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).

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

Part I		rt identification informatioi	า			
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01/2	<u>2014</u>	and ending 12	2/31/2014	
A This re	eturn/report is for:	X a single-employer plan		er plan (not multiemployer) ployer information in acco		
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/repo	ort		
		an amended return/report	a short plan year re	eturn/report (less than 12 n	nonths)	
C Check	box if filing under:	X Form 5558	Ш	on	DFVC pro	ogram
Part II		formation—enter all requested in	nformation			
1a Name STONE LAN	of plan W OFFICE 401(K) Pl	_AN			plan number	. 001
					1c Effective dat	•
	sponsor's name and a V OFFICE, PLLC	address; include room or suite num	ber (employer, if for a sin	gle-employer plan)		
469 EAST B	ROADWAY					
BRANDENB	URG, KY 40108					
3a Plan a	administrator's name	and address XSame as Plan Spor	nsor.		3b Administrato	r's EIN
4 If the	name and/or EIN of	the plan sponsor has changed since	e the last return/report file	ed for this plan, enter the	4b EIN	
name			·	• •	4c PN	
5a Total	number of participan	its at the beginning of the plan year			. 5a	4
b Total	number of participan	its at the end of the plan year			. 5b	4
					. 5c	3
d(1) Tot	tal number of active p	participants at the beginning of the p	olan year		5d(1)	4
d(2) To	tal number of active p	participants at the end of the plan ye	ear		5d(2)	4
		, , ,	. ,		5e	(
Under pen SB or Sch	alties of perjury and	other penalties set forth in the instruand signed by an enrolled actuary,	uctions, I declare that I ha	ave examined this return/re	eport, including, if ap	
SIGN	Filed with authorize	d/valid electronic signature.				
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN		Special extension (enter description)				
HERE		loyer/plan sponsor	Date	Enter name of individ		•
Preparer's	name (including firm	n name, if applicable) and address (include room or suite nur	mber) (optional)	Preparer's telepho	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	es 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		6335
	Total plan assets	7a	101	131				30	0333
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b	101	137				36	3335
	Income, Expenses, and Transfers for this Plan Year	7c 1013					(b) T		
	Contributions received or receivable from:		` '				(5) 1	Jiai	
	(1) Employers	8a(1)		106					
	(2) Participants	8a(2)	209	940					
	(3) Others (including rollovers)	8a(3)		250					
	Other income (loss)	8b	C	352				00	24.00
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						20	6198
	to provide benefits)	8d							
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							
	Net income (loss) (subtract line 8h from line 8c)	8i						26	6198
Par	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	8j							
9a b Part	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 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 welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F 2F 2F 2F 2F 2F 2F 3D								
10	During the plan year:			1	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 Fidure)	iciary Cor	rection Program)	10a		Χ			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	····		10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				75000
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 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 as	s of year e	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ			
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 X 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?	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·				<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne letter i Year	ruling

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lf :	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			
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 (enter a minus sign to the left of a negative amount)	12d			
е	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?	X	Yes N	10	
	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 under the PBGC?	e control		Yes	x No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) PN(s)
			_		

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury

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 section 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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

§ F	Part l	Annual Repor	t Identification Information				· · · · · · · · · · · · · · · · · · ·				
			iscal plan year beginning	01/01/2014	and ending	12/31/2014					
Α	This	return/report is for:	x a single-employer plan a one-participant plan		er plan (not multiemployer) ployer information in acco	•					
В	This	return/report is:	the first return/report	the final return/repo	ort						
			an amended return/report	a short plan year re	eturn/report (less than 12)	months)					
С	Chec	k box if filing under:	☑	automatic extensio	• •	DFVC prog	gram				
			special extension (enter descr	ption)							
P	art I	Başiç Plan inf	ormation enter all requested	nformation							
1a		me of plan one Law Office 4				1b Three-digit plan number (PN) ▶	001				
						1c Effective date 05/01/201	of plan				
2a		n sponsor's name and a one Law Office,	ddress; include room or suite numbe PLLC	er (employer, if for a sing	gie-employer plan)	2b Employer Ide (EIN) 26-3	2b Employer Identification Number (EIN) 26-3772252				
	469	East Broadway				2c Sponsor's tele (270) 422	-3900				
		Brandenburg KY 40108				2d Business cod 541110	e (see instructions)				
За	Pla	n administrator's name a	and address 🗓 Same as Plan Spo	nsor Name		3b Administrator's EIN					
-			ne plan sponsor has changed since t mber from the last return/report.	he last return/report filed	d for this plan, enter the	4b EIN					
а		nsor's name	inder from the last return report.			4c PN					
		·	at the beginning of the plan year			···	4				
b			s at the end of the plan year			5b	4				
С	Nun	nber of participants with	account balances as of the end of the	ne plan year (defined be	nefit plans do not	5c	3				
d((1) To	otal number of active pa	rticipants at the beginning of the pla	n year		5d(1)	4				
d((2) To	otal number of active pa	rticipants at the end of the plan year	*******************	A 	5d(2)	4				
е			terminated employment during the p	•		5e	0				
Ca	ution	: A penalty for the late	or incomplete filing of this return	/report will be assess	ed unless reasonable ca	use is established.					
SE	3 or S	enalties of perjury and c chedule MB completed is true correct, and col	other penalties set forth in the instruction and signed by an enrolled actuary, a oplate.	s well as the electronic	ve examined this return/re version of this return/repor	eport, including, if appirt, and to the best of n	icable, a Schedule ny knowledge and				
S	IGN	(july ?	23. (7) (5)(2)	10/14/15							
Н	IERE	Signature of plan add	ministrator	Date	Enter name of individu	ıal signing as plan adr	ninistrator				
S	IGN				<u> </u>						
V	ERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	al signing as employe	r or plan sponsor				
Pr	epare	r's name (including firm	name, if applicable) and address; in	clude room or suite num	ber (optional)	Preparer's telephon	e number (optional)				

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6a	Were all of the plan's assets during the plan year invested in eligible	assels? (See instructions.)					X Yes	No
	Are you claiming a waiver of the annual examination and report of a	•	,			********	*********	IV 163	
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)						******	X Yes	∃No
	If you answered "No" to either line 6a or line 6b, the plan canno	na continu ot use Fori	m 5500-SF and must Instead	use F	orm 5	500.			
C	If the plan is a defined benefit plan, is it covered under the PBGC in:	surance pr	ogram (see ERISA section 402	1)?		Yes	. □ No	☐ Not det	ermined
P	rt III Financial Information								
7	Plan Assets and Liabilities	45777	(a) Beginning of Yea	<u> </u>	1		(b) End o	f Voor	
a	Total plan assets	. 7a	10,1		+		(b) Liid 0		25
_	Total plan liabilities	7b	10,1	<i>31</i>	+			36,3	35
	Net plan assets (subtract line 7b from line 7a)	7.5 7.c	10,1	27				36.3	25
	Income, Expenses, and Transfers for this Plan Year	16	(a) Amount	<i>3 i</i>	(b) To			36,3	33
	Contributions received or receivable from:	\$60,000 000 000 000 000 000 000 000 000 0	(a) ranount				(0) (0	7.001	
	(1) Employers	Ba(1)	4,4	06	2000		distant Student		
	(2) Participants	8a(2)	20,9	40					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	8	52	8,32				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						26,1	98
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)					ride (Index)			
	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g				50.00			
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
	Net income (loss) (subtract line 8h from line 8c)	81						26,1	98
_	Transfers to (from) the plan (see Instructions)	8)			2000				
colanace etc.	rt IV Plan Characteristics				***************************************	West of the second	6444G#N:000		
•	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Charact	orietic	Code	e in the	instruction		·
	2E 2F 2G 2J 2T 3D	21012 0000	o nom are Elector Fight Gridings	<u> </u>	. 0000	3 111 1111		13.	
b	If the plan provides welfare benefits, enter the applicable welfare for	tura sadaa	from the Lint of Dire. Characte		3-4	(_ 4L _ 1			
	If the plan provides welfare benefits, enter the applicable welfare fea	iure codes	irom the List of Plan Characte	nsuc (Loces	in the	Instructions	S :	
6	rt V Compliance Questions								
10					37				
a	During the plan year: Was there a failure to transmit to the plan any participant contribution	ione within	the time period described in	T	Yes	No	^	mount	·····
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	iary Correc	ction Program)	10a		x			
b	The state of the s								
	on line 10a.)			10b		х			
<u>c</u>	Was the plan covered by a fidelity bond?			10c	х		•	75	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	idelity bon	d, that was caused by fraud	40-4		x			
e	Were any fees or commissions paid to any brokers, agents, or other	····		10d		^			
·	insurance service, or other organization that provides some or all of	of the bene	fits under the plan? (See			Ì			
	instructions.)			10e		х			
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 er	nd.)	10g		х			
h									
	2520.101-3.)			10h		x		0.00	
i	If 10h was answered "Yes," check the box if you either provided the	e required	notice or one of the			8			
(Basinasasia)	exceptions to providing the notice applied under 29 CFR 2520.101-	-3		101		ē.			
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requireme	ents? (If "Y	es." see instructions and comp	ete S	chedu	le SB (Form		
	5500) and line 11a below)							Yes [X No
11a	Enter the unpaid minimum required contribution for current year fro	m Schedu	le SB (Form 5500) line 39				•		
12	Is this a defined contribution plan subject to the minimum funding re	equiremen	ts of section 412 of the Code of	secti	on 30:	2 of ER	ISA?	Yes	K No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
a	If a waiver of the minimum funding standard for a prior year is being			ons. a	nd en	ter the	date of the	letter nuline	 1
	granting the walver								,

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and skip to line 1	3.				
<u>b</u>	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 negative amount)			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						
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	**************************************	****************	X Ye	es 🔲 I	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	s year		13a			(
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)						
14a Name of trust				14b Tr	ust's EIN	1	
			- 1				