| For | rm 5500-SF | Short Form Annua | I Return/Repoi Benefit Plan | rt of Small Employee OMB Nos. 1 | | | | | | | | |
|--|--|--|---|---|-----------------|---|--|--|--|--|--|--|
| | Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee | | | | | 2014 | | | | | | |
| Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Employee Benefits Security Administration Employee Benefits Security Administration Revenue Code (the Code). | | | | | | This Form is Open to | | | | | | |
| Pension Be | enefit Guaranty Corporation | 00-SF. | Public Inspection | | | | | | | | | |
| Part I | | Identification Information | 4 | and anding 10 | 24/2014 | | | | | | | |
| For calenda | ar plan year 2014 or its | scal plan year beginning 01/01/201 | | | 31/2014 | king this box must attach a list | | | | | | |
| A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach of participating employer information in accordance with the form instructions) B This return/report is the first return/report the first return/report | | | | | | | | | | | | |
| an amended return/report a short plan year return/report (less than 1 | | | | | | months) | | | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | | | | | | | | |
| | | | | | | | | | | | | |
| Part II | Basic Plan Info | rmation—enter all requested info | rmation | | | | | | | | | |
| 1a Name | of plan | INC 401(K) PROFIT SHARING PL | | | (PN) | number 001 | | | | | | |
| | | | | | IC Effec | ctive date of plan 01/01/1986 | | | | | | |
| 2a Plan s DUNCAN MA | ponsor's name and ad ACHINERY MOVERS, | dress; include room or suite number | (employer, if for a singl | e-employer plan) | 2b Emp (EIN) | loyer Identification Number) 61-1099951 | | | | | | |
| | AN MACHINERY DRIV | E | | | 2c Spor | ponsor's telephone number 859-233-7333 | | | | | | |
| LEXINGTON | | | | | 2d Busi | Business code (see instructions) 238900 | | | | | | |
| 3a Plan a | dministrator's name ar | d address XSame as Plan Sponso | r. | | 3b Adm | inistrator's EIN | | | | | | |
| 4 If the r | name and/or EIN of the | e plan sponsor has changed since th | e last return/report filed | for this plan, enter the | 4b EIN | | | | | | | |
| name | | nber from the last return/report. | | | 4c PN | | | | | | | |
| · · · · · · | | at the beginning of the plan year | | | 5a | 29 | | | | | | |
| b Total i | number of participants | at the end of the plan year | | | 5b | 27 | | | | | | |
| | | account balances as of the end of th | | • | 5c | 21 | | | | | | |
| • | , | ticipants at the beginning of the plar | | | 5d(1) | 21 | | | | | | |
| d(2) ⊺ot | al number of active pa | rticipants at the end of the plan year | | | 5d(2) | 18 | | | | | | |
| | | rminated employment during the pla | | | 5e | | | | | | | |
| Caution: A Under pena SB or Sche belief, it is t | A penalty for the late of alties of perjury and oth edule MB completed ar true, correct, and comp | or incomplete filing of this return/ ner penalties set forth in the instructi nd signed by an enrolled actuary, as | report will be assesse ons, I declare that I hav | d unless reasonable cau e examined this return/rep | ort, includi | ng, if applicable, a Schedule | | | | | | |
| SIGN HERE | | | | en alexandari ita a | | | | | | | | |
| | Signature of plan a | aministrator | Date | Enter name of individe | ual signing | as plan administrator | | | | | | |
| SIGN HERE | Cignotium of such | vertalen energen | Date | | | | | | | | | |
| Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponso Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional) | | | | | | | | | | | | |
| | | a and OMP Control Numbers, see the | | | | Form 5500 SE (2014) | | | | | | |

| | | | | | | | | No | | | | |
|----------|---|-------------|---------------------------------|---------|---------|----------|--------------|--------|--------|-------|--|--|
| | 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 5500. | | | | | | | | | | | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC ir | nsurance p | rogram (see ERISA section 40 | 21)? | | Yes | No | Not d | etermi | ned | | |
| Par | t III Financial Information | | | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | r | | | (b) End | of Yea | r | | | |
| а | Total plan assets | . 7a | 16613 | 314 | | | | 17 | 96930 |) | | |
| b | Total plan liabilities | . 7b | | | | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | . 7c | 16613 | 814 | | | | 17 | 96930 | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Total | | | | | |
| | Contributions received or receivable from: (1) Employers | . 8a(1) | 677 | 72 | | | | | | | | |
| | Employers | 8a(2) | 1023 | | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | | | |
| | Other income (loss) | . 8b | 601 | 35 | | | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 2 | 30255 | | | |
| | Benefits paid (including direct rollovers and insurance premiums | | | | | | | | 00200 | • | | |
| | to provide benefits) | . 8d | 898 | 896 | | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | 47 | 743 | | | | | | | | |
| g | Other expenses | . 8g | | | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 94639 | | | | | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | | 1 | 35616 | | | |
| j | Transfers to (from) the plan (see instructions) | | | | | | | | | | | |
| Par | t IV Plan Characteristics | | | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension $2F$ 2G 2J 2K 2E 2T 3D | feature co | des from the List of Plan Chara | acteri | stic Co | odes in | the instruct | tions: | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | oaturo cod | os from the List of Plan Chara | etoriet | | loc in t | bo instructi | 200: | | | | |
| D | in the plan provides wehare benefits, enter the applicable wehare to | eature cou | | LENSI | | | | 5115. | | | | |
| Part | V Compliance Questions | | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amou | nt | | | |
| а | Was there a failure to transmit to the plan any participant contribu | | | | | ~ | | | | | | |
| h | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest | | ġ , | 10a | | Х | | | | | | |
| D | on line 10a.) | | - | 10b | | Х | | | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | | | 50 | 00000 | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's | | | 10d | | x | | | | | | |
| e | or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth | | | Tuu | | ~ | | | | | | |
| C | insurance service, or other organization that provides some or all instructions.) | of the ben | efits under the plan? (See | 10e | | х | | | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | Х | | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | | | | Х | | | | ۷ | 46145 | | |
| h | If this is an individual account plan, was there a blackout period? | | | 4.01 | | Х | | | | | | |
| —i | 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the | | | 10h | | | | | | | | |
| | exceptions to providing the notice applied under 29 CFR 2520.101-3 | | | | | | | | | | | |
| Part | | | | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes X No | | | | | | | | | | | |
| 11a | Enter the unpaid minimum required contribution for current year fr | rom 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? | | Yes | < No | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. | , as applic | able.) | | | | | | | | | |

Page 3 - 1

| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | | |
|---|-----------|---------------|------------|---------------------|--|--|--|--|
| b Enter the minimum required contribution for this plan year | | 12b | | | | | | |
| | | | | | | | | |
| 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 result (enter a minus sign to the left onegative amount) | of a | 12d | | | | | | |
| e 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? | | · 🗆 ۲ | Yes X No | | | | | |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | | . 13a | | | | | | |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC? | inder the | control | | Yes 🗙 No | | | | |
| 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(1) Name of plan(s): | 1 | 3c(2) El | IN(s) | 13c(3) PN(s) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Part VIII Trust Information (optional) | | | | | | | | |
| 14a Name of trust | | 14b ⊺⊧ | rust's EIN | | | | | |

| Form 5500-SF | of Small Emplo | oloyee | | OMB Nos. 1210-011 1210-008 | | |
|--|---|--|--|--|--|---|
| Department of the Treasury Internal Revenue Service | This form is required to be fill | Benefit Plan led under sections 104 and 40 | 065 of the Employee Re | tirement | | 2014 |
| Department of Labor Employee Benefits Security Administrati | 7(b) and 6058(a) of the l | | This Form is Open to Public Inspection | | | |
| Pension Benefit Guaranty Corporatio | ► Complete all entries in | accordance with the instru | ctions to the Form 55 | 00-SF. | P00 | ac inspection |
| | ort Identification Information | | | | | |
| or calendar plan year 2014 o | | 1/2014 | | 2/31/2014 | | |
| A This return/report is for: | X a single-employer plan | of participating employ | an (not multiemployer) (er information in accord | | | |
| | a one-participant plan | a foreign plan | | | | |
| 3 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 mc | onths) | | |
| Check box if filing under: | Form 5558 | automatic extension | | | VC progra | im |
| | special extension (enter desc | cription) | | | | |
| Part II Basic Plan In | formation—enter all requested ir | formation | , | • | | ····· · |
| 1a Name of plan | | | | 1b Three | -digit | |
| uncan Machinery Movers, Inc | | | umber | 001 | | |
| | | | | (PN) | | |
| | | | | 1c Effect 01/01 | ive date o /1986 | f plan |
| 2a Plan sponsor's name and uncan Machinery Movers, Inc | address; include room or suite numb | ber (employer, if for a single-e | mployer plan) | | yer Identii 61-10999 | ication Number 51 |
| | | | r | 2c Spons | | hone number 233-7333 |
| 004 Duncan Machinery Drive exington, KY 40504 | | | | 2d Busine 238900 | ess code (| see instructions) |
| | and address X Same as Plan Spor | | | 3b Admin | | |
| | | | | | | =IN elephone number |
| | the plan sponsor has changed since | | this plan, enter the | | | |
| name, EIN, and the plan i | the plan sponsor has changed since number from the last return/report. | | this plan, enter the | 3c Admin 4b EIN | | |
| name, EIN, and the plan i a Sponsor's name | number from the last return/report. | the last return/report filed for | | 3c Admin 4b EIN 4c PN | | elephone number |
| name, EIN, and the plan i a Sponsor's name a Total number of participar | number from the last return/report. | e the last return/report filed for | | 3c Admin 4b EIN 4c PN 5a | | elephone number |
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Form 5500-SF 2014

Page 2

| | 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility | an indeper and condit | ndent qualified public accountations.) | int (IC | QPA) | | | | X Ye X Ye | | No No |
|-----------|---|--------------------------|--|------------|----------------------|---------------------|------------------|-------|--------------|----------|------------------|
| ~ | If you answered "No" to either line 6a or line 6b, the plan cannot be the plan is a defined benefit plan, is it severed under the PBCC is | | | | _ | _ | | | | | |
| | If the plan is a defined benefit plan, is it covered under the PBGC in the transformation | isurance p | rogram (see ERISA section 4) | 121)? | | Yes | No | | ot dete | rmine | 3Q |
| | | | / \ m · · · · · · · · · · · · · · · · · · · | | | | | | | | <u></u> |
| | Plan Assets and Liabilities | | (a) Beginning of Yea 166131 | | | • • • | (b) En | | | | |
| | Total plan assets | . 7a | 100131 | 4 | | | | · | 7969: | 30 | |
| <u>d</u> | Total plan liabilities | . 7b | 400404 | | | | | | | | |
| <u></u> | Net plan assets (subtract line 7b from line 7a) | . 7c | 166131 | 4 | | | | | 79693 | 50 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | Ferrit 1948 | (a) Amount | | | | (b) (2010-000 | Tota |) | | |
| а | Contributions received or receivable from: (1) Employers | . 8a(1) | 6777 | 2 | | | | | | | |
| | (2) Participants | 8a(2) | 10234 | 8 | | <u>.</u> | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 1.11 1.11 1.11 | | | | | <u> </u> | |
| b | Other income (loss) | . 8b | 6013 | 5 | | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | 0.000 | | | 23025 | <u></u> | in the |
| | Benefits paid (including direct rollovers and insurance premiums | | | | | linder Gescherte | | 1.1.5 | 23020 | | |
| | to provide benefits) | . 8d | 8989 | 6 | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | 474 | 3 | | | | | | | |
| g | Other expenses | 8g | | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 9463 | 39 | <u></u> |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 1356 | 6 | |
| j | Transfers to (from) the plan (see instructions) | - 8i | | | | | | | | | <u> </u> |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature code | es from the List of Plan Chara | oterisi | tic Coc | les in | the instruc | tions | : | | |
| Par 10 | | | | | Vee | b 1- | 1 | | | | |
| | During the plan year: Was there a failure to transmit to the plan any participant contribu | tions within | the time period described in | | Yes | No | | An | ount | | <u></u> |
| b | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest | ? (Do not i | nclude transactions reported | 10a | | X | | | | | |
| | on line 10a.) | | | 10b | | X | | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | | | | 5000 | 000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | | 10d | | х | | · | | | |
| е | 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 bene | fits under the plan? (See | 10e | | x | | | | | |
| f | | | | 10f | <u> </u> | х | | | | | |
| g | | | | 10g | х | | | | | 461 | 145 |
| 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 | ne required | notice or one of the | 10h 10i | | | | | | | |
| Part | | | | | | | - | | | | <u>y geneter</u> |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | ents? (If "Y | es," see instructions and com | plete | Scheo | iule SI | B (Form | | Yes | x | No |
| 11a | Enter the unpaid minimum required contribution for current year fr | | | | ··· · | | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | nts of section 412 of the Code | | | | ERISA? | | Yes | x | No |
| а | (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 bein granting the waiver. | ig amortize | d in this plan year, see instruc | tions, | , and e | enter th Day | L date of | the l | etter ru | ling | |

| | Form 5500-SF 2014 | Page 3 - 1 | | | | |
|----------|--|---|----------|------------------|-----------|--------------|
| if y | you completed line 12a, complete lines 3, 9, and 10 of Sched | lule MB (Form 5500), and skip to line 13. | | | | |
| b | Enter the minimum required contribution for this plan year | | | 12b | | · · · |
| | | · · · | ····· | | I | |
| <u> </u> | Enter the amount contributed by the employer to the plan for thi | | | 12c | | |
| d | Subtract the amount in line 12c from the amount in line 12b. End negative amount) | | | 12d | | |
| е | Will the minimum funding amount reported on line 12d be met b | by the funding deadline? | | | Yes | No N/A |
| Part | VII Plan Terminations and Transfers of Assets | 5 | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year | r? | | | res 🛛 No |) |
| | If "Yes," enter the amount of any plan assets that reverted to the | e employer this year | | 13a | | |
| b | Were all the plan assets distributed to participants or beneficiari of the PBGC? | | | | | Yes X No |
| С | If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.) | I from this plan to another plan(s), identify the p | lan(s) t | <u>،</u> د | | |
| 1 | 3c(1) Name of plan(s): | | 13 | i c(2) El | N(s) | 13c(3) PN(s) |
| | | | | | | |
| | | | | | | |
| Part | VIII Trust Information (optional) | | | | | - |
| 14a M | Name of trust | | | 14b T | ust's EIN | |
| | | | | | | |
| | | | | | | |

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