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

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	n							
For calend	lar plan year 2015 or fi	scal plan year beginning 01/01	/20 <u>15</u>	and ending 12	2/31/2015					
Δ This re-	turn/report is for:		rer) (Filers checking this box must attach a n accordance with the form instructions)							
A IIIISTE	типитерот із тог.	cordance with the	c form mandenons)							
B This ret	urn/report is	the first return/report an amended return/report	the final return/report							
		onths)								
C Check	box if filing under:	X Form 5558	automatic extension		DFVC	program				
		special extension (enter desc	' '							
Part II	Basic Plan Info	rmation—enter all requested in	nformation		T					
1a Name	•) RETIREMENT PLAN			1b Three-digiting plan number					
	, , ,	,			(PN) •	001				
					1c Effective d	late of plan 03/01/2002				
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.	O Roy)			Identification Number				
City or	r town, state or provinc	e, country, and ZIP or foreign pos		structions)	(EIN)	61-0263820 telephone number				
AGC OF KE	NTUCKY, INC.				ţ	502-223-8845				
632 COMAN	ICHE TRAIL				2d Business of	code (see instructions)				
FRANKFOR	T, KY 40602				561900					
3a Plan a	administrator's name ar	nd address Same as Plan Spor	nsor.		3b Administra	itor's EIN				
AGC OF KENTUCKY, INC. 632 COMANCHE TRAIL					_	61-0263820				
		FRANK	FORT, KY 40602		3c Administrator's telephone number					
					5	02-223-8845				
		e plan sponsor has changed since mber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN					
	sor's name	noor from the last retain report.			4c PN					
5a Total	number of participants	at the beginning of the plan year			5a	9				
		at the end of the plan year			5b	9				
		account balances as of the end o		•	5c					
		rticipants at the beginning of the p								
		rticipants at the end of the plan ye			5d(2)					
		terminated employment during th			5e					
		or incomplete filing of this retu								
SB or Sche		her penalties set forth in the instrund signed by an enrolled actuary, plete.								
SIGN		Filed with authorized/valid electronic signature. 8/28/2016 RICHARD VINCENT Signature of plan administrator Date Enter name of individ		RICHARD VINCENT						
HERE	Signature of plan a			ual signing as pla	n administrator					
SIGN										
HERE	Signature of emplo		Date		ridual signing as employer or plan sponsor					
Preparer's	name (including firm n	name, if applicable) and address (include room or suite numb	Del)	Preparer's telep	onone number				
1										

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 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan care 	of an indepen by and condition	dent qualified public a	ccount	ant (IQ	PA)			×	Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not c	letermin	ned
Part III Financial Information					-					
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Yea		
a Total plan assets			63	8445					63592	
b Total plan liabilities			00	145					00500	
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7с	(-) A		3445			(1-)	T-4-1	63592	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b)	Total		
(1) Employers	8a(1)									
(2) Participants	8a(2)									
(3) Others (including rollovers)	<u> </u>									
b Other income (loss)				147						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								147	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
e Certain deemed and/or corrective distributions (see instructions).	8e									
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
Net income (loss) (subtract line 8h from line 8c)	1 1								147	
j Transfers to (from) the plan (see instructions)	··· 8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	on feature cod	des from the List of Pl	an Cha	racteris	stic Co	odes in t	ne instru	actions:		
B If the plan provides welfare benefits, enter the applicable welfare	e feature code	es from the List of Pla	n Char	acterist	ic Coc	les in th	e instruc	ctions:		
Part V Compliance Questions				I	г					
During the plan year:Was there a failure to transmit to the plan any participant contril	hutions within	the time period		Yes	No	N/A		Amo	unt	
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-intere			400		X					
reported on line 10a.)			10b							
C Was the plan covered by a fidelity bond?			10c		X					
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ome or all of t	he benefits under	10e	X						353
f Has the plan failed to provide any benefit when due under the p			10f		Х					
g Did the plan have any participant loans? (If "Yes," enter amount					X					
h If this is an individual account plan, was there a blackout period		,	10g		^					
2520.101-3.)	•		10h		X					
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance			-							
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)									Yes	No
11a Enter the unpaid minimum required contribution for all years from	m Schedule S	SB (Form 5500) line 4	0			11a				
12 Is this a defined contribution plan subject to the minimum fundir	ng requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?		Yes X	No

	F	orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	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 in ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal		
b	Enter th	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				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No		
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No	
С	If durin	PBGC?ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifying the plan (s) identifies the pla				<u> </u>		
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)	
	100(1)	uno oi piuntoj.	130(2)	LII4(3)		130(3)	· V (3)	
Dant		Turnet hafe amount on						
Part	Name o	Trust Information		14b Trust's EIN				
ı T a	Name 0	ii iiust		140	iusi s Lii	14		
14c	Name	of trustee or custodian		14d Trustee's or custodian's telephone number				
					tolophon	o mambon		
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	s	No		
					esign-			
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)?		based safe ADP/AC harbor test				
450				method				
150		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 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		☐ Yes ☐ No				
	2(a)(2)	(ii))?		□ Ra	atio			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	□ pe		erage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comun with any other plans under the permissive aggregation rules?		Ye	s	No		
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	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 fa	vorable		
18	Is the I	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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection**

Pension Beriefit Guaranty Corporation	▶ Complete all entries in	accordance with the instructions to the Form	5500-SF.	i ubiic inspection				
Part I Annual Repor	t Identification Information							
For calendar plan year 2015 or		01/01/2015 and ending		/31/2015				
A This return/report is for:	☒ a single-employer plan☐ a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in a) (Filers che iccordance v	cking this box must attach a with the form instructions)				
	a foreign plan							
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 n	nonthe)					
C Charle have it filling and an	a short plant your rotal interport (less than 12 in	: months)						
C Check box if filing under:	X Form 5558 special extension (enter descr	☐ automatic extension ription)		DFVC program				
Part II Basic Plan Info	ormation—enter all requested int	formation						
1a Name of plan	c. 401(k) Retirement		1b Thre	number 001				
				ctive date of plan				
2a Plan sponsor's name (emplo	oyer, if for a single-employer plan)		2b Emp	loyer Identification Number				
Mailing address (include roo City or town, state or proving	om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta). Box) al code (if foreign, see instructions)	(EIN)	61-0263820				
AGC of Kentucky, I	nc.	(in orders, it consists, it consists, it consists, it consists, it can be seen to be see		nsor's telephone number -223-8845				
632 Comanche Trail			2d Busir 561	ness code (see instructions) 900				
Frankfort	KY 40602							
3a Plan administrator's name at AGC of Kentucky, In	The second secon	or.	3b Administrator's EIN 61-0263820					
632 Comanche Trail				3c Administrator's telephone number 502-223-8845				
Frankfort	KY 40602							
4 If the name and/or EIN of the name, EIN, and the plan nur	e plan sponsor has changed since the plan sponsor has changed since the plant from the last return/report.	he last return/report filed for this plan, enter the	4b EIN					
a Sponsor's name			4c PN					
5a Total number of participants	at the beginning of the plan year		5a	9				
b Total number of participants	at the end of the plan year		5b	9				
C Number of participants with a	account balances as of the end of the	ne plan year (defined benefit plans do not	5c	9				
d(1) Total number of active par	ticipants at the beginning of the pla	n year	5d(1)	9				
		r	5d(2)	9				
e Number of participants that than 100% vested	terminated employment during the p	plan year with accrued benefits that were less	5e	0				
Caution: A penalty for the late of	or incomplete filing of this return/	report will be assessed unless reasonable cau	se is estab	lished				
SB or Schedule MB completed an belief, it is true, carrect, and comp	id s ighed by an enrolled actuary, as	ions, I declare that I have examined this return/rep well as the electronic version of this return/report	ort, includin , and to the l	g, if applicable, a Schedule best of my knowledge and				
SIGN /	1	8/72/11 Richard Vincer	nt					
HERE Signature of plan as	ministrator	10110						
11/				s pian administrator				
HEDE	The state of the s	- 5/46/1/A						
Preparer's name (including firm na	rerrpian sponsor ame, if applicable) and address (inc.	Date I Enter name of individu						
	and dedices (inc	- Toom of Suite Humber)	гтерагет 5 1	leiepriorie number				
SIGN HERE Signature of employ	Vi	Date Enter name of individue Richard Vincer Plate Enter name of individue Richard Vincer Enter name of individue Individue room or suite number)	ual signing a nt ual signing a	s plan administrator s employer or plan sponsor telephone number				

6a Were all of the plant's seates during the plant year invested in slightle seator's (See instructions.)		Form 5500-SF 2015		Page 2								
Part III Financial Information		Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								_	_	
7 Flan Assets and Liabilities	C	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA s	ection 4	1021)?		Yes	No [] Not d	etermir	ned
a Total plan assets	Pa	rt III Financial Information										
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginnin			_	minjijiih.	(b) End	of Yea		
C Net plan assets (aubtract line 7b from line 7a)	-				6	3,44	5				63	,592
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers						2 44	_				<u></u>	F02
a Contributions received or receivable from: (1) Employers	-		7с			3,44	5				63	,592
(i) Employers	-			(a) Amo	unt		+		(b)	Гotal	-	
(3) Others (including rollovers)	a		8a(1)									
b Other income (loss)		(2) Participants	8a(2)			No.						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b			14	7					
to provide benefits)	-		8c				_					147
f Administrative service providers (salaries, fees, commissions)	d	. , ,	8d			4000 and an						
g Other expenses ded lines 8d, 8e, 8f, and 8g)							_					
h Total expenses (add lines 8d, 8e, 8f, and 8g)							_					
i Net income (loss) (subtract line 8h from line 8c)							+		and the state of t			
Transfers to (from) the plan (see instructions)							+					
Part IV Plan Characteristics Plan Characteristics Plan Characteristic Plan Cha		, , , , , , , , , , , , , , , , , , , ,					_		-			
9a			8]					-				
B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions			feature co	odes from the List of Pl	an Cha	racteris	stic Co	des in	the instru	ctions:		
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DDL's Voluntary Fiduciary Correction Program)		2E 2F 2G 2J 2K 2T 3D									***************************************	????????##############################
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Part	V Compliance Questions										
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No	N/A		Amou	unt	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		х					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions			Х				HILLIAN SANTAN PARIN	
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		Х					
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d				10d		Х			Ministrativi (111. mm. 1914.5)	1-Winstern (1921)	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	er person e or all of	s by an insurance the benefits under	10e	х						353
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan	1?		10f		X					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10a		Х					
exceptions to providing the notice applied under 29 CFR 2520.101-3	h	n verbour of the second		_			Х					
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	and the same of th			10i							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	j				10j							
5500) and line 11a below)				An Apple								
		5500) and line 11a below)									Yes	No
											V- F-	1

	Form 5500-SF 2015 Page 3 -							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inggranting the waiver.	structions, and	enter the	e date of t	he letter ru Year	ıling		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line							
k	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					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d					
е	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				100100	,		
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougof the PBGC?	ght under the co	ontrol		Yes X	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifully which assets or liabilities were transferred. (See instructions.)							
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) l	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					
Par	IX IRS Compliance Questions					100		
15a	Is the plan a 401(k) plan?		Yes	i	No			
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADI harbor tes method			PACP		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?	rrent year 01(m)-	Yes		No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ra per tes	centage		rage efit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combusting plan with any other plans under the permissive aggregation rules?	oining	Yes		No	_		
	Has the plan been timely amended for all required tax law changes?		Yes		No	□ N/A		
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).					structions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial nu	ımber		•		or		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, en determination letter		he plan'	s last favo	orable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin I	has been slands)?	Yes		No			
19	Nere in-service distributions made during the plan year?		Yes		No			
	f "Yes," enter amount		19					
20	Nere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of where tired), as required under section 401(a)(9)?	ether or not	Yes		No	N/A		