-	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be filed ur	nder sections 104 and 4			t	2014		
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (EF	RISA), and sections 605 evenue Code (the Code		Internal		Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	ordance with the instr	uctions to the Form 55	500-SF.	Pub	lic Inspection		
Part I				and anding 10	04/0044				
For calenda	Ē		1		/ <u>31/2014</u> /Filers.ch		w must attach a list		
	urn/report is for:	a one-participant plan the first return/report	of participating employ a foreign plan the final return/report	yer information in accord	dance wi	-			
C Check I	oox if filing under:		automatic extension			DFVC progra	am		
Part II	Basic Plan Infor	mation—enter all requested inform	nation						
	•	SAFE HARBOR PROFIT SHARING	PLAN		pl (F	hree-digit lan number PN) ▶	001		
					1C E	ffective date o 10/01	of plan 1/2006		
	ON'S RECYCLING, INC. NSFER STATION RD , KY 42602				(E	mployer Identi IN) 31-15	fication Number		
	alendar plan year 2014 or fiscal plan year beginning 01/01/2014 and end a single-employer plan a multiple-employer plan (not multie of participating employer information a one-participant plan a one-participant plan a foreign plan his return/report is the first return/report a namended return/report a short plan year return/report (less the ck box if filing under: Keck box if filing under: Special extension (enter description)				2c S		phone number 87-9902		
ALBANY, KY	42602		2d Business code (see instructions) 562000						
3a Plan a	dministrator's name and	address XSame as Plan Sponsor.		3b A	dministrator's	EIN			
			last return/report filed for	or this plan, enter the	4b E		telephone number		
					4c P	N			
5a Total r	number of participants a	t the beginning of the plan year			5a		3		
				5b		4			
comple	ete this item)				5c		3		
.,					5d(1)		3		
					5d(2))	4		
					5e		0		
Caution: A Under pena SB or Sche	A penalty for the late or alties of perjury and othe edule MB completed and	r incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as w	port will be assessed ns, I declare that I have	unless reasonable cau examined this return/rep	oort, inclu	uding, if applic			
SIGN		alid electronic signature.	10/14/2015	STEVE MORRISON					
HERE	Signature of plan ad	ministrator	Date	Enter name of individe	ual signir	ng as plan adr	ninistrator		
SIGN									
HERE	Signature of employe		Date	Enter name of individe					
Preparer's	name (including firm na	me, if applicable) and address (includ	de room or suite numbe	r) (optional)	Prepare	∍r's telephone	number (optional)		

-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No								
	If you answered "No" to either line 6a or line 6b, the plan cann								
C	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 40)21)?		Yes	No Not determined	ł	
Par	t III Financial Information		r						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
а	Total plan assets	7a	4206	606			480041		
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	4206	606			480041		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:	80(1)	52	225					
	(1) Employers	8a(1)	447						
	 (2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)	97	74					
	Other income (loss)	8b		<u> </u>	-		59759		
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_		39739		
	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	3	324					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					324		
i	Net income (loss) (subtract line 8h from line 8c)					59435			
j	Transfers to (from) the plan (see instructions)	8i							
Par	t IV Plan Characteristics	,							
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteri	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X		4810	00	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
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		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g		х			
 h				iug		~			
<u> </u>	2520.101-3.)			10h		Х			
	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							No	
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule 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 🗙 M	No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)	_					

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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?	control		Yes 🗙 No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
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	

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Form 5500-SF	Short Form Annual R	teturn/Report Benefit Plan	t of Small Emp	loyee		OM8 Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be filed und	er sections 104 and	4065 of the Employee i	Retirement	2014 This Form is Open to		
Department of Lebor Employee Benefits Security Administration	Income Security Act of 1974 (ERIS	SA), and sections 60 enue Code (the Code	57(b) and 6058(a) of th	e Internai			
Pension Benefit Guaranty Corporation	Complete all entries in accor		-	500-SF.	Pul	blic inspection	
	entification Information						
For calendar plan year 2014 or fisca		/01/2014	and ending		31/20	······································	
A This return/report is for:	a one-participant plan a the first return/report	f participating emplo foreign plan e final return/report	ilan (not multiemployer) yer information in acco n/report (less than 12 n	rdance with th	king this b ne form in	ox must attach a list structions)	
C Check box if filing under:		utomatic extension		-			
	special extension (enter description)				VC progr	am	
Ta Name of plan	ation-enter all requested informati	on	······			T	
•	101(K) SAFE HARBOR PROF	TIT SHARING H	PLAN	1b Three plan r (PN)	number	001	
				1c Effect	tive date o		
2a Plan sponsor's name and addres Morrison'S Recycling	ss; include room or suite number (emp	ployer, if for a single-	employer plan)		over Ident 31-15	ification Number 22351	
235 Transfer Station H	Rd			2c Spons		phone number	
Albany	KY 42602			2d Busine 5622		(see instructions)	
3a Plan administrator's name and a			····	3b Admin		EIN	
4 If the name and/or EIN of the pla	an sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b EIN			
name, EIN, and the plan numbe a Sponsor's name	r from the last return/report.			4C PN			
5a Total number of participants at t	he beginning of the plan year			5a			
	he end of the plan year					3	
C Number of participants with according to complete this item)	ount balances as of the end of the plan	n year (defined bene	fit plans do not	5c	<u></u>	3	
d(1) Total number of active particip	pants at the beginning of the plan year	ſ		5d(1)	<u></u>	3	
	pants at the end of the plan year			5d(2)		4	
e Number of participants that termin less than 100% vested	nated employment during the plan yea	ar with accrued bene	fits that were	5e		0	
Caution: A penalty for the late or in Under penalties of parjury and other p	complete filing of this return/report penalties set forth in the instructions.	t will be assessed u declare that I have a	iniess reasonable cau	port including	if applic	able, a Schedule	
belief, it is true, correct and completed	gned by an enrolled actuary, as well a	as the electronic vers	ion of this return/report	, and to the b	est of my	knowledge and	
SIGN Steered	1 pouron		Steve Morriso				
Signature of plan admin	nistrator	Date 10-6-15	Enter name of individ	ual signing as	plan adn	ninistrator	
SIGN							
Signature of employer	plan sponsor , if applicable) and address (include n	Date oom or suite number	Enter name of individ) (optional)	ual signing as Preparer's to	employe elephone	r or plan sponsor number (optional)	

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Form 5500-SF 2014		Page 2				· · ·
 6a Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can 	f an indepe / and condi not use Fo	ndent qualified public account tions.) Inn 5500-SF and must Instea	ant (K ad us	QPA) e Forn	n 5500	
C If the plan is a defined benefit plan, is it covered under the PBGC i	insurance p	program (see ERISA section 4	021)?	· [Yes	No Not determined
Part II Financial Information	Physical Black managine i 2014-000					
7 Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year
a Total plan assets		4	206	06		480041
b Total plan liabilities						
C Net plan assets (subtract line 7b from line 7a)		4	206	06		480043
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		- Inserve		(b) Total
a Contributions received or receivable from: (1) Employers			52	25		
(2) Participants		····	447	60		
(3) Others (including rollovers)						
b Other income (loss)			97'	74		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			e to fil			59759
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)						
e Certain deemed and/or corrective distributions (see instructions)	. 8e					i i i i i i i i i i i i i i i i i i i
f Administrative service providers (salaries, fees, commissions)	. 8f		3:	24		
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)					-	324
I Net income (loss) (subtract line 8h from line 8c)						59435
J Transfers to (from) the plan (see instructions)	8		-			
2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare from the applicable w	eature cod	es from the List of Plan Chara	cterist	tic Cod	les in 1	the instructions:
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 Fide 	uciary Corr	ection Program)	10a		x	Allouit
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
C Was the plan covered by a fidelity bond?			10c	x		48100
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		х	
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 bend	efits under the plan? (See	10e		x	
f Has the plan failed to provide any benefit when due under the pla			10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	nd.)	10g		х	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	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	he required	notice or one of the	101			
Part VI Pension Funding Compliance		····				an a
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If ")	'es," see instructions and com	piete	Sched	ule SE	3 (Form
11a Enter the unpaid minimum required contribution for current year fr					11a	
12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	requireme	nts of section 412 of the Code	_			ERISA? Yes 🗶 No

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lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	skip to line 13.					-
	Enter the minimum required contribution for this plan year				12b			
c	Enter the amount contributed by the employer to the plan for this plan y				12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minu	s sign to the left	ofa	12d			·····
e	Will the minimum funding amount reported on line 12d be met by the fu	unding deadline?				Yes	No	N/A
Part								
_13a	Has a resolution to terminate the plan been adopted in any plan year?				γ	es XI	No	
	If "Yes," enter the amount of any plan assets that reverted to the emplo				13a			
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?	sferred to another	pian, or brought	under the c	ontrol		 ∏ Yes	X No
C	If during this plan year, any assets or liabilities were transferred from th which assets or liabilities were transferred. (See instructions.)	is plan to another p	lan(s), identify th	ne plan(s) t	0			
1	3c(1) Name of plan(s):			13	Bc(2) Ell	N(s)	13c(3) PN(s)
H an	Trust Information (optional)		-	L			_ ,	
14a i	lame of trust			•	14b Tri	ust's EIN		• • • • • •