An	nount		
	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 Corı	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	X					2	5000
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? (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		X					
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υe	s X	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			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?.	. [Υe	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 (enter th Day			etter ar	ruling	.

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (`		12d			
е	Will t	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	Yes N	lo	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1	3c(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

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2014

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Part				11.4		12/	31/2014	1			
For cal	endar plan year 2014 or fisca		01/01/20		and en						
A Thi	s return/report is for:	X a single-employer		ole-employer plan (not m							
		п		cipating employer inform	auon m	accordance with the	IOI III IIISII UUU	яізу			
		a one-participant		gn plan							
B Thi	B This return/report is the first return/report the final return/report					- N 40NN					
	an amended return/report a short plan year return/repo				ort (less						
C Ch	Check box if filing under: Form 5558 automatic extension						/C program				
			(enter description)								
Part	II Basic Plan Inform	nation - enter all req	uested information		41.		·····				
1a Name of plan PRECISION STAFFING INC. 401(K) PLAN					1b	Three-digit plan number (PN)	>	001			
					10	Effective date of p					
	n sponsor's name and address; CISION STAFFING			ingle-employer plan)	2b	Employer Identifica		r (EIN)			
L IVII	CIDION DIVILLAN				2c	Sponsor's telepho					
300	WEST VINE STR	RET				9-272-2030					
300	MEDI VINE DIM				2d	Business code (se	e instruction	s)			
T.EX	INGTON	KY 40	507		561300						
	n administrator's name and		is Plan Sponsor.		3b	Administrator's Ell	N				
					3с	Administrator's tel	ephone num	ber			
											
	e name and/or EIN of the pla	-			4b	EIN					
plar	, enter the name, EIN, and t	he plan number from t	the last return/report.	,							
a s	consor's name				4c	PN					
											
	otal number of participants a	•	• • • • • • • • • • • • • • • • • • • •		<u>5a</u>	ļ		1_			
	otal number of participants a				5b	-		0_			
	umber of participants with a			•				_			
	enefit plans do not complete		***************************************		5c			0			
	Total number of active par			***************************************	5d(1)			0			
	Total number of active pa				5d(2)	<u> </u>		0			
	umber of participants that te	• •	t during the plan year	with accrued	E-			•			
	enefits that were less than 1				5e	<u> </u>		0			
Under Sched my kno	on: A penalty for the late or penalties of periury and othe ule SB or Schedule MB com wyledge and bylief, it, is true,	r incomplete filing of er penalties set forth ir ipleted and signed by correct, and complete	this return/report was the instructions, I de an enrolled actuary, an enrolled actuary, and actuary, and actuary, and actuary actuary actuary and actuary actu	ill be assessed unles eclare that I have exan is well as the electroni	is reas nined t c versi	sonable cause is e this return/report, in ion of this return/rep	stablished. cluding, if apport, and to t	plicable, a he best of			
SIGN HERE	SEAR A.C		7/6/15	Kathy A	1.1	D'Daniel.	Presid	, ,			
	Signature of plan adminis	strator /	Date	Enter name ef indiv	idual s	signing as plan adm	inistrator				
SIGN HERE											
HENE	Signature of employer/pla	an sponsor	Date	Enter name of indiv	idual s	signing as employer	or plan spo	nsor			
Prepa	rer's name (including firm na		address (include roo								
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

62	Were all of the plan's assets during the plan year invested in eligible assets? (\$	See instr	uctions.)					X Yes	No	
	b 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 of							X Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form							_	_	
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see					'es	∏ No I	Not dete	ermined	
	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beg	inning	of Ye	ar	(b)	End of Ye	ar	
<u>-</u>	Total plan assets	7a			100		, ,		0	
	Total plan liabilities	7b	<u>_</u>							
	Net plan assets (subtract line 7b from line 7a)	7c			100	44				
	Income, Expenses, and Transfers for this Plan Year		(a	(a) Amount				(b) Total		
$\overline{}$	Contributions received or receivable from:									
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
-	Other income (loss)	8b			5	80	STAT	EMENT	1	
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							580	
d	Benefits paid (including direct rollovers and insurance premiums to provide								,	
	benefits)	8d			106	02	STAT	EMENT	2	
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f				22	STAT	EMENT	3 _	
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	· · ·						10624	
i	Net income (loss) (subtract line 8h from line 8c)	8i		••••			, -	-:	10044	
j	Transfers to (from) the plan (see instructions)	8j	_							
Pa	t IV Plan Characteristics							**		
Pai	t V Compliance Questions								 -	
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contributions within the time p	eriod des	cribed					Anjount		
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct			10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not in			1						
	transactions reported on line 10a.)			10b		х				
	Was the plan covered by a fidelity bond?			10c	X				25000	
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bon-									
	was caused by fraud or dishonesty?			10d		x				
е	Were any fees or commissions paid to any brokers, agents, or other persons									
	carrier, insurance service, or other organization that provides some or all of the	e benefi	ts under							
	the plan? (See instructions.)		***********	10e		X	L.			
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 en	d.}	**********	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instruc	tions						•		
	and 29 CFR 2520.101-3.)		,.,	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required									
	of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i		X				
	t VI Pension Funding Compliance		···							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Y	'es," see	instruction	ns and	comp	lete	١.	_		
	Schedule SB (Form 5500) and line 11a below)							Yes	X No	
	Enter the unpaid minimum required contribution for current year from Schedu					11a	<u> </u>			
<u>12</u>	Is this a defined contribution plan subject to the minimum funding requirements of sect		the Code o	r sectio	n 302 (of ERIS	A?	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica		-1						 	
а	If a waiver of the minimum funding standard for a prior year is being amortize		-	see ins					ne letter	
	ruling granting the waiver.	P	Jonth		Da	<u> </u>		Year		

Form 5500-SF 2014	Page 3-				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.				
		12b	<u> </u>		
C 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 resul	t (enter a minus sign to	l			
the left of a negative amount)		12d	Ь		
e Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?	Ш	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.	<u>res</u>	No	
If "Yes," enter the amount of any plan assets that reverted to the employer	13a	Ļ		0	
b Were all the plan assets distributed to participants or beneficiaries, transfer under the control of the PBGC?			X Yes	∏No	
C If during this plan year, any assets or liabilities were transferred from this plantities were transferred. (See instructions.)	an to another plan(s), identify the	plan(s) to w	hich assets or	
13c(1) Name of plan(s):	13c(2) EIN(<u>;) </u>	13c(3)	PN(s)
Part VIII Trust Information (optional)					
14a Name of trust 14b Tr					
	Ì				
	1				