Form	n 5500-SF	Short Form Annu	al Return/Repo Benefit Pla		oyee		OMB Nos. 1210-0110 1210-0089	
	nent of the Treasury I Revenue Service	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	
Employee Ben	artment of Labor efits Security Administration						orm is Open to c Inspection	
	efit Guaranty Corporation	Complete all entries in		nstructions to the Form 5	500-SF.			
	plan year 2015 or fisca	lentification Information al plan year beginning 01/01/2		and ending 1	2/31/2015			
_	n/report is for:	a single-employer plan a one-participant plan	a multiple-employ	er plan (not multiemployer) employer information in ac	(Filers check	-		
B This return	n/report is	the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 m	ionths)			
C Check bo	x if filing under:	Form 5558 special extension (enter desc	automatic extension	on	_ D	FVC progr	am	
Part II	Basic Plan Inforr	nation —enter all requested in						
1a Name of					1b Three plan n (PN) 1c Effect	number ▶	001 plan	
		r, if for a single-employer plan) apt., suite no. and street, or P.C). Box)		2b Emplo (EIN)	yer Identif	/2013 cation Number 72252	
	own, state or province, DFFICE, PLLC	country, and ZIP or foreign post	al code (if foreign, see	nstructions)	20 Sponsor's telephone number 270-422-3900			
469 EAST BRO	DADWAY				2d Busine	ess code (s	ee instructions)	
BRANDENBU						5411	10	
3a Plan adr	ninistrator's name and	address XSame as Plan Spon	sor.		3b Admin	istrator's E	IN	
A 1014			the last set of the set of the	- the discrete stands	46 - 50			
	IN, and the plan numb	plan sponsor has changed since per from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN 4c PN			
_		the beginning of the plan year			5a		4	
b Total nu	mber of participants at	the end of the plan year			5b		4	
		count balances as of the end of		•	5c		4	
d(1) Total	number of active partic	cipants at the beginning of the p	an year		5d(1)		4	
		cipants at the end of the plan ye rminated employment during the			5d(2)		0	
than 10	00% vested	incomplete filing of this return			5e	lished	0	
Under penalt SB or Sched	ies of perjury and othe	r penalties set forth in the instru signed by an enrolled actuary, a	ctions, I declare that I h	ave examined this return/re	port, includin	g, if applica		
SIGN F		lid electronic signature.	09/23/2016	ALEC G. STONE				
	Signature of plan adr	ninistrator	Date	Enter name of individ	lual signing a	s plan adm	inistrator	
SIGN HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	lual signing a	s emplove	or plan sponsor	
		ne, if applicable) and address (in			Preparer's			
For Paperwor	k Reduction Act Notice :	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.			Form 5500-SF (2015)	

b	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi ot use Fo	ndent qualified public a tions.) orm 5500-SF and must	ccount	ant (IQ ad use	PA) Form	5500.		X Yes N	
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ction 4	021)? .		Yes	No	Not determined	
Pa	rt III Financial Information							<i>(</i>) =		
<u> </u>	Plan Assets and Liabilities	7.	(a) Beginning		ar 335			(b) End	1 of Year 37625	
	Total plan assets Total plan liabilities	7a 7b		50	1333				57025	
	Net plan assets (subtract line 7b from line 7a)	70 70		36	335				37625	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amou		000			(h)	Total	
	Contributions received or receivable from: (1) Employers	8a(1)			237			(0)		
	(2) Participants	8a(2)								
	(2) Others (including rollovers)	8a(3)								_
b	Other income (loss)	8b		-	767					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1470	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				T				
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			180					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							180	
i	Net income (loss) (subtract line 8h from line 8c)	8i					1290			
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2T$ $3D$	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the instru	ictions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Plar	n Chara	acterist	ic Coc	les in th	ne instruc	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	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 F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c	Х				7500	0
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				-
e		ner persor ne or all of	s by an insurance the benefits under	10e		х				
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 a	s of year o	ənd.)	10g		Х				
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 2520.10	he require	d notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j	Ι					
Part	VI Pension Funding Compliance			. •,				1		
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions a	and cor	nplete	Sched	ule SB	(Form		
	5500) and line 11a below)								. Yes X N	0

11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	302 of E	RISA?	Yes

Х No Form 5500-SF 2015

Page 3 - 1

 (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 in granting the waiver. 		enter the Day	e date of th	he letter ru Year	ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_			
b Enter the minimum required contribution for this plan year		12b			
		12c			
 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 					
negative amount)		12d			1
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?			X Yes	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 brou of the PBGC?		ontrol		Yes 🗙	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust		14b ⊺	rust's EIN	l	
14c Name of trustee or custodian			Trustee's telephone	or custodi number	an's
Part IX IRS Compliance Questions		I			
15a Is the plan a 401(k) plan?		Ye:	S	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ised safe irbor ethod	ADP/ACP test	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?		Ye	S	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		atio rcentage st		erage nefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	0	Ye:	S	No	
17a Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	(See ins	structions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial n		ct to a fa	vorable IF	RS opinion	or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n's last fav	vorable	
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		Yes	;	No	
19 Were in-service distributions made during the plan year?		Ye	s	No	
If "Yes," enter amount		19			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	S	No	N/A

Form 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Empl	oyee		OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service	This form is required to be	ovee	2015					
Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of Employee Benefits Security Administration the Internal Revenue Code (the Code).						This Form is Open to Public		
Pension Benefit Guaranty Corporation	► Complete all entries in ac	cordance with the inst	ructions to the Form &	500-SF.	lł	nspection		
	dentification Information	01/04/0011						
For calendar plan year 2015 or fisc		01/01/2015	and ending		31/2015			
A This return/report is for: B This return/report is:	x a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/repo	r plan (not multiemploye 9 employer information i rt turn/report (less than 12	n accordanc				
C Check box if filing under:	x Form 5558	automatic extension	, ,	п				
Check box ir hing under,	기 special extension (enter descri		I	Ц	DFVC progra	1(1)		
Part II Basic Plan Infor	······································				"			
1a Name of plan	mation enter all requested in	nformation		1h T	nree-digit			
Stone Law Office 401	(k) Plan			pl	an number			
					N) ► fective date o	001		
					tecuve date o 5/01/2013	r pian		
2a Plan sponsor's name (employe	er, if for a single-employer plan)	D				fication Number		
City or town, state or province,	, apt., suite no. and street or P.O. country, and ZIP or foreign posta	Box) I code (if foreign, see in:	structions)	(E	IN) 26-37	72252		
Stone Law Office, PL	LC				onsor's telep			
					270) 422-3	see instructions)		
469 East Broadway					11110	see instructions)		
US Brandenburg KY 40108								
3a Plan administrator's name and	address X Same as Plan Spor	nsor Name		3b Ad	ministrator's I	EIN		
4 If the name and/or EIN of the p name, EIN, and the plan number	lan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b Ell		elephone number		
a Sponsor's name	er from the last return/report.							
5a Total number of participants at	the beginning of the plan year	· · · · · · · · · · · · · · · · · · ·		<u>4c PN</u> . 5a	1	4		
	the end of the plan year					4		
c Number of participants with acc	ount balances as of the end of the	e plan year (defined ben	efit plans do not					
				*	·	4		
d(1) Total number of active particip	° ° '	уеаг		. <u>5d(1)</u>	ļ	4		
d(2) Total number of active participants that take	- •			. 5d(2)		0 >		
e less than 100% vested	ninated employment during the pla	an year win accrueo be	netits that were	. 5e		0		
Caution: A penalty for the late or		V//w/d			ahiishad .			
Under penalties of perjury and other SB or Schedule MBIcompleted and belief, it is true, correct, and completed	penalties set forth in the instructi signed by an enrolled actuary, as	ons, I declare that I have	e examined this return/r	eport. includ	ting, if applica	ble, a Schedule knowledge and		
AVAC/ JL	(DHKNO)	9-23-16	Alaa P	C.L.	ne.			
HERE Signature of plan admini	strator	Date	Enter name of individ			istrator		
	· · · · · · · · · · · · · · · · · · ·		Lenter hand or molide	ua ogany c	zə pron aunım	100 d (VI		
SIGN HERE Signature of employer/pl	an sponsor	Date	Enter name of individ	ual cianina a	e omplovor o			
Preparer's name (including firm nam					's telephone n			
For Paperwork Reduction Act Not	ice and OMB Control Numbers	see the instructions f	ar Form 5500.85	100000000000000000000000000000000000000		rm 5500-SE (2015)		

Form 5500-SF 2015 Page 2 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a walver 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.) XYes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined С Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assels а 7a 36,335 37,625 Total plan liabilities b 7b Net plan assets (subtract line 7b from line 7a) С 7c 36,335 37,625 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: a (1) Employers 8a(1) 2,237 (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) Other income (loss) h 8b (767)С Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1,470 Benefits paid (including direct rollovers and insurance premiums d to provide benefits) 8d Certain deemed and/or corrective distributions (see instructions) е 8e Administrative service providers (salaries, fees, commissions) 8f 180 Other expenses 8g Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 180 Net income (loss) (subtract line 8h from line 8c) 8i 1,290 Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E2F2G 2J 2Т 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b 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 contributions within the time period а described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flduciary Correction Program) x 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions h reported on line 10a.) х 10b Was the plan covered by a fidelity bond? C 10c х 75,000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? х ****** 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance e carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See Instructions.) x 10e Has the plan failed to provide any benefit when due under the plan? f 10 х Did the plan have any participant loans? (If "Yes," enter amount as of year end.) g 10g х ***** h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h 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 10i Did the plan trust incur unrelated business taxable income? i 10 **Pension Funding Compliance** Part VI Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 11 5500) and line 11a below) Yes X No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 40 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... 12 Yes X No

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 insi granting the waiver.	tructions, and	d enter the d Day	late of the lette	er ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			_ Year	<u> </u>
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	ftofo			
e Will the minimum funding amount reported on line 12d be mot by the funding deadline 2		[12d]		
New 2010 Block of the second s		L Y	es 🗌 No	□ N/A
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 brought of the PBGC?				X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	ihe plan(s) to			
13c(1) Name of plan(s):	13	;(2) EIN(s)	13c/	B) PN(s)
		(2) LIN(3)	130(
Part VIII Trust Information				
14a Name of trust		14b Trust		······
		145 11030	2 CH4	
14c Name of trustee or custodian		4.4.4		e
			ee or custodia ne number	n's
		terephor	ie number	
Part IX IRS Compliance Questions				
15a Is the plan a 401(k) plan:		Yes	No	<u> </u>
15h If "Yes" how does the 401/W plan policity the panelication in the second seco		Design		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and er matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	mployer	based s	L	VACP
		method	lest	
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year		Yes		
testing method" for nonhighly compensated employees (Treas, Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(m	n)•	1162	L] No	
2(a)(2)(ii))?				
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 4	10(b)	Ratio	ana 🗌 Aver	ane
		Percent Test		efit Test
16b 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?	ng	Yes	No	
17a Has the Plan been timely amended for all required law changes?] Yes	No	 N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//		applicable of	· · ·	e
TC If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is advisory letter, enter the date of that favorable letter				
17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please en determination letter / /	ler the date	of plan's las	favorable	······
8 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has I made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islan	been ids)? [Yes	No	
9 Were in-service distributions made during the plan year?		Yes		<u> </u>
If Yes, enter amount		19		
0 Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whethe not retired) as required under section 401(a)(9)?	ror] Yes	No	□ N/A