For	rm 5500-SF	Short Form Annua	I Return/Repor Benefit Plan	t of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089			
	artment of the Treasury rnal Revenue Service	This form is required to be filed u	4065 of the Employee R	etiremer	2014					
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (E		057(b) and 6058(a) of the	This Form is Open t					
Pension Be	enefit Guaranty Corporation	 Complete all entries in ac 	cordance with the ins	tructions to the Form 5	500-SF.		lic Inspection			
Part I		dentification Information			104/004	4				
For calend	lar plan year 2014 or fis	cal plan year beginning 01/01/2014			/31/2014					
	turn/report is for: urn/report is	a single-employer plan a one-participant plan the first return/report an amended return/report	of participating empl a foreign plan the final return/report	plan (not multiemployer) (oyer information in accord : urn/report (less than 12 ma	dance w	-				
C Check	box if filing under:	Form 5558	automatic extension		Γ	DFVC progra	ım			
		special extension (enter descript								
Part II	Basic Plan Infor	rmation—enter all requested inform	mation							
1a Name BLUE GRAS		NDATION, INC. 401K PLAN			р	Three-digit plan number				
					· · · ·	(PN) 🕨	001			
						Effective date o 01/01	l/2006			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BLUE GRASS COMMUNITYFOUNDATION INC							ployer Identification Number N) 61-6053466			
499 FAST H	IGH STREET				2c S	Sponsor's telephone number 859-225-3343				
SUITE 112 LEXINGTON, KY 40507						Business code (8130	(see instructions)			
3a Plan administrator's name and address Same as Plan Sponsor.					3b A	Administrator's				
		plan sponsor has changed since the	e last return/report filed	for this plan, enter the	4b E	EIN				
	e, Ein, and the plan hun sor's name				4c F	۶N				
5a Total	number of participants a	at the beginning of the plan year			5a		9			
b Total	number of participants a	at the end of the plan year			5b		13			
	· ·	account balances as of the end of the		•	5c		13			
.,		ticipants at the beginning of the plan			5d(1))	9			
		ticipants at the end of the plan year.			5d(2	2)	13			
e Numbe less th	er of participants that ten an 100% vested	rminated employment during the pla	n year with accrued ber	nefits that were	5e		0			
Caution: A	A penalty for the late o	or incomplete filing of this return/r	eport will be assessed	d unless reasonable cau	use is e	stablished.				
SB or Sche	alties of perjury and oth edule MB completed an true, correct, and comp	ner penalties set forth in the instruction d signed by an enrolled actuary, as v lete.	ons, I declare that I have well as the electronic ve	e examined this return/rep ersion of this return/report	oort, incl ، and to	luding, if applic the best of my	able, a Schedule knowledge and			
SIGN		alid electronic signature.	10/14/2015	BRIAN DINEEN						
HERE	Signature of plan ad	Iministrator	Date	Enter name of individe	ual signi	ing as plan adr	ninistrator			
SIGN HERE										
	Signature of employ		Date	Enter name of individ						
Preparers	name (including inm na	ame, if applicable) and address (incl	ude room of suite humic	er) (optional)			number (optional)			

	Were all of the plan's assets during the plan year invested in eligib		, ,				X Yes No
b	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			`	,		X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann		,				
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 Not determined
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	. 7a	3848				312938
b	Total plan liabilities	. 7b					
С	Net plan assets (subtract line 7b from line 7a)	. 7c	3848	384864			312938
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total	
	Contributions received or receivable from:	0-(4)	526	69			
	(1) Employers	. 8a(1)	332				
	(2) Participants	8a(2)	002	.04			
	(3) Others (including rollovers)	8a(3)	110	65	-		
	Other income (loss)	8b		.00	_		00000
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8C			_		96988
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1678	87			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f	10	27			
	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)						168914
	Net income (loss) (subtract line 8h from line 8c)	. 8i					-71926
	Transfers to (from) the plan (see instructions)	- 8j					
Par	t IV Plan Characteristics						
·	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$	feature co	des from the List of Plan Chara	acteri	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	oaturo cod	os from the List of Plan Chara	atorict		loc in t	ho instructions:
D	In the plan provides wehare benefits, enter the applicable wehare it	eature cou		161151		165 111	
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period described in				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		e ,	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
С	Was the plan covered by a fidelity bond?			10c	Х		50000
d							
	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.)	of the ben	efits under the plan? (See	10e	x		1027
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 a	is of year e	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period?					Х	
—i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h		~	
	exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part							
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 fr	rom Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)				

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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	

	rm 5500-SF							OMB Nos. 1210-0110 1210-0089		
	artment of the Treasury mal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee Retirement 2014								
Employee E	Department of Labor Benefits Security Administration	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection							
	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
	lar plan year 2014 or fisc		01/01/2014		and ending	. –	12/31/20	14		
A This re	turn/report is for:	र् a single-employer plan	Alter a subscription with some		lan (not multiemployer) yer information in accord	the second states	이 나가 아이나 가지 못했다. 아이는 것			
] a one-participant plan	a foreign plan							
B This ret	urn/report is	the first return/report	the final return/r	1	a Anto a ver da a	95- or				
	l	an amended return/report	an amended return/report a short plan year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558	Form 5558 automatic extension DFVC program					Iram		
	[special extension (enter descri	ption)							
Part II	Basic Plan Inform	nation—enter all requested info	ormation			1				
1a Name	a set Strand a setting on another setting of	FOUNDATION, INC. 40	זע די או			1b	Three-digit plan number	001		
BLUE GI	COMMONITI	FOUNDATION, INC. 40.	IK PDAN				(PN) 🕨	001		
							Effective date 01/01/20			
	ponsor's name and addr RASS COMMUNITYF	ess; include room or suite numbe OUNDATION INC	r (employer, if for a s	single-	employer plan)	2b	There are a set of the	ntification Number		
							-	phone number		
499 EA: SUITE	ST HIGH STREET						859-225-3			
LEXING		ку 40507				2d Business code (see instructions) 813000				
	a contractor a second	address XSame as Plan Sponso	or.		ويتقصر ويعتر والمستحلة المستحلة	3b Administrator's EIN				
4 If the r	name and/or EIN of the p	lan sponsor has changed since th	ne last return/report	filed fo	or this plan, enter the	4b	EIN			
	A 1940 AN	er from the last return/report.				40	4c PN			
a Sponsor's name 5a Total number of participants at the beginning of the plan year							the second se			
	Contraction of the second second second second	the end of the plan year					5b			
		count balances as of the end of th				50		13		
		ipants at the beginning of the pla								
d(2) Tot	al number of active partic	ipants at the end of the plan year				5d(9		
• • •	1 (197) all and a second	inated employment during the pla			have up	56				
less the	an 100% vested							0		
		ncomplete filing of this return/ penalties set forth in the instruction						icable a Schedule		
SB or Sche		signed by an enrolled actuary, as								
SIGN	RH in	Dineen	10.13.1	5	BRIAN DINEEN					
HERE	Signature of plan adm		Date		Enter name of individu	ual sigr	ning as plan ac	Iministrator		
SIGN	Rrian	Direch	10.13.1	5	BRIAN DINEEN		385. t			
HERE	Signature of employe	r/plan sponsor	Date		Enter name of individu					
Preparer's i	name (including firm nam	e, if applicable) and address (inc	lude room or suite n	umbei	·) (optional)	Prepa	irer's telephon	e number (optional)		
For Paperwo	ork Reduction Act Notice a	nd OMB Control Numbers, see the i	instructions for Form	5500-5	SF.			Form 5500-SF (2014)		

Form 5500-SF 2014

6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (See instructions.)					X	Yes [No
	Are you claiming a waiver of the annual examination and report of	an independ	lent qualified public accounta	ant (IC	PA)					-
	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							X	res _	No
C	If the plan is a defined benefit plan, is it covered under the PBGC in				_	-	_	Not de	etermin	ned
-	t III Financial Information]				
7	Plan Assets and Liabilities	and the second		201 201	1		(6) Ead		2	
	Total plan assets	7a	(a) Beginning of Yea	8486	54	(b) End of Year				2938
	Total plan liabilities	7a 7b		0100			Y		512	
	Net plan assets (subtract line 7b from line 7a)	75 7c	3	8486	54				312	2938
8	Income, Expenses, and Transfers for this Plan Year	2000000				(b) Total				
	Contributions received or receivable from:		(a) Amount		100				S. 194	1003-11
	(1) Employers	8a(1)		5266			and the second			
	(2) Participants	8a(2)		3325	54		的问题为此	之外、快	6983	
	(3) Others (including rollovers)	8a(3)								1
b	Other income (loss)	8b	_	1106	55					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1				96	6988
d	Benefits paid (including direct rollovers and insurance premiums		1	6788	7					
	to provide benefits)	8d	L	0700	1999	A CONTRACTOR			ellisti Xen di	
	Certain deemed and/or corrective distributions (see instructions)	8e		100	17 22				120002	7 <u>73139</u> 77
f	Administrative service providers (salaries, fees, commissions)	8f	kolony - A	102	1 200	Contraction of the	en e	C. (157) (A	100000	Series Aberras
	Other expenses	8g			1221	3.05%	357.520.6000	9638505	11930	000
Construction of the	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		11111111111111111111111111111111111111	int.					8914
	Net income (loss) (subtract line 8h from line 8c)	81		- Main M	288 1470-1	274,04650	a server a la com	vitebolaer	L/ -	1926
J	Transfers to (from) the plan (see instructions)	8j	An and the second second second second		121	242			17 June 1	ar the second
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fer V Compliance Questions									
10	During the plan year:			-	Yes	No	1	A.m.o.u.		
a	Was there a failure to transmit to the plan any participant contribu-		COMPANY TO A COMPA		103	x		Amour	<u>n</u>	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	Statement of the second second second		10a		v		5. J	<u>i 11</u>	
	on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c	X		1		50	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		the second	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 benef	its under the plan? (See	10e	x				1	L027
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 end		10g		х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	Company and the proof of the	ROAD AND THAN PERSONNEL PERMIT COMPANY	10h		х		- 45 ⁰ -		
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		_	10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							ΠY	'es	No
11a	Enter the unpaid minimum required contribution for current year from	om Schedul	e SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the Code	orse	ction	302 of	ERISA?	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicab	le.)							

	Form 5500-SF 2014	Page 3 -			
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule M	IB (Form 5500), and skip to line 13.			 State of the state of the state
b	Enter the minimum required contribution for this plan year		125		
c	Enter the amount contributed by the employer to the plan for this plan) year	120		- 1
d		e result (enter a minus sign to the left of a	12d		
е	Will the minimum funding amount reported on line 12d be met by the			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?			Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the empl	loyer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?			1	Yes X No
c	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)				
1	I3c(1) Name of plan(s):		3c(2)	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			<u></u>	
		index sets the set of			

14a Name of trust	14b Trust's EIN