1/demult Revenue Service*         2014           Department of Lator         Comparison Revenue Code (the Code)         Code (the Code)         Code (the Code)         Code (the Code)         This form is cepare to public element income Security Act of 1974 (ERISA), and sections 6057(b) and 6068(a) of the Internation         This Form is Open to Public Element income Security Act of 1974 (ERISA), and sections 6057(b) and 6068(a) of the Internation           Part LI Annual Report Identification Information           For calendar plan year beginning	For	Form 5500-SF Short Form Annual Return/Report of Small E			of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089				
Entropies         Exercise Code (b):         This Form is Open 10 Public Inspection           Parts 1         A Truncal Report Identification Information         2 Complete all entries in accordance with the instructions to the Form 550:SF.         The Second Data Second			Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee R			etirement	2014				
Part I Annual Report Learning of Market Reports and Constructions to the Form 5590-SF. Part I Annual Report Learning of Market Report I an another comployer of Inter checking this box must attach a lie of participanting and another power of All or fiscal plan years beginning of Market Report I an another comployer of Inter checking this box must attach a lie of participanting employer information in accordance with the form instructions) This return/report is for: Part I another comployer plan another description another description and and and and another description and and another description and and another description and another description and and another description and and and and and and and and and an	Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the										
For calendar plan year 2014 or findar plan year beginning       0.01/02014       and ending       123/2014         A This return/report is in a single-employer plan in the final return/report information in accordance with the form instructions)       a single-employer plan in the final return/report information in accordance with the form instructions)         B This return/report is in the final return/report in a short plan year return/report (less than 12 months)       C Check box if filing under:       DPVC program is pecial extension (enter description)         Part II Basic Plan Information—enter all requested information       1       DPVC program is pecial extension (enter description)         Part II Basic Plan Information—enter all requested information       1       DPVC program is pecial extension (enter description)         2a Plan aponsor's name and address; include room or suite number (employer, if for a single-employer plan)       1       C Enclove date of plan information information information information information information information         3a Plan administrator's name and address; include room or suite number (employer, if for a single-employer plan)       3       2       Sonsor's tolephone number (EN) information information information information information information information information information is a solution information in accord tolephone number (EN) administrator's name and address; include room or suite number (employer, if for a single-employer plan)         53 S2ND ST       COUSVILLE, KY 40202-1801       3       Administrator's EN         53 Total number of partidipants	Pension Be	nefit Guaranty Corporation	500-SF.	Publ	ic Inspection						
A This return/report is for:       a single-employer plan       a multiple employer plan (not multi-employer) (Files checking this box must attach a lis of participating employer information in accordance with the form instructions)         B This return/report is       a one-participant plan       a foreign plan         B This return/report is       a one-participant plan       a foreign plan         B This return/report is       a namedod retur/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       automatic extension       DPVC program         gecial extension (enter description)       Part II       Basice Plan Information—enter at requested information       1         1a Name of plan       Ib Tree-tight       pion number       001       1       C Effective date of plan         RICHARDSON PENNINGTON & SKINNER, PSC 401(K) RETIREMENT SAVINGS PLAN       1b Tree-tight       001       1       C Effective date of plan         RICHARDSON PENNINGTON & SKINNER, PSC 401(K) RETIREMENT SAVINGS PLAN       1b Tree-tight       001       1       C Effective date of plan         RICHARDSON PENNINGTON & SKINNER, PSC 401(K) RETIREMENT SAVINGS PLAN       1b Zb Employer Identification Number (RN) / 101/1994       2b Employer Identification Number (RN) / 101/1994         33 SND ST CLOSSYN EENNINGTON & SKINNER, PSC 401(K) RETIREMENT SAVINGS PLAN       2b Employer Identification Number (SN) / 101/1994				1	and anding 12	21/2011					
A This return/report is for:       a one-participant plan       of participant gemployer information in accordance with the form instructions)         B This return/report is       a one-participant plan       a foreign plan         B This return/report is       he first return/report       a bindt plan year return/report (less than 12 months)         C Check box if filing under:       § form 5558       automatic extension       DFVC program         gedal extension (enter description)       B bindt plan year return/report (less than 12 months)       C Check box if filing under:       Ib Trace-cipit         Part II       Basic Plan Information—enter all requested information       Ib Trace-cipit       plan number         12       Effective data of plan       Off/171994       20       Effective data of plan         23       Plan sponsor's name and address: include room or suite number (employer, if for a single-employer plan)       2b Employer identification Number         COUSVILE, KY 40202-1801       2d Busness code (see instructions)       54221         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's ElN         3a Total number of participants at the beginning of the plan year.       5a       5a       5a         5a Total number of participants at the beginning of the plan year.       5c       5c       5c         Could number of participants at the edgin l											
• Oncome back in lining under:		·	a one-participant plan     the first return/report	of participating employ a foreign plan the final return/report	yer information in accord	nation in accordance with the form instructions)					
1a Name of plan       1b Three-digit plan number (PN) Market, PSC 401(K) RETIREMENT SAVINGS PLAN       1b Three-digit plan number (PN) Market, PSC 401(K) RETIREMENT SAVINGS PLAN       1c Effective date of plan 01070743 (PN) Market, PSC 401(K) RETIREMENT SAVINGS PLAN       1c Effective date of plan 01070743 (PN) Market, PSC 401(K) RETIREMENT SAVINGS PLAN       1c Effective date of plan 01070743 (PN) Market, PSC 401(K) RETIREMENT SAVINGS PLAN       2b Employer Identification Number (PN) Market, PSC 401(K) RETIREMENT SAVINGS PLAN       2b Employer Identification Number (PN) Market, PSC 401(K) RETIREMENT SAVINGS PLAN       2c Sponsor's telephone number 010707194         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2c Sponsor's telephone number 502.683.9367       2c Sponsor's telephone number 502.683.9367         3a Plan administrator's name and address []Same as Plan Sponsor.       3b Administrator's telephone number 541211       3c Administrator's telephone number 541211         3a Plan administrator's name and address []Same as Plan Sponsor.       3b Administrator's telephone number 541211       3c Administrator's telephone number 541211         3b Total number of participants at the beginning of the plan year.       5a       5a       5b         5a Total number of participants at the edgin of the plan year.       5a       5c       5d(1)         c Number of participants at the edgin of the plan year.       5d(2)       5e       5d(1)       5d(2)       5e         c Number of participants with account balances as of the	C Check b	box if filing under:		_			)FVC progra	m			
1a Name of plan       1b Three-digit plan number (PN) ▶       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Enployer Identification Number (EIN) ♦       2c Sponsor's telephone number (EIN) ♦         3a Plan administrator's name and address       Same as Plan Sponsor.       2b Employer Identification Number (EIN) ♦       2c Sponsor's telephone number (EIN) ♦         4 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 of participants at the beginning of the plan year.       3c Administrator's telephone number (SQ 2683-2687)         5a Total number of participants at the beginning of the plan year.       5a       5a         5a Total number of participants at the beginning of the plan year.       5a       5a         6 Number of participants at the end of the plan year.       5d(1)       5d(2)         6 Number of participants at the beginning of the plan year.       5a       5a         7 C Number of participants at the beginning of the plan year.       5d(1)       5d(2)         7 Data number of participants at the enging of the plan year.       5d(2)       5e         7 Data number of participants at the enging of the plan year.       5d(1)       5d(2)       5e         7 Data number of participants at the enging of the plan year.       5d(2)       5e       5d(1)       5d(2)	Part II	Basic Plan Infor	mationanter all requested inform	mation							
2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (EMPLOS)         RICHARDSON PENNINGTON & SKINNER, PSC       2b       Employer Identification Number (EMPLOS)         S13 S 2ND ST       S10USYLLE, RY 40202-1801       2c       Sponsor's telephone number 502-563-6637         S13 S 2ND ST       S202-563-6637       2d       Business code (see instructions) 541211         3a       Plan administrator's name and address       Plan administrator's name and address       Plan 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 plan, enter the name, EIN, and the plan number from the last return/report.       3b       Administrator's telephone number         5a       5a       5a       5b       5c         C       Number of participants at the beginning of the plan year.       5a       5b       5c         c       Number of participants with account balances as of the end of the plan year.       5d(1)       5d(1)       5d(2)         d(2)       Total number of active participants at the end of the plan year.       5d(2)       5e       5d(2)       5e         c       Number of participants that terminated employment during the plan year.       5d(2)       5e       5d(1)       5d(2)	1a Name	of plan				plar	n number	001			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer identification Number (EIN)         RICHARDSON PENNINGTON & SKINNER, PSC       2c Sponsor's telephone number         513 5 2ND ST       2d Business code (see instructions)         543 701 ST       2d Business code (see instructions)         543 Plan administrator's name and address       Same as Plan Sponsor.         3b Administrator's name and address       Same as Plan Sponsor.         4 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.       3b Administrator's telephone number         5a Total number of participants at the beginning of the plan year.       5b       5c         c Number of participants at the beginning of the plan year.       5b       5c         c Number of participants at the beginning of the plan year.       5d(1)       5d(2)         c Number of participants at the end of the plan year.       5d       5c         c Number of participants at the end of the plan year.       5d       5c         c Number of participants at the end of the plan year.       5d(1)       5d(2)         d(2) Total number of active participants at the end of the plan year.       5d       5c         e Number of participants that terminated employment during the plan year with accrued benefits that were l							-				
S13 S 2ND ST LOUISVILLE, KY 40202-1801       2C Sponsor's telephone number S02-683-9687         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number       5d1211         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number       3c Administrator's telephone number         5a Total number of participants at the beginning of the plan year       5a         5b       5a         c Number of participants at the end of the plan year       5b         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       5d(2)         e Number of participants at the end of the plan year       5d(2)         c Number of participants at the end of the plan year       5d(2)         c Number of participants at the end of the plan year with accrued benefits that were       5e         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of participants that terminated employment during the plan year with accrued benefits that were       5e         less than 100% vested. <td></td> <td></td> <td></td> <td>employer, if for a single-</td> <td>-employer plan)</td> <td></td> <td colspan="4">ployer Identification Number</td>				employer, if for a single-	-employer plan)		ployer Identification Number				
3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number       3c Administrator's telephone number         a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a         b Total number of participants at the beginning of the plan year       5b         c Number of participants at the beginning of the plan year       5b         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 beginning of the plan year       5d(1)         d(2) Total number of active participants at the beginning of the plan year       5d(2)         e Number of participants at the end of the plan year       5d(2)         e Number of participants at the end of the plan year       5d(2)         cation: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of participants due penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule BS or Schedule MS or my knowledge and belief, it is true, correct, and complete.         Signature of plan administrator       Date       Enter name of individual signing as plan administrator	513 S 2ND ST										
4       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.       4b       EIN         a       Sponsor's name       4c       PN         5a       b       5a       b         b       Total number of participants at the beginning of the plan year						2d Bus	( )				
4       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.       4b       EIN         a       Sponsor's name       4c       PN         5a       Total number of participants at the beginning of the plan year	<b>3a</b> Plan administrator's name and address Same as Plan Sponsor.					3b Adm	ninistrator's EIN				
5a       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         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         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       5d(2)         e       Number of participants that terminated employment during the plan year with accrued benefits that were       5e         less than 100% vested.       5e       5e         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.         SIGN       Filed with authorized/valid electronic signature.       10/15/2015       JON CHESSER         Bignature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor	name,	, EIN, and the plan num		e last return/report filed fo	or this plan, enter the	4b EIN		elephone number			
b       Total number of participants at the end of the plan year	· · ·		at the beginning of the plan year					14			
complete this item)       3C         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.       5d(2)         e Number of participants that terminated employment during the plan year with accrued benefits that were       5e         less than 100% vested.       5e         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       Filed with authorized/valid electronic signature.       10/15/2015       JON CHESSER         SIGN       Filed with authorized/valid electronic signature.       10/15/2015       JON CHESSER         SIGN       Filed with authorized/valid electronic signature.       10/15/2015       JON CHESSER         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor								14			
d(1) Total number of active participants at the beginning of the plan year	C Numbe	er of participants with a	ccount balances as of the end of the	plan year (defined bene	efit plans do not			13			
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.         SIGN HERE       Filed with authorized/valid electronic signature.       10/15/2015       JON CHESSER         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor						5d(1)		9			
less than 100% vested	d(2) Total number of active participants at the end of the plan year					5d(2)	1	9			
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       Filed with authorized/valid electronic signature.       10/15/2015       JON CHESSER         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor								0			
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 HERE       Filed with authorized/valid electronic signature.       10/15/2015       JON CHESSER         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Filed with authorized/valid electronic signature.       10/15/2015       JON CHESSER         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor											
SIGN HERE         Filed with authorized/valid electronic signature.         10/15/2015         JON CHESSER           Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN HERE         Filed with authorized/valid electronic signature.         10/15/2015         JON CHESSER           Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	SB or Sche	edule MB completed and	d signed by an enrolled actuary, as w								
Signature of plan administrator     Date     Enter name of individual signing as plan administrator       SIGN HERE     Filed with authorized/valid electronic signature.     10/15/2015     JON CHESSER       Signature of employer/plan sponsor     Date     Enter name of individual signing as employer or plan sponsor				10/15/2015	JON CHESSER						
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor											
<b>Signature of employer/plan sponsor</b> Date Enter name of individual signing as employer or plan sponsor	HERE										

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b	<b>b</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 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	<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined										
	t III Financial Information										
7			(a) Reginning of Vog				(b) End	of V			-
<u>′</u>		Assets and Liabilities (a) Beginning of Ye			-		(b) End		ar 236972	26	
	Total plan liabilities									0	_
	Net plan assets (subtract line 7b from line 7a)	70 70	21744	80				:	236972	26	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:						(6) 1	otai			
	(1) Employers	8a(1)	313								
	(2) Participants	8a(2)	456	503							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	1433	884							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							22038	36	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	250	000							
	Certain deemed and/or corrective distributions (see instructions)	8e		0							-
	Administrative service providers (salaries, fees, commissions)	8f	1	40							
	Other expenses	8g		0							-
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2514	40	_
	Net income (loss) (subtract line 8h from line 8c)	8i							19524	46	
	ansfers to (from) the plan (see instructions)			0							
Par	t IV Plan Characteristics	0]									_
	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Chara	acteri	stic Co	des in	the instruc	tions	:		
	2E 2F 2G 2J 2K 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Charac	cterist	ic Coc	les in t	he instructi	ons:			
Part	V Compliance Questions										-
10	During the plan year:				Yes	No		Amo	unt		
	Was there a failure to transmit to the plan any participant contribu	tions with	in the time period described in						Juni		_
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	X					2216	3
b	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				:	200000	)
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х					
е		ner persor	s by an insurance carrier,								
	instructions.)			10e	X					5276	3
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				X					134927	<i>,</i>
h	<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)</li> <li>h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)</li> </ul>					х					
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
Part				10i							
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	plete	Scheo	dule SE	B (Form				
	5500) and line 11a below)								Yes	No	)
11a	Enter the unpaid minimum required contribution for current year fr	om Scheo	dule SB (Form 5500) line 39			11a		r —		<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	e or se	ection	302 of	ERISA?		Yes	X 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>b</b> Enter the minimum required contribution for this plan year		12b						
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c						
<b>d</b> 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>b</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 the plan(s) to which assets or liabilities were transferred. (See instructions.)								
13c(1) Name of plan(s):	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)					
Part VIII Trust Information (optional)								
14a Name of trust			14b Trust's EIN					