For	m 5500-SF	Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan		etirement		2015		
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the			orm is Open to c Inspection		
	nefit Guaranty Corporation	Complete all entries in a	accordance with the ins	structions to the Form 5	500-SF.	1 dbh			
Part I For calenda	Annual Report Ic ar plan year 2015 or fisc	lentification Information al plan year beginning 01/01/2	015	and ending 1	2/31/2015				
	urn/report is for:		a multiple-employer	plan (not multiemployer) employer information in ac	(Filers check	-			
<b>B</b> This retu	rn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	nonths)				
C Check b	box if filing under:	Form 5558 special extension (enter descr	automatic extension	1	_ D	FVC progra	am		
Part II	Basic Plan Infor	nation—enter all requested inf							
1a Name					1bThree plan r (PN)1cEffect	ive date of	•		
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O			2b Emplo	oyer Identifi	/2006 cation Number 604201		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE WOOD GROUP, LLC					2c Sponsor's telephone number 859-335-9663				
321 HENRY S					2d Busine		ee instructions)		
	, 1(1 40500					5313 <sup>.</sup>	10		
3a Plan ad	dministrator's name and	address XSame as Plan Spons	or.		3b Admir		IN elephone number		
		olan sponsor has changed since ber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
<b>a</b> Sponso					<b>4c</b> PN				
5a Total n	number of participants at	the beginning of the plan year			5a		32		
		the end of the plan year			5b		35		
		count balances as of the end of		-	5c		25		
<b>d(1)</b> Tota	al number of active partic	cipants at the beginning of the pla	an year		5d(1)		27		
		cipants at the end of the plan yea			5d(2)		30		
than 1	00% vested	rminated employment during the incomplete filing of this return			5e use is establ	lished.	0		
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruct signed by an enrolled actuary, a	tions, I declare that I have	e examined this return/re	port, includin	g, if applica			
SIGN	Filed with authorized/va		10/04/2016	JULIE GILL					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	lual signing a	s plan adm	inistrator		
SIGN HERE	Signature of employed	n/nlan snorsor	Data	Entor name of individ	luol oigning -	o omployer	or plan aparaar		
Preparer's i	Signature of employe name (including firm nar	er/pian sponsor ne, if applicable) and address (in	Date clude room or suite num	Enter name of individ ber )	Preparer's				
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see the	e instructions for Form 556	00-SF.		F	Form 5500-SF (2015)		

			- 3 -									
b	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> <li>Wes No</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>											
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ction 4	021)?		Yes	No Not determined				
Par	t III Financial Information											
	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year				
	Total plan assets	7a	(u) Deginning	854				952942				
	Total plan liabilities	7u 7b						0010.1				
	Net plan assets (subtract line 7b from line 7a)	7c		854	776	-		952942				
_	Income, Expenses, and Transfers for this Plan Year	10	(a) Amou					(b) Total				
	Contributions received or receivable from:											
	(1) Employers	8a(1)		46	320							
	(2) Participants	8a(2)		60	525							
	(3) Others (including rollovers)	8a(3)		5	666							
b	Other income (loss)	8b		-1	516							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						110995				
	Benefits paid (including direct rollovers and insurance premiums				<b>CO0</b>							
-	to provide benefits)	8d			628	_						
	Certain deemed and/or corrective distributions (see instructions)	8e										
	Administrative service providers (salaries, fees, commissions)	8f		12								
	Other expenses	8g						40000				
		al expenses (add lines 8d, 8e, 8f, and 8g) 8h				_		12829				
	Net income (loss) (subtract line 8h from line 8c)	8i			_		98166					
	Transfers to (from) the plan (see instructions)	8j										
Par				~								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in t	the instructions:				
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plar	n Chara	acterist	ic Coc	les in th	ne instructions:				
Part	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-		×						
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		~						
	reported on line 10a.)			10b		Х						
<u>с</u>	Was the plan covered by a fidelity bond?			10c	Х			1000000				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x						
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.)	ne or all of	the benefits under	10e		Х						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х			198				
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 the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i								
j	Did the plan trust incur unrelated business taxable income?			10j								
Dort	VI Pension Funding Compliance			1				1				

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)					
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	302 of E	RISA?		Yes	X No

Form 5500-SF 2015

Page **3 -** 1

-										
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>					
b	Enter	the minimum required contribution for this plan year		12b						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		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								
13a	Has	a resolution to terminate the plan been adopted in any plan year?		Υe	es X No					
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
D		e PBGC?				Yes 🗙	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th 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	Trust's E	IN				
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es					
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	P/ACP				
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	No			
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		Average benefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No				
19	Were	in-service distributions made during the plan year?		<b>Y</b>	es	No				
	lf "Y€	es," enter amount		19						
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?						No	N/A			

	m 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Emplo Benefit Plan					
	tment of the Treasury nal Revenue Service	This form is required to be fil		1065 of the Employee R	etirement	2015		
Employee B	epartment of Labor enefits Security Administration		4 (ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection		
r	enefit Guaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form 55	500-SF.	•		
For calenda		t Identification Information		and ending 12/3	1/2015			
		X a single-employer plan			•	king this box must attach a		
A This ret	urn/report is for:	a one-participant plan	list of participating en	nployer information in ac	cordance wi	h the form instructions)		
<b>B</b> This retu	ırn/report is	☐ the first return/report ☐ an amended return/report	the final return/report	n/report (less than 12 m	ontha)	-		
•		an amended return/report		n/report (less than 12 m	ontins)			
C Check	pox if filing under:	X Form 5558	automatic extension		[] D	FVC program		
		special extension (enter des	· · ·					
Part II 1a Name		ormation—enter all requested in	nformation		1b Three	-diait		
	GROUP, LLC 401K	PLAN				umber 001		
						ive date of plan /2006		
		loyer, if for a single-employer plan)				yer Identification Number		
City or	town, state or provir	om, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		ructions)	(EIN) 31-1504201 2c Sponsor's telephone number			
THE WOOD	GROUP, LLC			и. С	(859) 335-9663			
321 HENRY	STREET				<b>2d</b> Busine 53131	ess code (see instructions) 0		
					26 A L 1			
<b>Ja</b> Plan a	dministrator's name	and address XSame as Plan Spor	isor.		SD Admin	istrator's EIN		
					<b>3c</b> Admin	istrator's telephone number		
		he plan sponsor has changed since	e the last return/report filed f	or this plan, enter the	4b EIN			
name, <b>a</b> Sponse	•	umber from the last return/report.			<b>4c</b> PN			
		ts at the beginning of the plan year						
_	• •	ts at the end of the plan year			5b	35		
<b>c</b> Numb	er of participants wit	h account balances as of the end o	f the plan year (defined ben	efit plans do not	5c	25		
•	•	articipants at the beginning of the p			5d(1)	27		
		participants at the end of the plan ye			5d(2)	30		
		at terminated employment during th			5e	0		
Caution: A	penalty for the late	e or incomplete filing of this retu	rn/report will be assessed	unless reasonable cau	ise is establ	ished.		
SB or Sche	alties of perjury and o dule MB completed true, correct, and cor	other penalties set forth in the instru and signed by an enrolled actuary, nplete.	actions, I declare that I have as well as the electronic ver	examined this return/report rsion of this return/report	port, includin t, and to the l	g, if applicable, a Schedule best of my knowledge and		
SIGN	Aul	w Mill	10/4/16	JULIE GILL				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing a	s plan administrator		
SIGN	$\cup$							
HERE	Signature of emp	loyer/plan sponsor	Date			s employer or plan sponsor		
Preparer's	name (including firm	name, if applicable) and address (	include room or suite numbe	ər )	Preparers	elephone number		
For Paperwe	ork Reduction Act Not	ice and OMB Control Numbers, see t	he instructions for Form 5500	-SF.		Form 5500-SF (2015) v. 150123		

Form 5500-SF 2015		Page <b>2</b>								
<ul> <li>6a Were all of the plan's assets during the plan year invested in eligibl</li> <li>b 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 lf you answered "No" to either line 6a or line 6b, the plan cann</li> <li>c If the plan is a defined benefit plan, is it covered under the PBGC in</li> </ul>	an indeper and conditi ot use Fo	ndent qualified public actions.) ions.) rm 5500-SF and must	instea	int (IQF d use	PA) Form	5500.			Yes [ Yes [	No No No
Part III Financial Information								-		
7 Plan Assets and Liabilities		(a) Beginning	of Yea	r			(b) End	of Ye	ar	
a Total plan assets	7a		85477					98	2942	
<b>b</b> Total plan liabilities	7b									
C Net plan assets (subtract line 7b from line 7a)	7c		85477	6				95	2942	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b)	Fotal		
a Contributions received or receivable from:	80(4)		4632	0						
(1) Employers	8a(1) 8a(2)		6052							
(2) Participants	8a(3)		566	6				(as a		
b Other income (loss)	8b		-151	6						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1494		4			11	0995	
d Benefits paid (including direct rollovers and insurance premiums			1162	8						
to provide benefits)	8d									
e Certain deemed and/or corrective distributions (see instructions)	8e		1							
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h							12829		
Net income (loss) (subtract line 8h from line 8c)	81							98166		
Transfers to (from) the plan (see instructions)						N 1943				
Part IV Plan Characteristics										
2E       2F       2G       2J       2K       2T       3D         B       If the plan provides welfare benefits, enter the applicable welfare f         Part V       Compliance Questions	eature coo	les from the List of Plar	n Chara	cterist		<b>T</b>	e instruc	tions:		
10 During the plan year:				Yes	No	N/A		Am	ount	
a Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's N Program)	/oluntary F	iduciary Correction	10a		х					
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		х					
			10.0	х					10	00000
	and the state of the		100							
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	, nacity be		10d		X					
e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		х					
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	as of year	end.)	10g	X						198
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		х					
i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10										
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 requiren 5500) and line 11a below)							(Form		Yes	X No
11a Enter the unpaid minimum required contribution for all years from										<u>5</u>
12 Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of t	he Cod	e or se	ection	302 of E	RISA?.		Yes	X No

	Form 5500-SF 2015 Page <b>3 -</b> 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 ins granting the waiver	Aonth	nter the Day		ne letter ruli Year	ng		
[f չ	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				,		
b	Enter the minimum required contribution for this plan year		.12b			<u>.</u>		
<b>C</b> (	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 negative amount)		12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part \	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X 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 brough of the PBGC?				Yes X	No		
C	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						
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)		
12			PLIN					
Part	VIII Trust Information							
14a i	Name of trust		<b>14b</b> ⊺	rust's EIN	Į			
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number			
Part	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan?		Ye		No 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)?	d employer	ba ha	esign- ised safe irbor ethod	ADP/ACP test			
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	401(m)-	Ye		No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect		Ratio percentag test		je Average benefit 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?	nbining	Ye	s	No			
17a	Has the plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a				structions		
	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	number				or		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter		the plai	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. Virgir	) has been n 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 w retired), as required under section 401(a)(9)?	hether or not	Ye	s	No	<b>□</b> N/A		

.