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

	rt I			entification Information	<u>n</u>								
For	calenda	ar plan year 2015 or f	isca	I plan year beginning 01/0	1/20	ond ending 12	2/31/2	015	·				
A T	his ret	urn/report is for:	X	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) (Filers checking this box must atta- list of participating employer information in accordance with the form instruction a foreign plan								
Вт	nis retu	ırn/report is	the final return/report a short plan year return/report (less than 12 m	2 months)									
C c	Check b	oox if filing under:	X	Form 5558 special extension (enter de	5558								
Pa	rt II	Basic Plan Info	orm	nation—enter all requested	info	ormation							
	Name of GRAF			·			1b	Three-digit plan number (PN) ▶	001				
							1c	Effective date of 10/0	f plan 1/1986				
I	Mailing	address (include roo	m, a	, if for a single-employer plar apt., suite no. and street, or F	Ý.O.		2b Employer Identification Number (EIN) 61-0954403						
		town, state or provin HICS INC	ce, c	country, and ZIP or foreign po	ostai	I code (if foreign, see instructions)	2c	hone number 23-1501					
							2d Business code (see instructions)						
12 EAST MAIN ST FRANKFORT, KY 40601							541519						
3a	3a Plan administrator's name and address Same as Plan Sponsor.					or.	3b Administrator's EIN						
						3c Administrator's telephone number							
				an sponsor has changed sinder from the last return/report.		he last return/report filed for this plan, enter the	4b	EIN					
		or's name		or morn and lade rotally roports			4c	PN					
			s at	the beginning of the plan yea	ar		5	а	34				
b	Total n	number of participant	s at	the end of the plan year			5	b	30				
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(ʻ	1) Tota	al number of active pa	artici	pants at the beginning of the	; pla	n year	5d(1)		1				
d(2	2) Tota	al number of active p	artic	ipants at the end of the plan	year	r	5d	(2)	1				
	than 1	100% vested				plan year with accrued benefits that were less	5		0				
Unde	er pena	alties of perjury and o	ther	penalties set forth in the inst	tructi	freport will be assessed unless reasonable cau- tions, I declare that I have examined this return/re s well as the electronic version of this return/repor	port, i	ncluding, if applic					

belief, it is true, correct, and complete Filed with authorized/valid electronic signature. SIGN 09/01/2016 JOHN ANTENUCCI **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Signature of employer/plan sponsor 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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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 Were all of the plan's assets during the plan year invested in eliging. 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 	f an independ and condition	dent qualified public a	account	ant (IQ	PA)				Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC is	insurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not d	etermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End	l of Yea	ır
a Total plan assets	7a		1868	319				15	576360
b Total plan liabilities			1000	240				1.5	76260
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7с	(a) A max	1868	319			/b)		576360
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(a)	Total	
(1) Employers	8a(1)								
(2) Participants	8a(2)								
(3) Others (including rollovers)	- 								
b Other income (loss)			-28	3244					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-28244
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		263	8715					
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							2	263715
i Net income (loss) (subtract line 8h from line 8c)	1 1							-2	291959
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 3D	n feature cod	des from the List of Pl	an Cha	racteris	stic Co	odes in th	ne instru	ictions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruc	tions:	
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 contrib 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-interes reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					200000
d Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bon	d, that was caused	100	^					200000
by fraud or dishonesty?			10d		X				
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 t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to pla			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year er	nd.)	10g	X					2352
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 exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i						
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance			. 0,		I	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								. П	Yes X No
11a Enter the unpaid minimum required contribution for all years from						11a		<u>, L</u>	
12 Is this a defined contribution plan subject to the minimum funding						302 of E	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			
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)-	Ye	S	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	Average benefit 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

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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 Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015										
For calenua	ar plan year 2015 or its		1			and ending 12/			•	
▲ This ref	eturn/report is for:	X	a single-employer plan			olan (not multiemployer) mployer information in a				
PA TIME	tunineport is io		a one-participant plan		foreign plan	uployer information in	bbor	IIICC Willians .s	III IIIStructiono)	
B This retu	turn/report is		the first return/report	=	e final return/report	40 ··	-1			
		Ц	an amended return/report	∐as	short plan year retur	rn/report (less than 12 m	nonths;)		
C Check i	box if filing under:	X	Form 5558 special extension (enter descri		utomatic extension			DFVC prog	gram	
Part II	Raeic Plan Info	<u>L</u>	nation—enter all requested info				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1a Name		1111	ation—errer ar requested in	Offices	on		1b	Three-digit		
	PHICS PROFIT SHARI	ING	PLAN					plan number (PN)	001	
-			1c	Effective date of	of plan					
Mailing	g address (include roor	m, a	if for a single-employer plan) upt., suite no. and street, or P.O			(*X	2b	Employer Ident (EIN) 61-09544	lification Number 103	
City or PLAN GRAP		ჰ, ს	ountry, and ZIP or foreign posta	al Coue	ः (If foreign, see माठम	ructions)	2 c	Sponsor's telep (502)	phone number 223-1501	
112 EAST M	MAIN ST						2d	Business code 541519	(see instructions)	
FRANKFOR				 						
3a Plan ad	dministrator's name an	id ar	ddress XSame as Plan Spons	ior,			3b	Administrator's	EIN	
							3c	∆dministrator's	telephone number	
							***************************************		•	
			an sponsor has changed since t or from the last return/report.	the last	t return/report filed for	or this plan, enter the	4b	EIN		
	e, EIN, and the pian nun sor's name	JDC	Л Пот тие так гетиние рок.				4c	PN		
		at ti	he beginning of the plan year				 _		34	
	-		he end of the plan year				` - :		30	
C Number	er of participants with a	acco	ount balances as of the end of the	the plar	n year (defined bene	efit plans do not	50		30	
			pants at the beginning of the pla				5d((1)	1	
			pants at the end of the plan yea				5d((2)	1	
e Numb than 1	ber of participants that t	term	ninated employment during the	plan ye	ear with accrued ber	nefits that were less	56	е	0	
Caution: A	penalty for the late of periors and off	ı r in	complete filing of this return penalties set forth in the instruct	/report	t will be assessed	unless reasonable car	use is	established.	and a Schodule	
SB or Sche	edule MB completed an true, correct, and comp	nd si	igned by an enrolled actuary, as	s well a	as the electronic ver	rsion of this return/repor	t; and t	to the best of my	y knowledge and	
SIGN					9/1/6	John Antehucci		-//www	lk.	
HERE	Signature of plan ac	dmi	nistrator		Date	Enter name of individ	Idual signing as plan administrator			
SIGN		_				-then (1/1	e	*	
HERE		nployer/plan sponsor Date 9/1/16 Enter name of indiv			Enter name of individ					
Preparer's r	name (including firm na	ime	e, if applicable) and address (inc	clude ro	oom or suite numbe	(j')		arer's telephone		

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligible. 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 cannot lift the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit not use Fo	ndent qualified public ions.) rm 5500-SF and mus	account	ant (IC	PA) Form	n 5500.				
Pa	rt III Financial Information										
7_	Plan Assets and Liabilities		g of Ye	ar			(b) End of Year				
а	Total plan assets	7a		18683	19			1576360			
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c		18683	19			1576360			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total			
а	Contributions received or receivable from:	0(4)				701 701					
	(1) Employers	8a(1)				100					
	(2) Participants	8a(2)				2000					
	(3) Others (including rollovers)	8b	8a(3) -2824								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-2024				-28244			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		263715				20277			
е	Certain deemed and/or corrective distributions (see instructions)	8e			11.71						
	Administrative service providers (salaries, fees, commissions)										
	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						263715			
	Net income (loss) (subtract line 8h from line 8c)	8i				Table No.		-291959			
-	Transfers to (from) the plan (see instructions)	8i									
Pai	t IV Plan Characteristics	<u> </u>			· · · · · · · · ·	<u> </u>	*::::::::::::::::::::::::::::::::::::::				
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of P	lan Cha	racteri	stic Co	odes in	the instructions:			
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Coc	des in th	e instructions:			
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 Fi	iduciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		х					
C	Was the plan covered by a fidelity bond?		•••••	10c	Х			200000			
d						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.)	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 e	nd.)	10g	Х			2352			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	10h		Х							

2F 2G 2J 2K 3D В If the plan provides welfare benefits, enter the applicable welfare feature cod Part V **Compliance Questions** During the plan year: Was there a failure to transmit to the plan any participant contributions within described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F Program) Were there any nonexempt transactions with any party-in-interest? (Do not reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor by fraud or dishonesty?..... Were any fees or commissions paid to any brokers, agents, or other persons carrier, insurance service, or other organization that provides some or all of the plan? (See instructions.)..... f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year e If this is an individual account plan, was there a blackout period? (See instru 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? 10ì Part VI Pension Funding Compliance 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).... Yes X 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40...... 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No

8

9a

	Form 5500-SF 2015 Page 3 - 1						
•	(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 this plan year, see in granting the waiver.	structions, and Month	enter tl Day		the letter r Year	uling	
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line				7001		
	Enter the minimum required contribution for this plan year	***************************************	12b				
	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				
100000000000000000000000000000000000000	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Par							
13	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		F				
b	of the PBGC?			[Yes X	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to)				
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Fi							
Par	[VIII Trust Information						
14a	Name of trust		14b	Trust's El	N		
140	Name of trustee or custodian	····	14d Trustee's or custodian's				
					e number		
000000000000000000000000000000000000000							
Pai	t IX IRS Compliance Questions		r <u> </u>				
15a	Is the plan a 401(k) plan?	•••••••••••	∐ Y€	es	No		
15k	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)?	d employer	b.	esign- ased safe arbor ethod	ADI tes		
150	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 1.42(a)(2)(ii))?	ırrent year 01(m)-	Ye	98	No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	⊔р	atio ercentage st		erage nefit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	bining	Ye		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	Enter the a	pplicab	le code _	(See in	structions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial in the letter's	number				or	
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, er determination letter	ter the date of	the pla	n's last fa	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	has been Islands)?	Yes	3	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 where tired), as required under section 401(a)(9)?	ether or not	Ye	s	No	∏ N/A	