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					
For calenda	ar plan year 2015 or fis	cal plan year beginning 01/01/2	2015	and ending 12	2/31/2015		
A This ret	turn/report is for:	a single-employer plan a one-participant plan		olan (not multiemployer) nployer information in ac		-	
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 m	onths)		
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progr	ram
		special extension (enter desc					
Part II	Basic Plan Info	rmation—enter all requested in	formation		ı		
1a Name	of plan HOMES OF KENTUC	CKY LLC 401K PLAN			1b Thre plan (PN)	number	001
					1c Effec	ctive date of 01/0	plan 1/2002
Mailing	g address (include room	ver, if for a single-employer plan)	,	ructions)	2b Emp (EIN)		ication Number 513454
	HOMES OF KENTUCK		iai code (ii foreign, see inst	ructions)		502-23	hone number 31-0441
PO BOX 409 MT WASHIN) IGTON, KY 40047				2d Busii	ness code (see instructions)
3a Plan a	dministrator's name an	d address XSame as Plan Spon	sor.		3b Adm	inistrator's E	EIN
4 44						inistrator's t	elephone number
name	, EIN, and the plan num	plan sponsor has changed since nber from the last return/report.	the last return/report filed t	or this plan, enter the	4b EIN		
	or's name				4c PN		27
5a Total r	number of participants	at the beginning of the plan year			5a		27
	•	at the end of the plan year			5b		25
compl	lete this item)	account balances as of the end of			5c		18
d(1) Tota	al number of active par	ticipants at the beginning of the p	lan year		5d(1)		22
d(2) Tota	al number of active par	ticipants at the end of the plan ye	ar		5d(2)		23
than	100% vested	terminated employment during the			5e		
		or incomplete filing of this return					abla a Ostro III
SB or Sche		ner penalties set forth in the instru ad signed by an enrolled actuary, a elete.					
SIGN	Filed with authorized/\	valid electronic signature.	10/11/2016	RICHARD MILES			
HERE	Signature of plan ac		Date	Enter name of individ	ual signing	as plan adn	ninistrator
SIGN							
HERE	Signature of employ		Date	Enter name of individ			
Preparer's	name (including firm na	ame, if applicable) and address (in	nclude room or suite numb	er)	Preparer's	telephone	number

Form 5500-SF 2015		Page 2								
 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 a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)			X	Yes Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	determ	ined
Part III Financial Information	1									
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Ye		
a Total plan assets	7a		613	917					58837	В
b Total plan liabilities	7b		640	917					E0027	0
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) A		917			(1-)	Tatal	58837	5
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(a)	Total		
(1) Employers	8a(1)		8	904						
(2) Participants	8a(2)		17	828						
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b		2	474						_
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								2920	6
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		49	879						
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f		4	866						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								5474	5
Net income (loss) (subtract line 8h from line 8c)	8i								-2553	9
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 3H 2T	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in t	he instr	uctions	:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instru	ctions:		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
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	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest					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'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.)	ne or all of t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		X					
g Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g		Χ					
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR			X					
i If 10h was answered "Yes," check the box if you either provided the expertises to providing the notice applied under 20 CER 2520.10	ne required	notice or one of the	10h							
exceptions to providing the notice applied under 29 CFR 2520.10 j Did the plan trust incur unrelated business taxable income?			10i 10j							
Part VI Pension Funding Compliance			. 0)	<u> </u>	<u> </u>	<u> </u>	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a		· 1		
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			
140 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		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

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.

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information	i							
For calend	ar plan year 2015 or f	iscal plan year beginning 01/01/20	15	and ending 12/3	31/2015					
		X a single-employer plan			er) (Filers checking this box must attach a					
A This re	turn/report is for:	a one-participant plan	_	aployer information in ac	cordance w	with the form instructions)				
		a one-harmoham ham	a foreign plan							
R This ret	um/report is	the first return/report	the final return/report							
- more	annichour is	:	=	/	D -3					
_		an amended return/report	a snort plan year retur	n/report (less than 12 m	ontns)					
C Check	box if filing under:	X Form 5558	automatic extension		П	DFVC program				
		special extension (enter desc	ription)		_	,				
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name	of plan	***		*****	1b Thre	ee-digit				
DOGWOOD	HOMES OF KENTU	CKY LLC 401K PLAN			plan	number 001				
					(PN)) P				
				!		ctive date of plan				
2a Plans	nonsor's name (emole	oyer, if for a single-employer plan)				01/2002				
Mailing	g address (include roo	om, apt., suite no. and street, or P.C	D. Box)			iloyer identification Numbei) 31-1513454	Γ			
City or	town, state or province	ce, country, and ZIP or foreign post	al code (if foreign, see instr	ructions)		nsor's telephone number				
DOGMOOL	HOMES OF KENTU	JKY LLC			20 op.	(502) 231-0441				
					2d Busin	ness code (see instructions	s)			
PO BOX 409	9				2361	10	•			
MT MASHIN	NGTON, KY 40047									
		nd address X Same as Plan Spons			35 43-1					
Va Fiaira	ansinstrator s name a	nd address Moanne as man opon	30r.		3b Administrator's EIN					
					3c Admi	inistrator's telephone numb	ner			
				!						
				1						
4 If the	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
name	, EIN, and the plan nu	mber from the last return/report.	-	•						
	or's name				4c PN	r*************************************				
		s at the beginning of the plan year			5a	27	7			
		s at the end of the plan year			5b	25	5			
C Numb	er of participants with	account balances as of the end of	the plan year (defined bene	efit plans do not	5c	18	8			
		articipants at the beginning of the pl			5d(1)	22				
		articipants at the end of the plan year			5d(2)	23	3			
e Numi	er of participants that	terminated employment during the	plan year with accrued be	nefits that were less	5e					
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	uniess reasonable cau	ıse is estat	blished,				
Under pena	alties of perjury and ot	ther penalties set forth in the instruc	ctions, I declare that I have	examined this return/rep	oort, includir	ng, if applicable, a Schedu	le			
belief, it is	true, correct, and com	ind signed by an enrolled actuary, a lalete.	is well as the electronic ver	sion of this return/report	, and to the	best of my knowledge and	į			
SIGN	- Al	ne	16-11-16	Richard Miles						
HERE	Signature of plan a		,		T - North to 1	** · · · * · · · · · · · · · · · · · ·				
7	Signature or plan c	idministrator	Date	Enter name of individu	Jai signing a	as plan administrator				
SIGN]			<u> </u>						
1.	Signature of emplo		Date	Enter name of individu		as employer or plan spons	or			
Preparers	name (including ilini)	name, if applicable) and address (in	iciude room or suite numbe	^{r)}	Preparers	s telephone number				
				ľ						
į										

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 cannot	an independ and condition of use For	dent qualified public a ons.) m 5500-SF and mus	ccount t instea	ant (IQ ad use	PA) Form	5500.	,,	<u></u>	Yes	☐ No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA se	ction 4	021)? .	L	Yes	No	∐No	t deter	nined
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	of Yea		+		(b) E	nd of Y		
a Total plan assets	7a		01391	1	+				588378	<u> </u>
b Total plan liabilities	7b 7c		61391	7	+				588378	
8 Income, Expenses, and Transfers for this Plan Year	10	(a) Amou		•	╁		/h) Total		
a Contributions received or receivable from:		(a) Amo			╁┈		111	y i via:		
(1) Employers	8a(1)		890		<u> </u>					
(2) Participants			1782	28	+-					
(3) Others (including rollovers)	8a(3)		247	7.4	+-					
b Other income (loss)	8b		241	4					29206	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c				+				23200	
to provide benefits)	8d		4987	9						
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f		486	6						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	•			+				54745	
i Net income (loss) (subtract line 8h from line 8c)	8i				+-				-25539	·
j Transfers to (from) the plan (see instructions)	<u>8j</u>				Ц.,					
Part IV Plan Characteristics	<i>5</i>	6 46 - 1	05		.v. 0.	d	Us a Parad			
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 3H 2T	reature cod	les from the List of Pi	an Una	racters	SUC CC	ides in t	ine insi	TUCHON	5:	
B if the plan provides welfare benefits, enter the applicable welfare f	eature code	s from the List of Pla	n Chara	cterist	ic Coc	les in th	e Instr	uctions		
Part V Compliance Questions							,			
10 During the plan year:	47 241 1			Yes	No	N/A	<u> </u>	An	ount	
Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fic	duciary Correction	10a		х					
b Were there any nonexempt transactions with any party-in-interest	•	The state of the s	406		Х					
reported on line 10a.)			10b	 	×					
C Was the plan covered by a fidelity bond?			10c							
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х					
Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of th	he 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					Х					
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	ctions and 29 CFR	10h		Х					·
i If 10h was answered "Yes," check the box if you either provided to					·					
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 requirem 5500) and line 11a below)									Yes	X 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	requiremen	nts of section 412 of t	he Cod	e or se	ction (302 of E	RISA?	· [Yes	X No

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 ingranting the waiver.		nter the Day_		e letter ru Year	ling	
If you 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				
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 negative amount)	left of a	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part VIII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	No 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 broughthe PBGC?	ght under the co	ntrol		Yes 🛚	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.)	ify the plan(s) to					
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)	
Part VIII Trust Information						
14a Name of trust		14b T	rusts EIN			
14c Name of trustee or custodian			Trustee's telephone		an's	
Part IX: IRS Compliance Questions						
15a Is the plan a 401(k) plan?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ye		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)?					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 "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	401(m)-	Ye		No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	, ,		atio rcentage st		erage efit 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?		Ye	s	No		
17a Has the plan been timely amended for all required tax law changes?		Ye	s	∏ No	∏ N/A	
for tax law changes and codes).	Enter the a			`	struction	
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	number				or 	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter	enter the date of	the plar	ı's last fav	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		Yes	i	∏No		
19 Were in-service distributions made during the plan year?		Ye	s	No		
If "Yes," enter amount		19				
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	