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 Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit D & D ELECTRIC, INC. 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 002 Effective date of plan 01/01/1994 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number D & D ELECTRIC, INC. 61-0994753 (EIN) Sponsor's telephone number 859-885-6388 116 MACARTHUR CT. NICHOLASVILLE, KY 40356 Business code (see instructions) 238210 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 24 Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 12 d(2) Total number of active participants at the end of the plan year..... 5d(2) 14 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested.

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 t	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.						
HERE	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 spons				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)			

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b	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and conditi	ndent qualified public accounta	nt (IQ	PA)			-	X Ye	es No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	21)? .		Yes	No [No	ot dete	ermined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) En	d of		1000
	Total plan assets	. 7a	15379	356					1574	1882
	Total plan liabilities	. 7b	15379	156					1574	1882
	Net plan assets (subtract line 7b from line 7a)	. 7с		750			4.1	T - 1 -		1002
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(D)	Tota	11	
	(1) Employers	. 8a(1)	87	72						
	(2) Participants	. 8a(2)	123	335						
	(3) Others (including rollovers)	. 8a(3)								
	Other income (loss)	. 8b	1025	500						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							123	3607
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	866	81						
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							86	6681
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							36	5926
j	Transfers to (from) the plan (see instructions)	· 8j								
b Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides 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 welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan	eature code	es from the List of Plan Charad	cterist	ic Cod	des in t	he instruc	tions	S:	
10	During the plan year:				Yes	No		An	nount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X				
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					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-	10d		X				
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	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		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			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 for	rom Sched	ule SB (Form 5500) line 39			11a		, -		
12	Is this a defined contribution plan subject to the minimum funding	g requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?.	. [Ye	s X No
1	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below		•				<u> </u>			
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and e	enter th Day		the Ye		ruling

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

	▶ Complete all entries in ac	COI Marice Bitti 212 1111	itions to the			
Part I Annual Report	Identification Information	2044	and ending	12/31/2014		
For calendar plan year 2014 or fis		<u></u>		er) (Filers checking this b	ox must attach a list	
A This return/report is for: B This return/report is	a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer plat of participating employe a foreign plan the final return/report a short plan year return/re	r information in ac	cordance with the form in	istructions)	
C Check box if filing under:	X Form 5558 Special extension (enter descrip	automatic extension		DFVC prog	ram	
Part II Basic Plan Info	rmation—enter all requested info	ormation		141 8 3		
1a Name of plan D & D ELECTRIC, INC, 401(K) Pl				1b Three-digit plan number (PN) 1c Effective date 01/01/1994		
20 Dies appeared name and at	idress; include room or suite numbe	er (employer, if for a single-e	mployer plan)	2b Employer Ide		
D & D ELECTRIC, INC.	Idless, likidde footii gi sake visinee				ephone number 9) 885-6388	
116 MACARTHUR CT.				20 Business coo 238210	e (see instructions)	
NICHOLASVILLE, KY 40356	ind address XSame as Plan Spons			3b Administrator	's FIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN						
A If the name and/or EIN of the	ne plan sponsor has changed since	the last return/report filed fo	r this plan, enter th	ne 4b EIN		
name, EIN, and the plan no	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed fo	r this plan, enter th	1 .		
name, EIN, and the plan no	Imper from the last return report.			4c PN	24	
name, EIN, and the plan not a Sponsor's name 5a Total number of participant	s at the beginning of the plan year		i.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4c PN 5a	2 4 25	
name, EIN, and the plan not a Sponsor's name 5a Total number of participant b Total number of participant	s at the beginning of the plan years at the end of the plan year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4c PN 5a 5b	25	
name, EIN, and the plan not a Sponsor's name 5a Total number of participant b Total number of participants with	s at the beginning of the plan years at the end of the plan year	the plan year (defined bene	fit plans do not	4c PN 5a		
name, EIN, and the plan not a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with	s at the beginning of the plan years at the end of the plan year	the plan year (defined bene	fit plans do not	4c PN 5a 5b	25	
name, EIN, and the plan not a Sponsor's name 5a Total number of participant b Total number of participants with complete this item)	s at the beginning of the plan years at the end of the plan year	the plan year (defined bene	fit plans do not	4c PN 5a 5b 5c 5d(1)	25 24	
name, EIN, and the plan not a Sponsor's name 5a Total number of participants b Total number of participants with complete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of articipants at the beginning of the plan year terminated employment during the plans.	the plan year (defined bene lan yearar,ar,ar,ar,ar,ar,ar	fit plans do not	4c PN 5a 5b 5c	25 24 12	
name, EIN, and the plan not a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item)	s at the beginning of the plan years at the end of the plan year	the plan year (defined bene lan yearar,	fit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	25 24 12 14	
name, EIN, and the plan not a Sponsor's name 5a Total number of participants b Total number of participants with complete this item)	s at the beginning of the plan years at the end of the plan year	the plan year (defined bene lan yearararplan year with accrued bene n/report will be assessed	fit plans do not fits that were unless reasonab examined this return/	4c PN 5a 5b 5c 5d(1) 5d(2) 5e le cause is established. Jum/report, including, if ap report, and to the best of	25 24 12 14 0	
name, EIN, and the plan not a Sponsor's name 5a Total number of participants b Total number of participants with complete this item)	s at the beginning of the plan years at the end of the plan year	the plan year (defined bene lan year	fit plans do not fits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e le cause is established. Jum/report, including, if ap report, and to the best of	25 24 12 14 0	
name, EIN, and the plan not a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of articipants at the beginning of the plan participants at the end of the plan year terminated employment during the plan terminated employment during the	the plan year (defined bene lan year	fit plans do not fits that were unless reasonab examined this return/ AMY S. WALKE	4c PN 5a 5b 5c 5d(1) 5d(2) 5e le cause is established. um/report, including, if apreport, and to the best of	25 24 12 14 0 plicable, a Schedule my knowledge and	
name, EIN, and the plan not a Sponsor's name 5a Total number of participants b Total number of participants with complete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of articipants at the beginning of the plan participants at the end of the plan year terminated employment during the plan terminated employment during the	the plan year (defined bene lan year	fit plans do not fits that were unless reasonab examined this return/ AMY S. WALKE	4c PN 5a 5b 5c 5d(1) 5d(2) 5e le cause is established. Jum/report, including, if ap report, and to the best of	25 24 12 14 0 plicable, a Schedule my knowledge and	
name, EIN, and the plan not a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of articipants at the beginning of the plan participants at the end of the plan yes terminated employment during the plan terminated employment during the plan be or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, a mplete. Administrator	the plan year (defined beneat ar	fit plans do not fits that were unless reasonab examined this return/ AMY S, WALKE Enter name of i	4c PN 5a 5b 5c 5d(1) 5d(2) 5e le cause is established. Jun/report, including, if apreport, and to the best of R Individual signing as plan	25 24 12 14 0 plicable, a Schedule my knowledge and administrator	
name, EIN, and the plan not a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item)	s at the beginning of the plan years at the end of the plan years at the end of the plan years at the end of the plan years articipants at the beginning of the plan year terminated employment during the plan year.	the plan year (defined bene lan year	fit plans do not fits that were unless reasonab examined this return/ AMY S. WALKE Enter name of i	4c PN 5a 5b 5c 5d(1) 5d(2) 5e le cause is established. Jun/report, including, if apreport, and to the best of R Individual signing as plan	25 24 12 14 0 plicable, a Schedule my knowledge and	
name, EIN, and the plan not a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of articipants at the beginning of the plan participants at the end of the plan yes terminated employment during the plan terminated employment during the plan be or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, a mplete. Administrator	the plan year (defined bene lan year	fit plans do not fits that were unless reasonab examined this return/ AMY S. WALKE Enter name of i	4c PN 5a 5b 5c 5d(1) 5d(2) 5e le cause is established. Jun/report, including, if apreport, and to the best of R Individual signing as plan	25 24 12 14 0 plicable, a Schedule my knowledge and administrator	

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	-1	(Con instructions)				X Yes	No	
 Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility 	an indepen	ons.)			.,	п. п.	Νo	
If you answered "No" to either line 6a or line 6b, the plan can	not use For	m 5500-Sr and musi instead	use r	uini :	aauu.		:d	
C If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pr	rogram (see ERISA section 402	1) 1	Ц	ies [
Part III Financial Information	1 33 1			т				
7 Plan Assets and Liabilities	1 1 d	(a) Beginning of Year		-		(b) End of Year		
a Total plan assets	7a	1537956		-		1574882		
b Total plan liabilities				╁		1574882		
c Net plan assets (subtract line 7b from line 7a)	7c	1537956		+-				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		4.		(b) Total		
Contributions received or receivable from: (1) Employers	8a(1)	8772		1				
(2) Participants	8a(2)	12335		+-	** .			
(3) Others (including rollovers)	Ba(3)			┼		<u>an Charles de Sainte, de Contra de Car</u> Maria de Carlos de Car		
b Other income (loss)	8b	102500		+		422607		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-		123607		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	86681			1		.	
e Certain deemed and/or corrective distributions (see instructions)				+-	· ·			
f Administrative service providers (salaries, fees, commissions)	8f			-				
g Other expenses	8g			+-		86681		
h Total expenses (add lines 8d, 8e, 8f, and 8g)				-		36926		
i Net income (loss) (subtract line 8h from line 8c)	8i					30920		
j Transfers to (from) the plan (see instructions)	···· 8j					<u> </u>	<u> </u>	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare								
Part V Compliance Questions								
40 During the plan year				Yes	No	Amount		
a Was there a failure to transmit to the plan any participant contril	Juncial A Col	rection rogiting	10a		Х			
b Were there any nonexempt transactions with any party-in-intere on line 10a.)	est? (Do not	include transactions reported	10b		X			
c Was the plan covered by a fidelity bond?,		*****	10c	X		50	0000	
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	n's fidelity bo	and, that was caused by fraud	10d		х			
Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.)	other persor all of the ber	ns by an insurance carrier, nefits under the plan? (See	10e		X			
f Has the plan failed to provide any benefit when due under the p	olan?	********************************	10f		×			
Did the plan have any participant loans? (If "Yes," enter amount	it as of year	end.)	10g		х			
h If this is an individual account plan, was there a blackout period	d? (See instr	ructions and 29 CFR	10h		х			
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	d the require	ed natice or one of the	10i					
Part VI Pension Funding Compliance								

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If v	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and	skip	p to line 13.			
b	Enter the minimum required contribution for this plan year	**********	*****		12b	L	
						,	
	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 (in negative amount)	enter a minu	ıs sig	gn to the left of a	12d		
e	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			.,,,,,,,	Yes	No N/A
Part							
13a	Has a resolution to terminate the plan been adopted in any plan year?					Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer thi	s year	,,,,,,,		13a		
b	transferre	d to another	plan	ı, or brought under t	ne control		Yes X No
c	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another	plan	ı(s), identify the plan	(s) to		
	t3c(1) Name of plan(s):				13c(2) E	IN(s)	13c(3) PN(s)
	100) I Halife of planter						
Part	VIII Trust Information (optional)				1116	Carratia Fibi	
14a	Name of trust				140	rust's EIN	

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