## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

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## 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

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	า							
For calen	dar plan year 2015 or f	iscal plan year beginning 01/01/	2015		and ending 12	2/31/2015				
A This re	a single-employer plan  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 one-participant plan									
<b>B</b> This re	turn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic e	xtension		☐ DFVC ;	orogram			
Part II	Basic Plan Info	ormation—enter all requested in	nformation							
1a Name	e of plan	ATION 401K PROFIT SHARING F				1b Three-digit plan number (PN) ▶ 1c Effective date	001			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					2b Employer Identification Number (EIN) 61-1169573					
KENTUCKY REBUILD CORPORATION						2c Sponsor's telephone number 859-283-8300				
	BBEN DRIVE ENCE, KY 41051						ode (see instructions)			
3a Plan	administrator's name a	nd address XSame as Plan Spor	nsor.			<b>3b</b> Administrate	or's EIN			
						<b>3c</b> Administrate	or's telephone number			
nam	e, EIN, and the plan nu	e plan sponsor has changed since imber from the last return/report.	the last return/re	oort filed fo	r this plan, enter the	4b EIN				
	sor's name					4c PN	F0			
5a Total number of participants at the beginning of the plan year						5a	50			
		s at the end of the plan year				5b	52			
		account balances as of the end of			-	5c	52			
d(1) Total number of active participants at the beginning of the plan year					5d(1)					
d(2) To	tal number of active pa	articipants at the end of the plan ye	ear			5d(2)	35			
		t terminated employment during th				5e	0			
Caution:	A penalty for the late	or incomplete filing of this retu	n/report will be a	ssessed ı	ınless reasonable cau					
SB or Sch		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.								
SIGN	Filed with authorized	I/valid electronic signature.	07/26/2	016	DEBRA K. STACHEL					

Date

Date

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

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

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<b>b</b> Are y unde	e all of the plan's assets during the plan year invested in eligib rou claiming a waiver of the annual examination and report of r 29 CFR 2520.104-46? (See instructions on waiver eligibility u answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	account t instea	ant (IQ ad use	PA) Form	5500.			X Ye	
C If the	plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	1	lot dete	ermined
Part III	Financial Information		1								
<b>7</b> Plan	Assets and Liabilities		(a) Beginning					(b) E	nd of	Year	
	plan assets	. 7a		2975		-				3050	6522
	plan liabilities	. 7b		2075	0	-				205/	0
	lan assets (subtract line 7b from line 7a)	. 7c	(5) A	2975172							6522
	ne, Expenses, and Transfers for this Plan Year ributions received or receivable from:		(a) Amou	unt				(D	) Tot	aı	
	Employers	. 8a(1)		107	7280						
(2) F	Participants	. 8a(2)		115	5934						
	Others (including rollovers)	. 8a(3)			0						
<b>b</b> Other	r income (loss)	. 8b		-43	8876						
	income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								179	9338
	fits paid (including direct rollovers and insurance premiums by ide benefits)	. 8d		95	470						
<b>e</b> Certa	in deemed and/or corrective distributions (see instructions)	. 8e			0						
<b>f</b> Admi	nistrative service providers (salaries, fees, commissions)	. 8f		2	2518						
<b>g</b> Other	r expenses	. 8g			0						
<b>h</b> Total	expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								97	7988
	ncome (loss) (subtract line 8h from line 8c)									8	1350
<b>j</b> Trans	sfers to (from) the plan (see instructions)	8j			0						
Part IV	Plan Characteristics										
	e plan provides pension benefits, enter the applicable pension  E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in t	he inst	ruction	ons:	
	e plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Char	acterist	ic Coc	les in th	e instr	uction	ns:	
Part V	Compliance Questions				1	1		1			
	ing the plan year:		<u> </u>		Yes	No	N/A		-	Amoun	t
des	s there a failure to transmit to the plan any participant contribuscribed in 29 CFR 2510.3-102? (See instructions and DOL's \ogram)	oluntary F	iduciary Correction	10a		X					
	re there any nonexempt transactions with any party-in-interest					· ·					
	orted on line 10a.)			10b		X					
	s the plan covered by a fidelity bond?			10c	X						290000
	the plan have a loss, whether or not reimbursed by the plan's raud or dishonesty?			10d		X					
<b>e</b> Wer	re any fees or commissions paid to any brokers, agents, or otherier, insurance service, or other organization that provides some	her person ne or all of	s by an insurance the benefits under			X					
	plan? (See instructions.) the plan failed to provide any benefit when due under the pla			10e							
				10f		X					
	the plan have any participant loans? (If "Yes," enter amount a	-		10g	X						91864
	is is an individual account plan, was there a blackout period?			10h		X					
<b>i</b> If 10	Th was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
<b>j</b> Did	the plan trust incur unrelated business taxable income?			10j		Χ					
Part VI	Pension Funding Compliance			,							
11 Is th	is a defined benefit plan subject to minimum funding requirem 0) and line 11a below)									☐ Ye	es X No
	er the unpaid minimum required contribution for all years from						11a		-	· · · · ·	
	his a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·				302 of E	RISA?	·	Ye	es 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 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 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
	rianio	of tubics of suctorial			telephone		o	
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP	
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)-	Ye	S	No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				atio ercentage st	Average benefit test		
16b	<b>b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
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

## 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).

2015

This Form is Open to **Public Inspection** 

OMB Nos. 1210-0110 1210-0089

Part I Annual Repor	t Identification Information	m accordance with the matr			
For calendar plan year 2015 or t		01/01/2015	and ending	12/31/2	2015
A This return/report is for:	X a single-employer plan	a multiple-employer pl			
A This returning port is for.	a one-participant plan	a foreign plan	SCORDENICE WITH THE	with instructions;	
<b>B</b> This return/report is	the first return/report	the final return/report			
_	an amended return/report	a short plan year return	n/report (less than 12 m	ionths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC p	orogram
	special extension (enter de	,			THE
	ormation—enter all requested	Information		lette v v	
1a Name of plan KENTUCKY REBUILD CO				1b Three-digit plan numbe	r 001
401K PROFIT SHARING	PLAN			1c Effective da	ite of plan
	oyer, if for a single-employer pla			06/01/1 <b>2b</b> Employer Ic	Jentification Number
	om, apt., suite no. and street, or lice, country, and ZIP or foreign p		ructions)		-1169573 elephone number
KENTUCKY REBUILD CO	RPORATION			(859) 2	83-8300
4000				<b>2d</b> Business co	ode (see instructions)
10065 TOEBBEN DRIVE		7777	41051		
INDEPENDENCE  3a Plan administrator's name	and address XSame as Plan Sp	KY	41051	3b Administrate	or'e EIN
7 All delimbrator o ramo	and dodrood product do that op	onson.		7,01111101101	5. 5 Line
				3c Administrat	or's telephone number
					,
4 If the name and/or EiN of t	he plan sponsor has changed sir	ace the last return/report filed f	or this plan, enter the	4b EIN	
	umber from the last return/report		or the plan, enter the	76 -114	
a Sponsor's name		···········		4c PN	
5a Total number of participan	is at the beginning of the plan ye	ar			50
	ts at the end of the plan year			. 5b	52
<ul> <li>Number of participants with complete this item)</li> </ul>	n account balances as of the end	of the plan year (defined ben	efit plans do not	5c	52
d(1) Total number of active p	articipants at the beginning of the	e plan year		. 5d(1)	33
<b>d(2)</b> Total number of active p	participants at the end of the plan	year		5d(2)	35
than 100% vested	at terminated employment during			. 5e	C
Caution: A penalty for the late	e or incomplete filing of this re	turn/report will be assessed	unless reasonable ca	use is establishe	d.
	other penalties set forth in the ins and signed by an enrolled actual mplete.				
SIGN Della	K Slaubel	7-11-16	DEBRA K. STA	CHEL	
HERE Signature of plan	administrator	Date	Enter name of individ	dual signing as plar	n administrator
SIGN					
processor and the processor an	loyer/plan sponsor	Date		dual signing as em	ployer or plan sponsor
Preparer's name (including firm	name, if applicable) and addres	s (include room or suite number	ər)	Preparer's telepi	none number
}				(1) 内部 医第三元素性 经营工管	

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<ul> <li>6a Were all of the plan's assets during the plan year invested in eligib</li> <li>b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a plan of the plan of t</li></ul>	an indeper and condit	ndent qualified public actions.)	counte	nt (IQI	PA)			X Yes	No No	
c If the plan is a defined benefit plan, is it covered under the PBGC in					<del></del>		No 🗍	Vot determ	ined	
Part III Financial Information					1I		4	····		
7 Plan Assets and Liabilities		(a) Beginning	of Yes	ır	T		(b) End o	f Vear		
a Total plan assets	7a	( <b>u) 203</b> ,	2,975	5,172	2		(4) =1.4 0	3,05	6,522	
b Total plan liabilities.	. 7b			(			***************************************		(	
Net plan assets (subtract line 7b from line 7a)	<del> </del>	2	2,975	5,172	2			3,05	6,522	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt	····			(b) To			
a Contributions received or receivable from:         (1) Employers	8a(1)	107,280								
(2) Participants	8a(2)		115	5,934	4					
(3) Others (including rollovers)	. 8a(3)			(	) (					
<b>b</b> Other income (loss)	. 8b		-43	3,87	6					
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							17	9,338	
d Benefits paid (including direct rollovers and insurance premiums	. 8d		Ċ, I	5,470	٠ ا					
to provide benefits)  e Certain deemed and/or corrective distributions (see instructions)			٠ ٠ ٠		0					
f Administrative service providers (salaries, fees, commissions)	. 8f			2,51	8					
g Other expenses.	·				0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)								9	7,98	
i Net income (loss) (subtract line 8h from line 8c)						81,35				
Transfers to (from) the plan (see instructions)	<del></del>				o					
B If the plan provides welfare benefits, enter the applicable welfare  Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amount	TTOTAL MODELLA COMMENTAL C	
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program).	Voluntary	Fiduciary Correction	10a		Х					
<b>b</b> Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	st? (Do not	include transactions	10b		Х		<del></del>		<del>1</del>	
C Was the plan covered by a fidelity bond?			10c	Х				29	30,00	
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				····	
Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all o	f the benefits under	10e	V	X					
f Has the plan failed to provide any benefit when due under the pl			10f	<b>1</b>	Х					
g Did the plan have any participant loans? (If "Yes," enter amount				ļ	^					
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	? (See inst	ructions and 29 CFR	10g 10h	X	Х				91,86	
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	10i							
j Did the plan trust incur unrelated business taxable income?		41	10i		Х					
Part VI Pension Funding Compliance		THE CONTRACTOR OF THE CONTRACT	. ~ ,	1	1	<u> </u>	-	***************************************	***************************************	
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								Yes	X No	
11a Enter the unpaid minimum required contribution for all years from	***************************************							·······································		
12 Is this a defined contribution plan subject to the minimum funding						······································	RISA?	☐ Yes	X No	

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(If "Yes," complete line 12a or lines 12b, 12c,	, 12d, and 12e below, as applicable.)					
granting the waiver.	for a prior year is being amortized in this plan year, see in	Month	enter the Day		ne letter rul Year	ing
If you completed line 12a, complete lines 3, 9	, and 10 of Schedule MB (Form 5500), and skip to line	13.	·	r'		MANAGEMENT OF THE STATE OF THE
<b>b</b> Enter the minimum required contribution for the	12b					
c Enter the amount contributed by the employer	12c					
	ount in line 12b. Enter the result (enter a minus sign to the		12d			
e Will the minimum funding amount reported or	n line 12d be met by the funding deadline?			Yes	No	N/A
Part VII Plan Terminations and Trans	fers of Assets	•				
13a Has a resolution to terminate the plan been ado	pted in any plan year?	**************		Yes	X No	
If "Yes," enter the amount of any plan assets	that reverted to the employer this year		13a			
	pants or beneficiaries, transferred to another plan, or brou				Yes 🛛	No
C If during this plan year, any assets or liabilities which assets or liabilities were transferred. (§	es were transferred from this plan to another plan(s), ident See instructions.)	tify the plan(s) to	)		******	
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) F	PN(s)
Part VIII Trust Information					·····	-
14a Name of trust			14b Trust's EIN			
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number					
Part IX   IRS Compliance Questions						
15a Is the plan a 401(k) plan?		*******	. Ye	38	No	
	5b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				ADP/ACP test	
testing method" for nonhighly compensated e	lan perform ADP/ACP testing for the plan year using the " employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.	.401(m)-	<u> </u>	es No		
	y the plan to satisfy the coverage requirements under sec		∏ R			erage nefit test
	iscrimination tests of sections 410(b) and 401(a)(4) by consistive aggregation rules?		Y	es	No	
17a Has the plan been timely amended for all rec	quired tax law changes?	*********************	. Y	es	No	□ N/.
17b Date the last plan amendment/restatement for tax law changes and codes).	for the required tax law changes was adopted	Enter the ap	oplicable	e code	(See ins	tructions
advisory letter, enter the date of that favorable	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	umber				or
determination letter	nd received a favorable determination letter from the IRS,	enter the date o	f the pla	ın's last fa	vorable	
	, Puerto Rico (if no election under ERISA section 1022(i)( onwealth of the Northern Mariana Islands or the U.S. Virg		Ye	s	No	
19 Were in-service distributions made during the	plan year?		[] Y	es	No	
If "Yes," enter amount			19			
Were required minimum distributions made to retired), as required under section 401(a)(9)?	o 5% owners who have attained age 70 ½ (regardless of v	whether or not	Y	es	No	□ N/A