For	m 5500-SF	Short Form Annual R		of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed unde	Benefit Plan er sections 104 and 4	.065 of the Employee Re	etireme	nt	2014
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERIS		7(b) and 6058(a) of the		This F	Form is Open to lic Inspection
	enefit Guaranty Corporation	Complete all entries in accord	dance with the instru	uctions to the Form 55	00-SF.		
For calenda		dentification Information cal plan year beginning 01/01/2014		and ending 12/	/31/2014	4	
10100			multiple-employer pl	an (not multiemployer) (ox must attach a list
A This retu	urn/report is for:		f participating employ	ver information in accord		-	
	·		foreign plan				
B This retu	rn/report is	님 '님	e final return/report		onthe)		
		an amended return/report	short plan year return	n/report (less than 12 mo)ntrisj	-	
C Check b	oox if filing under:	Form 5558	utomatic extension		L	DFVC progra	âm
		special extension (enter description)					
Part II	Basic Plan Infor	mation—enter all requested information	on				
1a Name of	•					Three-digit	
	DING COMPANT LLC	CAND SUBSIDIARIES 401(K) PLAN				olan number (PN) ►	001
						Effective date o	
2a Dian sr	concorio name and add	Iress; include room or suite number (em	nlover if for a single-	omployor plan)	2h [fication Number
	DING CO., LLC						941577
					2c ૬	Sponsor's telep	
374 NORTH M P.O. BOX 607	MIDDLETOWN ROAD				24 1		37-4462
PARIS, KY 40					2u b	Business code (5511	(see instructions) 12
3a Plan ac	dministrator's name and	d address XSame as Plan Sponsor.			3b A	Administrator's	
					3c A	dministrator's t	telephone number
		· · · · · · · · · · · · · · · · · · ·			<u></u>		
		plan sponsor has changed since the las ber from the last return/report.	it return/report filed to	r this plan, enter the	4b ∈	EIN	
a Sponso	or's name	-			4c F		
-		at the beginning of the plan year			5a		15
		at the end of the plan year			5b	_	47
		account balances as of the end of the pla			5c		39
d(1) Tota	al number of active part	ticipants at the beginning of the plan yea	ır		5d(1))	15
d(2) Tota	al number of active part	ticipants at the end of the plan year			5d(2	2)	45
e Number	r of participants that ter	rminated employment during the plan year	ar with accrued bene	fits that were	5e	-	0
		r incomplete filing of this return/repair					
Under pena	alties of perjury and othe	r incomplete filing of this return/reporter penalties set forth in the instructions,	I declare that I have e	examined this return/rep	oort, incl	luding, if applic	
	dule MB completed and rue, correct, and compl	d signed by an enrolled actuary, as well lete.	as the electronic vers	sion of this return/report,	, and to	the best of my	knowledge and
		valid electronic signature.	07/22/2015	HENRY L. HINKLE			
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ual sign	ing as plan adr	ninistrator
SIGN							
HERE	Signature of employ		Date	Enter name of individu			
Preparer's r	name (including firm na	ame, if applicable) and address (include	room or suite number	r) (optional)	Prepar	rer's telephone	number (optional)

	Were all of the plan's assets during the plan year invested in eligibl 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	an indepei and condit	ndent qualified public accountations.)	nt (IQ	(PA)		 Yes No
с	If you answered "No" to either line 6a or line 6b, the plan cannot If the plan is a defined benefit plan, is it covered under the PBGC in						
Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a	Total plan assets	7a	3482				1237760
<u> </u>	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c	3482	245			1237760
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:			20			
	(1) Employers	8a(1)	1326		_		
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)	6604		_		
b	Other income (loss)	8b	540)78			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					940432
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	505	517			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	4	00			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					50917
i	Net income (loss) (subtract line 8h from line 8c)	8i					889515
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a b Part	If the plan provides pension benefits, enter the applicable pension in 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare ference of the second secon						
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.)	? (Do not	include transactions reported	10b		х	
С	Was the plan covered by a fidelity bond?			10c	х		100000
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.)	ner person of the ben	s by an insurance carrier, efits under the plan? (See	10e	x		1064
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	s of year e	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		х	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne require	d notice or one of the	10i			
Part					1	L	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	ule 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 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 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?	inder the	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	

Form 5500-SF	Short Form Ann	ual Return/Repor	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Plan led under sections 104 and	4065 of the Employee F	Retirement	2014		
Department of Labor Employee Benefits Security Administration	nent of Labor Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).						
Pension Benefit Guaranty Corporation	Complete all entries in	n accordance with the inst	ructions to the Form 5	500-SF.	Public Inspection		
	rt Identification Information			10/2			
For calendar plan year 2014 or		01/01/2014	and ending		31/2014		
A This return/report is for:B This return/report is	x a single-employer plan a one-participant plan the first return/report an amended return/report	of participating emplo a foreign plan the final return/report	plan (not multiemployer) byer information in accor rn/report (less than 12 m	dance with the	ng this box must attach a list e form instructions)		
C Check how if filing under	Form 5558	automatic extension		DF	/C program		
C Check box if filing under:							
	special extension (enter desc	stiption)					
Part II Basic Plan Inf	formation—enter all requested in	nformation		1			
1a Name of plan Hinkle Holding Comp	pany LLC and Subsidia	ries 401(k) Plan		(PN)	umber 001		
					ve date of plan 1/2013		
2a Plan sponsor's name and a Hinkle Holding Co.,	ddress; include room or suite numb	per (employer, if for a single	e-employer plan)	Carlos and Carlos and Construction	yer Identification Number 01-0941577		
					or's telephone number		
374 North Middletow	vn Road				987-4462		
P.O. Box 607		0.7		20 Busine 5511	ess code (see instructions)		
Paris	KY 40362-060 and address XSame as Plan Spor				istrator's EIN		
	<u> </u>						
	he plan sponsor has changed since umber from the last return/report.	the last return/report filed f	for this plan, enter the	4b EIN			
a Sponsor's name				4c PN			
5a Total number of participant	s at the beginning of the plan year			5a	15		
b Total number of participant	s at the end of the plan year						
c Number of participants with				5b			
complete this item)	n account balances as of the end of	f the plan year (defined ben	efit plans do not	50	4		
complete this item)	n account balances as of the end of articipants at the beginning of the p	f the plan year (defined ben	efit plans do not	50	41		
complete this item) d(1) Total number of active p d(2) Total number of active p	articipants at the beginning of the p articipants at the end of the plan ye	f the plan year (defined ben plan year ear	efit plans do not	5c	4* 39 19		
complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that	articipants at the beginning of the p participants at the end of the plan ye terminated employment during the	f the plan year (defined ben plan year ear plan year with accrued ben	efit plans do not efits that were	5c 5d(1)	4 3 1 4		
complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested	articipants at the beginning of the p participants at the end of the plan ye terminated employment during the	f the plan year (defined ben plan year ear plan year with accrued ben	efit plans do not efits that were	5c 5d(1) 5d(2) 5e	41 35 15 45		
complete this item) d(1) Total number of active participants that is e Number of participants that is less than 100% vested Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed a	articipants at the beginning of the p participants at the end of the plan ye terminated employment during the or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary,	f the plan year (defined ben plan year plan year with accrued ben <u>rn/report will be assessed</u> uctions. I declare that I have	efit plans do not efits that were unless reasonable car examined this return/re	5c 5d(1) 5d(2) 5e use is establi	4 35 15 45 (shed. , if applicable, a Schedule		
complete this item) d(1) Total number of active pro- d(2) Total number of active pro- e Number of participants that less than 100% vested Caution: A penalty for the later Under penalties of perjury and of SB or Schedule MB completed a belief, it is true, correct, and com	articipants at the beginning of the p participants at the end of the plan ye terminated employment during the or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	f the plan year (defined ben plan year plan year with accrued ben rn/report will be assessed uctions, I declare that I have as well as the electronic ve	efit plans do not efits that were unless reasonable car examined this return/re	5c 5d(1) 5d(2) 5e use is establi port, including t, and to the b	4 35 15 45 (shed. , if applicable, a Schedule		
complete this item) d(1) Total number of active participants that is less than 100% vested Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed as belief, it is true, correct, and com	articipants at the beginning of the p participants at the end of the plan ye terminated employment during the e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	f the plan year (defined ben plan year plan year with accrued ben <u>rn/report will be assessed</u> uctions. I declare that I have	efit plans do not efits that were unless reasonable cal examined this return/repor	5c 5d(1) 5d(2) 5e use is establight, and to the bolic 1e	4 3 1 4 4 4 4 4 4 4 4 6 6 8 5 hed. 1, if applicable, a Schedule est of my knowledge and		
complete this item) d(1) Total number of active participants that less than 100% vested Caution: A penalty for the later Under penalties of perjury and of SB or Schedule MB completed as belief, it is true, correct, and completed as true, correct, and	articipants at the beginning of the p participants at the end of the plan ye terminated employment during the e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	f the plan year (defined ben plan year plan year with accrued ben rn/report will be assessed uctions, I declare that I have as well as the electronic ve 71/10115 Date	efit plans do not efits that were unless reasonable can examined this return/repor sion of this return/repor Henry L. Hink	5c 5d(1) 5d(2) 5e use is establight, and to the b 1e usel signing as	4 3 1 4 4 4 4 4 4 4 4 6 6 8 5 hed. 1, if applicable, a Schedule est of my knowledge and		
complete this item) d(1) Total number of active participants that is the set of participants that is less than 100% vested Caution: A penalty for the later Under penalties of perjury and of SB or Schedule MB completed as belief, it is true, correct, and completed as belief, it is true, correct, and completed as belief, it is true, correct and completed as belief. It is true, correct and complete the signature of plant. SIGN HERE Signature of plant.	articipants at the beginning of the p participants at the end of the plan ye terminated employment during the or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	f the plan year (defined ben plan year plan year with accrued ben in/report will be assessed uctions, I declare that I have as well as the electronic ve 71/10/15 Date 7110/15 Date 0ate	efit plans do not efits that were unless reasonable can examined this return/report sion of this return/report Henry L. Hink Enter name of individ Henry L. Hink Enter name of individ	5c 5d(1) 5d(2) 5e use is establi port, including t, and to the b le ual signing as le	4 7 3 9 1 9 4 9 4 9 4 9 4 9 6 9 6 9 6 9 7		
complete this item) d(1) Total number of active participants that is the set of participants that is less than 100% vested Caution: A penalty for the later Under penalties of perjury and of SB or Schedule MB completed as belief, it is true, correct, and completed as belief, it is true, correct, and completed as belief, it is true, correct and completed as belief. It is true, correct and complete the signature of plant. SIGN HERE Signature of plant.	articipants at the beginning of the p participants at the end of the plan ye terminated employment during the e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	f the plan year (defined ben plan year plan year with accrued ben in/report will be assessed uctions, I declare that I have as well as the electronic ve 71/10/15 Date 7110/15 Date 0ate	efit plans do not efits that were unless reasonable can examined this return/report sion of this return/report Henry L. Hink Enter name of individ Henry L. Hink Enter name of individ	5c 5d(1) 5d(2) 5e use is establi port, including t, and to the b le ual signing as le	4 7 3 9 1 9 4 9 4 9 4 9 6 0 6 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19 1		
complete this item) d(1) Total number of active participants that is the set of participants that is less than 100% vested Caution: A penalty for the later Under penalties of perjury and of SB or Schedule MB completed as belief, it is true, correct, and completed as belief, it is true, correct, and completed as belief, it is true, correct and completed as belief. It is true, correct and complete the signature of plant. SIGN HERE Signature of plant.	articipants at the beginning of the p participants at the end of the plan ye terminated employment during the or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	f the plan year (defined ben plan year plan year with accrued ben in/report will be assessed uctions, I declare that I have as well as the electronic ve 71/10/15 Date 7110/15 Date 0ate	efit plans do not efits that were unless reasonable can examined this return/report sion of this return/report Henry L. Hink Enter name of individ Henry L. Hink Enter name of individ	5c 5d(1) 5d(2) 5e use is establi port, including t, and to the b le ual signing as le	4 7 3 9 1 9 4 9 4 9 4 9 4 9 6 9 6 9 6 9 7		
complete this item) d(1) Total number of active participants that is the set of participants that is less than 100% vested Caution: A penalty for the later Under penalties of perjury and of SB or Schedule MB completed as belief, it is true, correct, and completed as belief, it is true, correct, and completed as belief, it is true, correct and completed as belief. It is true, correct and complete the signature of plant. SIGN HERE Signature of plant.	articipants at the beginning of the p participants at the end of the plan ye terminated employment during the or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	f the plan year (defined ben plan year plan year with accrued ben in/report will be assessed uctions, I declare that I have as well as the electronic ve 71/10/15 Date 7110/15 Date 0ate	efit plans do not efits that were unless reasonable can examined this return/report sion of this return/report Henry L. Hink Enter name of individ Henry L. Hink Enter name of individ	5c 5d(1) 5d(2) 5e use is establi port, including t, and to the b le ual signing as le	4 7 3 9 1 9 4 9 4 9 4 9 4 9 6 9 6 9 6 9 7		

	Form 5500-SF 2014		Page 2								
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 If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an independ and conditio ot use Forn	ent qualified public accounta ns.) n 5500-SF and must instea	nt (IQ d use	PA) Form	5500.		[X Yes X Yes	•	No No d
Par	t III Financial Information						4 72				
-	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) Er	nd of \	/ear		
-	Total plan assets	7a		1824	5					2377	160
	Total plan liabilities	7b									
10000	Net plan assets (subtract line 7b from line 7a)	7c	34	1824	5				1	2377	160
-	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	1		
	Contributions received or receivable from:				~						
	(1) Employers	8a(1)		3262					-		_
	(2) Participants	8a(2)		9331					_	_	_
1100	(3) Others (including rollovers)	8a(3)		5041	_	-			-		_
	Other income (loss)	8b	1	5407	8				-		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-	-	_	_	_	9404	:32
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5	5051	7	<u>i</u>					
е	Certain deemed and/or corrective distributions (see instructions)	8e									_
f	Administrative service providers (salaries, fees, commissions)	8f		40	0						
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								509)17
i	Net income (loss) (subtract line 8h from line 8c)	8i			_					8895	515
j	Transfers to (from) the plan (see instructions)	8j						_			
	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	s from the List of Plan Charao	cteristi	c Cod	les in t	he instru	ictions			
Part		1000			Yes	No		٨٥	nount	-	
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in		163			All	Iount		-
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corre	ction Program)	10a		Х			_		_
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	clude transactions reported	10b		Х					
с	Was the plan covered by a fidelity bond?			10c	Х					1000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	d, 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.)	ner persons of the benef	by an insurance carrier, fits under the plan? (See	10e	х					10	064
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 en	d.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	10h		х					
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	10i		-					
Part								_			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Ye	es," see instructions and com	plete	Scheo	dule SE	3 (Form		Yes		No
11a	Enter the unpaid minimum required contribution for current year fr					11a			_		
12	Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the Code	e or se	ction	302 of	ERISA?		Yes	s X	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 amortized in this plan year, see instructions, and enter the date of the letter ruling

_
N/A
1.1
es X No
(3) PN(s)