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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

For calen		fiscal plan year beginning 01/01/		and ending 12/	/31/2014				
		a single-employer plan	a multiple-employer		(Filers check	ing this box must attach a list			
A This re	eturn/report is for:	П	' ' ~ '	oloyer information in accord	dance with th	e form instructions)			
В ть:		a one-participant plan the first return/report	a foreign plan the final return/report	-4					
D This re	eturn/report is	an amended return/report	- H	urn/report (less than 12 mo	onthe)				
		an amended return/report	a short plan year ret	um/report (less than 12 mi	_				
C Check	k box if filing under:	X Form 5558	automatic extension	า	DF	VC program			
		special extension (enter des	cription)						
Part II	Basic Plan Inf	formation—enter all requested i	nformation						
1a Name	e of plan				1b Three	•			
DIXON-SH	IANE, LLC 401(K)PLA	.N			plan r (PN)	number 003			
						tive date of plan			
						01/01/2000			
2a Plan DIXON-SHA	sponsor's name and a ANE, LLC	address; include room or suite num	ber (employer, if for a sing	le-employer plan)	2b Emplo (EIN)	oyer Identification Number 33-1004627			
	, -				. ,	sor's telephone number			
8407 AUST	IN TRACY ROAD				Zo Opon	800-626-0208			
FOUNTAIN	RUN, KY 42133				2d Busin	ess code (see instructions)			
3a Dlan	administrator's name	and address Veams as Blan Spa	noor		3h Admir	424210			
ou man	3a Plan administrator's name and address Same as Plan Sponsor.				3b Administrator's EIN				
						nistrator's telephone number			
						·			
A 1641-a	and a state of the		the least value (reset file	d for this plant and a the					
		he plan sponsor has changed sincumber from the last return/report.	e the last return/report filed	d for this plan, enter the	4b EIN	30-0068277			
nam a Spon	e, EIN, and the plan nasor's name FOUNTAL	number from the last return/report. N HOLDING LLC	•		4b EIN 4c PN				
a Spon	e, EIN, and the plan n sor's name FOUNTAI I number of participan	number from the last return/report. N HOLDING LLC ts at the beginning of the plan year			4b EIN 4c PN 5a	30-0068277 003			
nam a Spon 5a Tota b Tota	e, EIN, and the plan n sor's name FOUNTAI I number of participan I number of participan	number from the last return/report. N HOLDING LLC Its at the beginning of the plan year ts at the end of the plan year			4b EIN 4c PN	30-0068277 003 116			
nam a Spon 5a Tota b Tota c Num	ne, EIN, and the plan no asor's name FOUNTAI Inumber of participan Inumber of participan aber of participants with	number from the last return/report. N HOLDING LLC ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of		enefit plans do not	4b EIN 4c PN 5a	30-0068277 003 116 113			
a Spon 5a Tota b Tota C Num comp	e, EIN, and the plan nasor's name FOUNTAI I number of participan I number of participan aber of participants with	number from the last return/report. N HOLDING LLC ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of	f the plan year (defined be	enefit plans do not	4b EIN 4c PN 5a 5b	30-0068277 003 116 113			
a Spon 5a Tota b Tota c Num comp d(1) To	ne, EIN, and the plan nasor's name FOUNTAL I number of participan I number of participan The participants with the plant of participants with the plant of participants with the plant of active plant of act	ts at the end of the plan year	of the plan year (defined be	enefit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	30-0068277 003 116 113 84			
a Spon 5a Tota b Tota c Num comp d(1) To d(2) To	ne, EIN, and the plan nasor's name FOUNTAI I number of participan I number of participan ther of participants with plete this item) Intal number of active protal number of active protections.	to the last return/report. N HOLDING LLC Its at the beginning of the plan year its at the end of the plan year h account balances as of the end of the plan year its at the end of the plan year its at the beginning of the participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants.	of the plan year (defined be blan yeareareareareplan year with accrued be	enefit plans do not	4b EIN 4c PN 5a 5b 5c	30-0068277 003 116 113 84 93 93			
nam a Spon 5a Tota b Tota c Num comp d(1) To d(2) To e Numb less t	ne, EIN, and the plan nasor's name FOUNTAI I number of participan I number of participan aber of participants with plete this item) I number of active potal n	number from the last return/report. N HOLDING LLC Its at the beginning of the plan year ts at the end of the plan year h account balances as of the end control of the plan year tricipants at the beginning of the plan year terminated employment during the	of the plan year (defined be plan yearearearearearear with accrued be	enefit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	30-0068277 003 116 113 84 93 93			
nam a Spon 5a Tota b Tota c Num comp d(1) To d(2) To e Numb less t Caution: Under pe SB or Sch	ne, EIN, and the plan nasor's name FOUNTAI I number of participan I number of participan I number of participants with plete this item) I number of active protal number of participants that than 100% vested A penalty for the laternalties of perjury and of the dule MB completed.	to the plan year the last return/report. N HOLDING LLC Its at the beginning of the plan year its at the end of the plan year The account balances as of the end control of the plan year its at the beginning of the plan year its at the end of the plan year its at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year.	of the plan year (defined be plan yearear	enefit plans do not enefits that were ed unless reasonable cau	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estable port, including	30-0068277 003 116 113 84 93 93 2 lished. g, if applicable, a Schedule			
nam a Spon 5a Tota b Tota c Num comp d(1) To d(2) To e Numb less t Caution: Under pe SB or Sch	ne, EIN, and the plan nasor's name FOUNTAI I number of participan I number of participan I number of participants with plete this item) I number of active potal number of participants that than 100% vested A penalty for the laternalties of perjury and on the penalty for the laternalties of penalty for the laternalty for the	to the plan year the last return/report. N HOLDING LLC Its at the beginning of the plan year its at the end of the plan year The account balances as of the end control of the plan year its at the beginning of the plan year its at the end of the plan year its at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year.	of the plan year (defined be plan yearear	enefit plans do not enefits that were ed unless reasonable cau	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estable port, including, and to the	30-0068277 003 116 113 84 93 93 2 lished. g, if applicable, a Schedule			
nam a Spon 5a Tota b Tota c Num comp d(1) To e Numb less to Caution: Under pe SB or Sch belief, it is	ne, EIN, and the plan nasor's name FOUNTAI I number of participan I number of participan I number of participants with plete this item) I number of active potal number of participants that than 100% vested A penalty for the laternalties of perjury and on the penalty for the laternalties of penalty for the laternalty for the	to the plan year the last return/report. N HOLDING LLC Its at the beginning of the plan year its at the end of the plan year It haccount balances as of the end of the contribution of the plan year its at the end of the plan year its at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year.	plan year (defined be plan year	enefit plans do not enefits that were ed unless reasonable cau ve examined this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e sse is estable port, including, and to the left of the le	30-0068277 003 116 113 84 93 93 2 lished. g, if applicable, a Schedule best of my knowledge and			
nam a Spon 5a Tota b Tota c Num comp d(1) To e Numb less to Caution: Under pe SB or Sch belief, it is SIGN	ne, EIN, and the plan nasor's name FOUNTAI I number of participan I number of participans with plete this item) I number of active protal number of participants that than 100% vested A penalty for the laternal protal number of perjury and one dule MB completed is true, correct, and confidence in the plant of the p	to the plan year the last return/report. N HOLDING LLC Its at the beginning of the plan year its at the end of the plan year It haccount balances as of the end of the contribution of the plan year its at the end of the plan year its at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year its participants at the end of the plan year.	plan year (defined be plan year	enefit plans do not enefits that were ed unless reasonable cau we examined this return/report version of this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e sse is estable port, including, and to the left of the le	30-0068277 003 116 113 84 93 93 2 lished. g, if applicable, a Schedule best of my knowledge and			
a Spon 5a Tota b Tota c Num comp d(1) To d(2) To e Numb less t Caution: Under pe SB or Sch belief, it is SIGN HERE	ne, EIN, and the plan not asor's name FOUNTAL I number of participan and the of participant with plete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined be plan year	enefit plans do not enefits that were end unless reasonable cau ve examined this return/report BILLIE SMITH FARLE Enter name of individue	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is estable port, including, and to the left years.	30-0068277 003 116 113 84 93 93 2 lished. g, if applicable, a Schedule best of my knowledge and			
a Spon 5a Tota b Tota c Num comp d(1) To d(2) To e Numb less t Caution: Under pe SB or Sch belief, it is SIGN HERE	ne, EIN, and the plan not asor's name FOUNTAL I number of participan and the of participant with plete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined be plan year	enefit plans do not enefits that were end unless reasonable cau ve examined this return/report BILLIE SMITH FARLE Enter name of individue	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is estable port, including, and to the left of the le	30-0068277 003 116 113 84 93 93 2 Ilished. g, if applicable, a Schedule best of my knowledge and			

	Form 5500-SF 2014		Page 2						
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 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	an indepe 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 Yes	
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)?		Yes	No	Not dete	rmined
Par	t III Financial Information	ı	1						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o		
	Total plan assets	7a	18572					23034	
	Total plan liabilities	7b	40570	0					114
	Net plan assets (subtract line 7b from line 7a)	7c	18572	230				23033	349
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otal	
	(1) Employers	8a(1)	1485	514					
	(2) Participants	8a(2)	2408	393					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	988	366					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4882	273
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	373	364					
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f	47	798					
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						42	162
	Net income (loss) (subtract line 8h from line 8c)	8i						446	111
	Transfers to (from) the plan (see instructions)	8i							
Par	IV Plan Characteristics		•						
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	tic 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 contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X				3000000
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 ber	efits under the plan? (See	10e	X				6206
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	end.)	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)							Yes	s 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	requirem	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,								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter th Day		e letter ru Year	uling

	Form 5500-SF 2014	Page 3 - 1			
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

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

SIGN

HERE

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

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 01/01/2014 and ending 12/31/2014 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 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) Form 5558 automatic extension DFVC program 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 Dixon-Shane, LLC 401(k)Plan plan number 003 (PN) ▶ Effective date of plan 01/01/2000 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Dixon-Shane, LLC (EIN) 33-1004627 2c Sponsor's telephone number 8407 Austin Tracy Road 800-626-0208 2d Business code (see instructions) Fountain Run KY 42133 424210 3a Plan administrator's name and address |X|Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 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 30-0068277 name, EIN, and the plan number from the last return/report. a Sponsor's name Fountain Holding LLC 4c PN 003 5a Total number of participants at the beginning of the plan year 5a 116 **b** Total number of participants at the end of the plan year..... 5_b 113 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 84 d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 93 d(2) Total number of active participants at the end of the plan year..... 5d(2) 93 e Number of participants that terminated employment during the plan year with accrued benefits that were 50 2 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 true, correct, and complete DII Billie Smith Farley SIGN

Date

10/1

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

Billie Smith Farley

	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot lift the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit not use Fo	ndent qualified public account ions.) rm 5500-SF and must instea	ant (I0	QPA) e Forn	n 5500		_	X Ye	es [No No
	rt III Financial Information	isurance p	rogram (see ENIOA section 4	021):] 165		☐ I	ot det	Cillilli	eu
7	Plan Assets and Liabilities		(a) Basississ of Va		\neg		/b) F:		V		
a	Total plan assets	. 7a	(a) Beginning of Ye	572	3.8	4 141	(b) Er	ia or		2303	346
	Total plan liabilities	1	10	J / Z	0			_		300	114
-	Net plan assets (subtract line 7b from line 7a)	7c	18	572	38				2	2303	_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	120		
а	Contributions received or receivable from: (1) Employers	8a(1)		485	14			,			
	(2) Participants	8a(2)	2	4089	93					Lane Lane	
	(3) Others (including rollovers)	8a(3)	W-18								
b	Other income (loss)	8b		9886	56						
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								488	3273
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3736	54						
е	Certain deemed and/or corrective distributions (see instructions)	8e						-			
f	Administrative service providers (salaries, fees, commissions)	8f		479	98						
g	Other expenses	8g		1.1800				38.89			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								42	2162
i_	Net income (loss) (subtract line 8h from line 8c)	8i								446	111
j	Transfers to (from) the plan (see instructions)	8j		- 26		Y.					
b	2E 3D 2F 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Cod	es in t	he instru	ctions	S:		
Pari											
10	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tione within	the time period described in		Yes	No		Ar	nount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Corre	ection Program)	10a		Х					
	on line 10a.)			10b		Х		-			
C				10c	Х				3	000	000
d	or dishonesty?			10d		Х					
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	fits under the plan? (See	10e	Х					6	206
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year er	nd.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х					- 10 S. 10
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							[Yes	3	No
11a	Enter the unpaid minimum required contribution for current year from	om Schedu	le SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			or se	ction 3	02 of E	ERISA?.		Yes	X	No
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortize	d in this plan year, see instruc		and e	nter the	e date of	the I		uling	

	Form 5500-SF 2014	Page 3 -					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	rm 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 resu negative amount)		of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?	· · · · · · · · · · · · · · · · · · ·		Yes	No [N/A
Part	VII Plan Terminations and Transfers of Assets		300000000000000000000000000000000000000				
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	this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?			ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify t	he plan(s) t	О			
1	13c(1) Name of plan(s):		13	3c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)						
14a N	Name of trust	,		14b ⊤	rust's EIN		