Form 5500-SF				oyee	1B Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service					2	015	
Department of Labor Employee Benefits Security Administration					This Form is Open to Public Inspection		
Pension Benefit Guaranty Corporation			nstructions to the Form 55	00-SF.			
Part IAnnual ReportFor calendar plan year 2015 or fi	Identification Information scal plan year beginning 04/01/		and ending 03	/31/2016			
A This return/report is for:	a single-employer plan		er plan (not multiemployer) employer information in ac	(Filers check	-		
B This return/report is	the first return/report	the final return/repo	ort eturn/report (less than 12 months)				
C Check box if filing under:	X Form 5558	automatic extension	nsion DFVC program				
Part II Basic Plan Info	rmation—enter all requested in						
1a Name of plan MUNSON BUSINESS INTERIOR				(PN)	umber	001 an	
2a Plan sponsor's name (emplo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.					tion Number	
	e, country, and ZIP or foreign pos		nstructions)	(EIN) 61-1095829 2c Sponsor's telephone number 502-589-1236			
2307 RIVER ROAD			·	2d Business code (see instructions)			
LOUISVILLE, KY 40206					442110		
3a Plan administrator's name an	nd address XSame as Plan Spor	isor.		3b Admin	istrator's EIN		
4 If the name and/or EIN of the	e plan sponsor has changed since	the last return/report file	ad for this plan, enter the	4b EIN			
	mber from the last return/report.			4c PN			
5a Total number of participants	at the beginning of the plan year.			5a	a		
	at the end of the plan year		,	5b		18	
	account balances as of the end of			5c		12	
, ,	rticipants at the beginning of the p		ľ	5d(1)		20	
d(2) Total number of active pa	rticipants at the end of the plan ye	ear		5d(2)		15	
than 100% vested	terminated employment during th			5e	iched	0	
Under penalties of perjury and ot	or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary, plete.	ictions, I declare that I ha	ave examined this return/rep	ort, includin	g, if applicab		
SIGN Filed with authorized	valid electronic signature.	11/01/2016	IZABELLA INOTAYEV	'A			
HERE Signature of plan a	dministrator	Date	Enter name of individu	dual signing as plan administrator			
SIGN HERE Signature of emplo	worldon one see	Data	Enter nome of individu		o omnlourer -	r plop oppose	
Preparer's name (including firm r	yer/plan sponsor ame, if applicable) and address (i	Date nclude room or suite nu	Enter name of individu		s employer o telephone nu		
For Departure Reduction Act Notic	e and OMB Control Numbers, see ti	ao instructions for Form 5	500.85		Fo	rm 5500-SF (2015)	

Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
under 20 CFR 252.104-467 (See instructions on waver eligibility and conditions) Image: Section 2000 (See instructions on waver eligibility and conditions) Image: Section 2000 (Section 2000) C If the plan is a defined benefit plan, is 1 covered under the PBGC insurance program (see ERISA section 4021)? Image: Section 2000 (Section 2000) Not determined Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year Tell Assess and Liabilities 7a 210025 267071 D Total plan inside 7a 210025 267071 C Net plan assets (ubtract line 7b form line 7a) 7c 210025 267071 G Confriction received or receivable from 8a(1) 21306 (b) Total (c) Participante G1 Dehne (module quoliveres) 8b 1901 (c) Participante 8c(2) 372724 (c) Onthe (module quoliveres) 6c 55599 G Dehne (module (cal lines Buf)): B3(2); B3(3), and (B) 8c 1901 55599 55599 G Cartal indeened and/or corrective distributions (see instructions) Bd 23 55599 55599 G Dehne (module (cal lines Buf)): B3(2); B3(3), and (B) 6c 1903 55599 55599 55599 55599	-	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
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Transfers to (from) the plan (see instructions)	<u>h</u> -	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						153	
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j Did the plan trust incur unrelated business taxable income? 10j	i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the								
	j									
	Part				. 0]	I	1	1		

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 ERISA?	Yes X No			

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	(If "Yes," 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 Enter the minimum required contribution for this plan year								
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 of a negative 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						
	of th	e PBGC?	-			Yes X	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	e of trust		14b Trust's EIN				
14c Name of trustee or custodian				14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Yes		No	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				b h	Design- based safe ADF harbor test method		P/ACP	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					Yes No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					atio ercentage est		erage nefit 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?			0	Ye	es	No		
17a Has the plan been timely amended for all required tax law changes?			Ye	es	No	N/A		
	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).							
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 If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/								
18				Yes No				
19 Were in-service distributions made during the plan year?				Ye	es	No		
If "Yes," enter amount				19				
20					es	No	N/A	