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		rt Identification Informatior							
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12	/31/2014				
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) loyer information in accor					
		a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC pro	ogram			
		special extension (enter desc	ription)						
Part II	Basic Plan Inf	formation—enter all requested ir	formation						
1a Name OMNIPATH	of plan 401(K) PLAN				1b Three-digit plan numbe (PN) ▶	r 001			
					1c Effective da				
		address; include room or suite numb	er (employer, if for a sing	le-employer plan)	2b Employer Id	entification Number			
OWINIPATH	INCORPORATED				(=:)	5-4345238			
425 BROAD	WAY	425 BR(DADWAY		1	elephone number 0-444-3633			
	KY 42001-0713		AH, KY 42001-0713		2d Business code (see instructions)				
					62	21330			
3a Plan a	administrator's name	and address XSame as Plan Spon	sor.		3b Administrate	or's EIN			
4 If the	name and/or FIN of t	the plan sponsor has changed since	the last return/report filed	I for this plan, enter the	4b EIN	_			
name		number from the last return/report.	and last rotally roport mod	rior and plan, order and	4c PN				
		its at the beginning of the plan year.			+	40			
_		its at the end of the plan year			5b	51			
C Numb	er of participants wit	h account balances as of the end of	the plan year (defined be	nefit plans do not	5c	14			
•	,	participants at the beginning of the p			5d(1)	26			
d(2) Tot	tal number of active p	participants at the end of the plan ye	ear		5d(2)	48			
		terminated employment during the		nefits that were	5e				
		e or incomplete filing of this retur		d unless reasonable ca	use is established				
Under pen SB or Scho	alties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	e examined this return/re	port, including, if ap	plicable, a Schedule			
SIGN		d/valid electronic signature.							
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator			
SIGN									
HERE					lual signing as emp	loyer or plan sponsor			
Preparer's		n name, if applicable) and address (i	nclude room or suite num			one 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 control of th	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	s No
	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 –					1				
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End		3384
	Total plan assets	7a	196	000				43	304
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b	198	366				43	3384
	Income, Expenses, and Transfers for this Plan Year	7c					(b) T		
	Contributions received or receivable from:		(a) Amount				(b) T	Jlai	
	(1) Employers	8a(1)	114						
	(2) Participants	8a(2)	136	559					
	(3) Others (including rollovers)	8a(3)		-00					
	Other income (loss)	8b	-5	506					1054
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						24	1651
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11	133					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	133
	Net income (loss) (subtract line 8h from line 8c)	8i						23	3518
j	Transfers to (from) the plan (see instructions)	8j							
b	ZE 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Cod	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 contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		Χ			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ			
С	Was the plan covered by a fidelity bond?			10c	X				6000
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)				X				136
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	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							-		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s X No
	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			or se	ection (302 of	ERISA?	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·	-4!	2		a detection	- 1- 0	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter th Day		ıe letter ı 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

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) OMB Nos. 1210-0110 1210-0089

2014

Department of Labor Employee Benefits Security Administration of the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open Part I Annual Report Identification Information to Public Inspection For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 12/31/2014 A This return/report is for: and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan B 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 months) Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information - enter all requested information 1a Name of plan OMNIPATH 401(K) PLAN Three-digit plan number (PN) 001 1c Effective date of plan 2a Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) 01/01/2013 OMNIPATH INCORPORATED Employer Identification Number (EIN) **-***5238 425 BROADWAY Sponsor's telephone number 270-444-3633 Business code (see instructions) PADUCAH KY 42001 621330 3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EiN Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this 4b plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year 5a 40 **b** Total number of participants at the end of the plan year 51 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 14 d (1) Total number of active participants at the beginning of the plan year 5d(1) d (2) Total number of active participants at the end of the plan year 26 5d(2) 48 e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 5e Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 2 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. SIGN 10/14/15 HERE Langston Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. 4185/1 10-13-14

Form 5500-SF (2014)

C				ige 2				
Were all of the plan's assets during the plan year invested in eligible asset	52 (Caa ia	A						
 Were all of the plan's assets during the plan year invested in eligible asset Are you claiming a waiver of the annual examination and report of an inde (IQPA) under 29 CFR 2520.104-462 (See instructions) 	s: (See in: Sendent a	struction	ons.)				X Ye	s
							.	<u></u>
If you answered "No" to either line 6a or line 6b, the plan cannot use F C If the plan is a defined benefit plan, is it covered under the PRCC incurance appears.	orm 5500	SE ar	ad must i-				X Yes	s 📋
Part III Financial Information	(see ERISA	section	n 4021\2	istead			1 1	
	,	000000	1 4021): .		Yes	No	_ Not	determ
7 Plan Assets and Liabilities a Total plan assets		(á	a) Beginni	na of	Year		(b) End o	f Van
b Total plan liabilities	7a				866		D/ LIIU 0	43,
C. Net plan appets (subtract)	7b							43/
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7с			19,	866			43,3
a Contributions received or receivable from:			(a) Am	ount			(b) To	
(1) Employers								
(2) Participants	8a(1)			11,	498			
(3) Others (including rollovers)	8a(2)			13,	659			
b Other income (loss)			······································		E 0.5			
Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		930000000000000000000000000000000000000		506	STA	PEMEN	
d Benefits paid (including direct rollovers and insurance premiums to provide	8c					333333333333	30000000000000000000000000000000000000	24,6
benents)	8a			1	1 2 2			
Certain deemed and/or corrective distributions (see instructions)	8e			1,	133	DIA	PEMEN	1 Z
Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses			·					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1,1
Net income (loss) (subtract line 8h from line 8c)	0:							$\frac{1}{23,5}$
Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	. 8j			11111111111111				<u> </u>
9a If the plan provides pension benefits, enter the applicable pension feature 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature co	codes from	the L	ist of Plan	Chara	racteris cteristi	stic Codes	in the ins	struction
2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature colored V Compliance Questions	codes from	the L	ist of Plan	Chara	racteris cteristi	tic Codes	in the ins	struction ructions:
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