Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

belief, it is true, correct, and complete.

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

P	art I Annual Repo	rt Identification Information	1		
For	calendar plan year 2015 or	fiscal plan year beginning 01/01/2	2015 and ending 12	2/31/2015	
Α	This return/report is for:	a single-employer plana one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		
В٦	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 m	onths)	
С	Check box if filing under:	X Form 5558	automatic extension	DFVC	program
		special extension (enter descri			
		formation—enter all requested in	formation	T	
	Name of plan E GRASS COMMUNITY FO	DUNDATION, INC. 401K PLAN		1b Three-digit plan numb (PN) ▶	
				1c Effective d	ate of plan 01/01/2006
2a	Mailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C		2b Employer I (EIN)	dentification Number 61-6053466
BLUE	E GRASS COMMUNITYFOL	nce, country, and ZIP or foreign post JNDATION INC	tal code (If foreign, see instructions)		telephone number 59-225-3343
				2d Business c	ode (see instructions)
SUITI	EAST HIGH STREET E 112 NGTON, KY 40507				813000
3a	Plan administrator's name	and address XSame as Plan Spons	sor.	3b Administrati	tor's EIN
				3c Administrat	or's telephone number
4		the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
а	Sponsor's name			4c PN	
5a	Total number of participan	ts at the beginning of the plan year		5a	13
b	Total number of participan	its at the end of the plan year		5b	12
С	Number of participants wit complete this item)	h account balances as of the end of	the plan year (defined benefit plans do not	5c	12
d	(1) Total number of active p	participants at the beginning of the pl	lan year	5d(1)	10
d	(2) Total number of active p	participants at the end of the plan ye	ar	5d(2)	8
е	Number of participants the than 100% vested	at terminated employment during the	e plan year with accrued benefits that were less	5e	0
			n/report will be assessed unless reasonable cau		
			ctions, I declare that I have examined this return/re		

Filed with authorized/valid electronic signature.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

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

Preparer's telephone number

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 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a series of the plan cannot be a series of	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			No No
c 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 determ	ined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year	
a Total plan assets	. 7a		312	2938			39105	2
b Total plan liabilities	. 7b							
C Net plan assets (subtract line 7b from line 7a)	7c		312	2938			39105	2
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total	
Contributions received or receivable from: (1) Employers	8a(1)		59	119				
(2) Participants	8a(2)		35	097				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	. 8b		-7	240				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8697	6
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		7	018				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	. 8f							
g Other expenses	. 8g		1	844				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						8862	2
i Net income (loss) (subtract line 8h from line 8c)	. 8i						78114	4
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	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in th	ne instructions:	
B If the plan provides welfare benefits, enter the applicable welfare fr	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructions:	
	oataro ooat	50 Hom the List of Fran	ii Onait	20101101		100 117 1110	o motraotiono.	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	Х				50000
d 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 the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e	X				3624
f Has the plan failed to provide any benefit when due under the pla			10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		Χ			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		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	he required	notice or one of the	10ii					
j Did the plan trust incur unrelated business taxable income?			10i					
Part VI Pension Funding Compliance			,	1		<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								No
11a Enter the unpaid minimum required contribution for all years from						11a		
12 Is this a defined contribution plan subject to the minimum funding							RISA? Yes	X No

	F	orm 5500-SF 2015 Page 3 - 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)		13c(3) 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		a 11 0
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):		atio ercentage st		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		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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	l Identification Information										
For calenda	ar plan year 2015 or f	iscal plan year beginning		01/201		and ending	Towns or the same of the same	12/31/201				
		X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking list of participating employer information in accordance with the following plan					s checking this b	ox must attach a			
A This ret	um/report is for:	a one-participant plan						iccordance with the form instructions)				
Dmi		the first return/report	Пthe	final retu	m/renort							
B This retu	im/report is	an amended return/report	conths)									
		an amended returnseport		nort prant	year return	/report (less than 12 m	,	_				
C Check t	oox if filing under:	X Form 5558	aut	tomatic ex	dension			DFVC prog	ıram			
		special extension (enter desc	ription)									
Part II	Basic Plan Info	ormation—enter all requested in	formatio	n								
1a Name							1b	Three-digit				
BLUE GRASS COMMUNITY FOUNDATION, INC. 401K PLAN							plan number	001				
							4.	(PN) •	(-1			
							10	Effective date of 01/01/200				
20 Dies er	annora namo (ampl	oyer, if for a single-employer plan)					2h					
Za Pian si Mailing	address (include roo	om, apt., suite no. and street, or P.0	D. Box)				2b Employer Identification Number (EIN) 61-6053466					
City or	town, state or provin	ce, country, and ZIP or foreign post	lal code	(if foreign	, see instru	uctions)	2c	Sponsor's telep	phone number			
BLUE G	RASS COMMUNI	TYFOUNDATION INC						859-225-3	343			
							2d		(see instructions)			
ESSENCE OF STREET	ST HIGH STRE	ET						813000				
SUITE		VIII										
LEXING		KY 40507					3h	Administrator's	FIN			
3a Plan a	dministrators name a	ind address XSame as Plan Spon	sor.				35	3D Administrator's Env				
							3c Administrator's telephone number					
							**					
							ľ					
4 If the r	name and/or EIN of th	ne plan sponsor has changed since	the last	return/rep	ort filed fo	r this plan, enter the	4b	EIN				
		imber from the last return/report.				·	4c PN					
a Sponse	or's name											
5a Total r	number of participant	s at the beginning of the plan year.							13			
		s at the end of the plan year					5	b	12			
		account balances as of the end of					5	С	12			
-								(4)				
		articipants at the beginning of the p					5d		10			
		articipants at the end of the plan ye					5d	(2)	8			
		t terminated employment during the					5	e	0			
Caution: A	penalty for the late	or incomplete filing of this retur	n/report	will be a	ssessed I	inless reasonable ca	use is	established.				
Under pens	alties of periury and o	ther negalties set forth in the instru	ctions. I	declare ti	nat I have	examined this return/re	port, i	ncluding, if appli	cable, a Schedule			
SB or Sche	dule MB completed a rue, correct, and con	and signed by an enrolled actuary,	as well a	is the elec	ctronic ver	sion of this return/repor	rt, and	to the best of m	у кпомеаде ала			
				9/01	116	BRIAN DINEEN						
SIGN	Name Salve								- Injetrator			
	Signature of plan	administrator		Date			ame of individual signing as plan administrator					
SIGN	Sin	de		9/0	1116	BRIAN DINEEN						
HERE	Signature of employer/plan sponsor Date Enter halle of their											
Preparer's	name (including firm	name, if applicable) and address (i	nclude re	oom or st	nte numbe	r)	Let	parer's telephon	e number			
1							1					

Form 5500-SF 2015		Page 2			_		
6a Were all of the plan's assets during the plan year invested in eligib b 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 can C If the plan is a defined benefit plan, is it covered under the PBGC is	an indeper and condit not use Fo	ndent qualified public a ions.) rm 5500-SF and mus	t instea	ant (IQ and use	PA) Form	5500.	X Yes No
Part III Financial Information		.og.u (cooor					
7 Plan Assets and Liabilities	T	(a) Beginning	of Yes	ar			(b) End of Year
a Total plan assets	. 7a	(4) 20 8		2,93	8		391,052
b Total plan liabilities	_						
C Net plan assets (subtract line 7b from line 7a)	. 7c		31	2,93	8		391,052
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total
a Contributions received or receivable from:	0-14)		5	9,11	9		
(1) Employers	8a(1)			5,09	_		
(2) Participants	8a(2) 8a(3)			3,03	1		
b Other income (loss)	8b			7,24	0		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							86,976
d Benefits paid (including direct rollovers and insurance premiums							•
to provide benefits)	8d		-	7,01	8		
e Certain deemed and/or corrective distributions (see instructions)	8e				-		
f Administrative service providers (salaries, fees, commissions)				2 04	+		
g Other expenses				1,84	4		0.000
h Total expenses (add lines 8d, 8e, 8f, and 8g)					+-		8,862 78,114
i Net income (loss) (subtract line 8h from line 8c) i Transfers to (from) the plan (see instructions)					_		70,114
Part IV Plan Characteristics	8]						
B If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature cod	les from the List of Pla	n Chara				
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х		
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	Х			50,000
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		х		
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e	х			3,624
f Has the plan failed to provide any benefit when due under the pl			10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	10g		х		
h If this is an individual account plan, was there a blackout period?	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 1.101-3.)				х		
	if 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3						
j Did the plan trust incur unrelated business taxable income?		<mark>.</mark>	10j				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If "	Yes," see instructions	and cor	nplete	Sched	lule SB	(Form Yes No
11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum fundin	g_requireme	ents of section 412 of t	he Cod	e or se	ction :	302 of E	RISA? Yes X No

	Form 5500-SF 2015 Page 3 -							
(if'	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
gra	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, se anting the waiver.	Month	nter th Day	e date of the	e letter rulir Year	ng		
	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to		405	т —				
b Ente	er the minimum required contribution for this plan year		12b		2			
C Ente	er the amount contributed by the employer to the plan for this plan year		12c	<u> </u>				
	btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to gative amount)	12d			T-100000			
e Wil	Il 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 Ha	s a resolution to terminate the plan been adopted in any plan year?			Yes	Yes X No			
	Yes," enter the amount of any plan assets that reverted to the employer this year							
b We	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or the PBGC?	brought under the co	ontrol		Yes X N	lo		
C If c	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), in hich assets or liabilities were transferred. (See instructions.)							
	1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PI	N(s)		
					-			
Part VII	II Trust Information			(4.)				
	ne of trust		14b	Trust's EIN				
14c Na	ame of trustee or custodian		14d	Trustee's telephone		n's		
Part IX	IRS Compliance Questions							
15a ls 1	the plan a 401(k) plan?		Y 🔲	es	No			
15h if "	Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferra atching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Is and employer	🗆 ¦	Design- leased safe ADP/ACP learbor test				
tes	he ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using t sting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) ar a)(2)(ii))?	nd 1.401(m)-		'es	No			
_	eck the box to indicate the method used by the plan to satisfy the coverage requirements under		. ப	Ratio percentage lest	Aver	rage efit test		
16b Do	es the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by s plan with any other plans under the permissive aggregation rules?	y combining	Y	'es	∏No			
17a Ha	s the plan been timely amended for all required tax law changes?			'es	No	□N/A		
for	te the last plan amendment/restatement for the required tax law changes was adopted tax law changes and codes).			able code _		struction		
adv	he plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitt visory letter, enter the date of that favorable letter	erial number				or		
det	he plan is an individually-designed plan and received a favorable determination letter from the li termination letter		_		rorable			
18 Is t	the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 102 ade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S.	2(i)(2) has been Virgin Islands)?	. 🛮 Y		□ No			
	ere in-service distributions made during the plan year?		. 🛮 י	'es	No			
	Yes," enter amount		. 19					
	ere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless tired), as required under section 401(a)(9)?		<u> </u>	/es	No	□ N/A		