## 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.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Par	t I An	nual Report	Ident	ification Inforn	nation									
For ca	alendar plar	year 2015 or fi	iscal pla	an year beginning	01/01/20	2015	and ending 12	2/31/2	015					
A This return/report is for:					a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan									
<b>B</b> Thi	B This return/report is							2 months)						
C Ch	Check box if filing under:  Form 5558 automatic extension  special extension (enter description)								DFVC prog	gram				
Part	t II Bas	sic Plan Info	ormati	ion—enter all requ	ested info	forma	ation							
	ame of plar	າ		US, P.S.C. RETIRE				1b	Three-digit plan number (PN)	001				
								1c	Effective date of 01/0	of plan 01/1987				
M	lailing addre	ess (include roo	m, apt.	or a single-employe , suite no. and stree htry, and ZIP or fore	t, or P.O.		() de (if foreign, see instructions)	2b Employer Identification Number (EIN) 61-1098034						
VOLNITZEK, ROWEKAMP, & DEMARCUS, P.S.C.							2c Sponsor's telephone number 859-491-4444							
502 GREENUP STREET COVINGTON, KY 41011						2d Business code (see instructions) 541110								
<b>3a</b> Plan administrator's name and address ∑Same as Plan Sponsor.							Administrator's  Administrator's	EIN telephone number						
				sponsor has change om the last return/re		the la	ast return/report filed for this plan, enter the	4b	EIN 61-	1098034				
<b>a</b> s	ponsor's na	me WOLNITZE	K & RC	OWEKAMP, P.S.C.				4c	PN	001				
5a Total number of participants at the beginning of the plan year							5	a	11					
<b>b</b> T	otal numbe	r of participants	at the	end of the plan year	·			5	b	10				
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	<b>)</b> Total num	ber of active pa	articipan	its at the beginning	of the pla	an ye	ear	5d	(1)	9				
d(2	<b>)</b> Total num	ber of active pa	articipar	nts at the end of the	plan yea	ar		5d	(2)	8				
1	than 100%	vested				······	year with accrued benefits that were less	5		0				
Under	penalties o	of perjury and ot	ther per	nalties set forth in th	e instruct	ctions	ort will be assessed unless reasonable caus, I declare that I have examined this return/re II as the electronic version of this return/repor	port, iı	ncluding, if appli	,				

SIGN HERE
Signature of employer/plan sponsor

Date
Enter name of individual signing as employer or plan sponsor

Date
Enter name of individual signing as employer or plan sponsor

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

Preparer's telephone number

Form 5500-SF 2015		Page <b>2</b>						
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t</li></ul>	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			Yes No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not d	etermined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Yea	ır
<b>a</b> Total plan assets	7a		2622	159			22	291663
<b>b</b> Total plan liabilities	7b		0000	4.50	-		-	201000
C Net plan assets (subtract line 7b from line 7a)	7c	(a) A	2622	159				291663
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total	
(1) Employers	8a(1)		17	215				
(2) Participants	8a(2)		47	811				
(3) Others (including rollovers)	8a(3)							
<b>b</b> Other income (loss)	8b		-13	790				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      Benefits paid (including direct rollovers and insurance premiums	8c							51236
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		381	682				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f			50				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							381732
i Net income (loss) (subtract line 8h from line 8c)	8i						-3	330496
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature cod	des from the List of Pi	an Cha	racteris	stic Co	des in th	e instructions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructions:	
Part V   Compliance Questions					1			
10 During the plan year:				Yes	No	N/A	Amo	unt
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fig	duciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-interest			401		X			
reported on line 10a.)			10b	.,	^			
C Was the plan covered by a fidelity bond?			10c	X				500000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persons ne or all of t	by an insurance he benefits under	100		X			
the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the pla			10e					
			10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount a	•	· ·	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					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance			,			<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X No
11a Enter the unpaid minimum required contribution for all years from						11a		<u>—</u>
12 Is this a defined contribution plan subject to the minimum funding						302 of EF	RISA?	Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1								
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing			
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui				
b	Enter t	ne minimum required contribution for this plan year		12b						
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c						
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d						
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A			
Part		Plan Terminations and Transfers of Assets			100	110	1471			
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No				
		s," 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 brough	ght under the co	ontrol		Yes X	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)			
Part	: VIII	Trust Information								
14a	Name o	f trust		14b Trust's EIN						
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's			
140 Name of trustee of custodian						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method						
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Yes No						
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio Avera percentage test			rage efit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).									
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable				
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	" enter amount	······	19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

or calendar plan year 2015 or fiscal plan year beginning

Part I

## 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 section 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.

01/01/2015

and ending

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

12/31/2015

1		· ·							
· Š					Paragaran da kanan d	alvalinimmingsstatianusianouses			
identities () ()	•								
-Prepar		name, if applicable) and address; in	clude room or suite nu	mber	Preparer's telep	hone number			
SIGN	67	er/plan sponsor	Date	Enter name of individua	al signing as emp	loyer or plan sponsor			
SICN									
HERE		ministrator	Date	Enter name of individua	al signing as plan	administrator			
SIGN	Phone 1	A Rombia.	5/13/16	Leonard Rowekam	p				
	Schedule MB completed it is true, correct, and cor	and signed by an enrolled actuary, an enrolled actuary, and enrolled actuary, and	s well as the electronic	version of this return/repor	rt, and to the best	t of my knowledge and			
	<del> </del>	other penalties set forth in the instruc	•						
/: <u></u>		or incomplete filing of this return			use is establish	ed.			
4.5		terminated employment during the p	•		5e	0			
	•	rticipants at the end of the plan year		and the second s	5d(2)	8			
ਰੂ(1) "	Total number of active pa	rticipants at the beginning of the pla	n year		5d(1)	9			
		account balances as of the end of t			5c	7			
	·	s at the end of the plan year			5b	10			
		s at the beginning of the plan year .			5a	11			
<b>a</b> Sp	onsor's name Wolnit	zek & Rowekamp, P.S.C.			4c PN 001				
na	me, EIN, and the plan nu	imber from the last return/report.							
ै If t	he name and/or EIN of th	ne plan sponsor has changed since t	he last return/report file	ed for this plan, enter the	<b>4b</b> EIN 61-	1098034			
ing pa		• •			3c Administra	ator's telephone number			
		686 <sub>10</sub> - 6							
		and address X Same as Plan Spo	nsor Name		3b Administra	ator's EIN			
	Covington KY 41011								
<u>5</u> 50	2 Greenup Street				541110	,			
: ·					ļ	code (see instructions)			
∭ Wo	olnitzek, Rowekam	p, & DeMarcus, P.S.C.			,	telephone number 191–4444			
Ma Cit	alling Address (include ro ty or town, state or provin	om, apt., suite no. and street or P.O ice, country, and ZIP or foreign posta	. вох) al code (if foreign, see	instructions)		-1098034			
		loyer, if for a single-employer plan)				Identification Number			
<b>1</b> -1					1c Effective of 01/01/1				
Wo	olnitzek, Rowekam	p & DeMarcus, P.S.C. Ret	irement Plan		(PN) ►	001			
	ame of plan	•,			1b Three-digi				
<u>Part</u>		ormation enter all requested in	nformation	A A AMAN CONTROL OF THE PARTY O	1 41				
		special extension (enter descri	ption)						
Che	ck box if filing under:	Form 5558	automatic extension	on	∐ DFVC p	program			
			a short plan year i	etumitepoit (1655 tilali 12 II	.0.10.10)				
, ins	тесинитеринств,	an amended return/report	the final return/rep	ort eturn/report (less than 12 m	noaths)				
) This	return/report is:	a one-participant plan the first return/report							
: 4 11113	return/report is for:	. — . П	a list of participating a foreign plan	ng employer information in a	accordance with t	he form instructions)			
1 This		x a single-employer plan	a multiple-employe		and the second second				

	Form 5500-SF 2015		Page 2			-				
` '∂a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)						X Yes	□No
**	Are you claiming a waiver of the annual examination and report of a			untan	t (IQF	PA)				
	under 29 CFR 2520 104-462 (See instructions on waiver eligibility and conditions.)									☐No
	If you answered "No" to either line 6a or line 6b, the plan canno	ot use For	m 5500-SF and must ins							
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	ogram (see ERISA section	on 40	21)?	•	Yes	No No	Not c	etermined
Pa	rt III Financial Information					1				
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End o	f Year	
a	Total plan assets	7a	2,62	22,1	59			<del></del>	2,291	, 663
	Total plan liabilities	7b				<u> </u>				
	Net plan assets (subtract line 7b from line 7a)	7c	2,62		59	2,2 (b) Total				, 663
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount	·				(b) TC	ılaı	
; ;	(1) Employers	8a(1)	-	17,2	15				hende is	
	(2) Participants	8a(2)		47,8	11					
1	(3) Others (including rollovers)	8a(3)						teriseljesi (poji)		upa perang
<u>b</u>	Other income (loss)	8b	(1:	3,79	0)				340 ja 18	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	3c				instale	200000000000000000000000000000000000000	modbánskani	51	,236
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	38	81,6	82					
11-	Certain deemed and/or corrective distributions (see instructions)	8e								autolia en
f	Administrative service providers (salaries, fees, commissions)	8f			50	And the state of t	gijani sta		的侧侧折折	000000
g	Other expenses	<b>8</b> g			0	4(M) 16009A			nules (a)	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				3000			381	, 732
i	Net income (loss) (subtract line 8h from line 8c)	8i				100			(330,	196)
<u>i</u>	Transfers to (from) the plan (see instructions)	8 <u>j</u>								
Pa	rt IV Plan Characteristics									
Casaron es	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the <b>L</b> ist of Plan Ch	aract	eristic	Code	es in the	e instructio	ns:	
National Control	rt V Compliance Questions					1				
<u>10</u>	During the plan year:	tione withi	n the time period		Yes	No	N/A	<i></i>	Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volume 1997).									
	Program)	•	•	10a		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
C	Was the plan covered by a fidelity bond?			10c	X				5	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
e :	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		x				
: <u> </u>	Has the plan failed to provide any benefit when due under the plan			10f		x	Carrier Carrie			
-						<del> </del>				
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	<u>-</u>		10g		x		lenski kalende	Šiški seli	
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 the exceptions to providing the notice applied under 29 CFR 2520.101			10i				ndiki da ese Santa dibilih		i e wasing Manakan
j	Did the plan trust incur unrelated business taxable income?			10j				<b></b>		
! !Par	t 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
112	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line	40			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the	Code	or se	ction 3	302 of E	ERISA?	Ye	s 🗵 No

	Form 5500-SF 2015	Page <b>3</b> -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in the ranting the waiver.	nis plan year, see ii Mo	nstructions, and nth D	d enter ti Jay	he date of Ye	the letter ar	ruling 
	ou 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			
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 (enter negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadli	ne?		<u></u>	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 N	lo	
	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 ar of the PBGC?					Yes [	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	other plan(s), ident	fy the plan(s) to	0			
1	3c(1) Name of plan(s):		130	(2) EIN	s)	13c(3)	PN(s)
?art	VIII. Trust Information						
14a N	Name of trust			14b ⊤	rust's EIN		
. :							
14c	Name of trustee or custodian			14d T	rustee or	custodian'	
	Traine of fluores of odologian			telephone number			
Part	IX IRS Compliance Questions			ļ <u></u>			
2000	海線學習 Baladania						
ısa	Is the plan a 401(k) plan:			Ye.		∐ No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emmatching contributions (as applicable) under sections $401(k)(3)$ and $401(m)(2)$ ?			bas hai	sign- sed safe bor thod	ADP//	ACP
	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usin lesting method" for nonhighly compensated employees (Treas. Reg. section 1.401(k) 2(a)(2)(ii))?	-2(a)(2)(ii) and 1.4	D1(m)-	☐ Ye	s	☐ No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requir	ements under sect	ion 410(b):	Ra Pe Te:	rcentage	Avera	ige fit Test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) are this plan with any other plans under the permissive aggregation rules?	id 401(a)(4) by con	v	☐ Ye	s	☐ No	
17a	Has the Plan been timely amended for all required law changes?		***************************************	T Ye	s	☐ No	□ N/A
	Date of the last plan amendment/restatement for the required tax law changes was a	idopted//_	Enter th	e applica	able code	(Se	е
	instructions for tax law changes and codes).  If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluit	ne submitter plan	hat is subject t	o a favo	rable IRS	opinion or	
17d	advisory letter, enter the date of that favorable letter / / and the first same individually-designed plan and recieved a favorable determination led determination letter / /	e letter's serial nur	nber <u>.</u>				
18 1	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island			Ye	s	☐ No	
19	Were in-service distributions made during the plan year?		••••••	☐ Ye	ŝ	□ No	
ı	f Yes, enter amount	***************************************		19		•	
	Were minimum required distributions made to 5% owners who have attained age 70 pot refired) as required under section 401(a)(9)?	½ (regardless of w	nether or	☐ Ye	s	☐ No	□ N/A

. .