Form 5500 Department of the Treasury	•	of Employee Benefit Plan		OMB Nos. 1210-0110 1210-0089
Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	and 4065 of the Employee Retirement sections 6047(e), 6057(b), and 6058(a Complete all ent	t Income Security Act of 1974 (ERISA) and of the Internal Revenue Code (the Code). ries in accordance with s to the Form 5500.		2015
		s to the Form 5500.	This	Form is Open to Public Inspection
	ntification Information			
For calendar plan year 2015 or fiscal		and ending 07/31/20		
A This return/report is for:	a multiemployer plan;	a multiple-employer plan (Filers checking the		
	X a single-employer plan;	participating employer information in accor a DFE (specify)	dance wit	n the form instructions); of
B This return/report is:	the first return/report;	the final return/report;		
	an amended return/report;	a short plan year return/report (less than 12	2 months)	
C If the plan is a collectively-bargain			,	、 П
		_	_	
D Check box if filing under:	Form 5558;	automatic extension;	the	e DFVC program;
	special extension (enter description)			
Part II Basic Plan Inform	mation—enter all requested information	n		
1a Name of plan CARDINAL TOOL SUPPLY, INC. R	ETIREMENT PLAN AND TRUST		1b	Three-digit plan number (PN) ▶ 001
			1c	Effective date of plan 08/01/2011
City or town, state or province, co	if for a single-employer plan) pt., suite no. and street, or P.O. Box) ountry, and ZIP or foreign postal code (if	foreign, see instructions)	2b	Employer Identification Number (EIN) 61-1077538
CARDINAL TOOL SUPPLY, INC.			2c	Plan Sponsor's telephone number 502-473-0004
1218 GARDINER LANE LOUISVILLE, KY 40213	1218 GARDIN LOUISVILLE,		2d	Business code (see instructions) 444190

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/28/2016	JOHN CARLI
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer	's name (including firm name, if applicable) and address (include r	room or suite numbe	r) Preparer's telephone number
	prwork Reduction Act Notice and OMR Control Numbers, see		- Form 5500

3a	Plan administrator's name and address	3b Administr	ator's EIN
		3c Administr number	ator's telephone
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name,	4b EIN	
	EIN and the plan number from the last return/report:		
а	Sponsor's name	4c PN	
5	Total number of participants at the beginning of the plan year	5	3
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	3
a(2	2) Total number of active participants at the end of the plan year	6a(2)	3
b	Retired or separated participants receiving benefits	. 6b	
С	Other retired or separated participants entitled to future benefits	6c	
d	Subtotal. Add lines 6a(2), 6b, and 6c.	6d	3
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<u>6e</u>	
f	Total. Add lines 6d and 6e	6f	3
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	3
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Cod 2E 2G 2J 2R	les in the instru	ctions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a	Plan fu	nding	arrangement (check all that apply)	9b	Plan bene	efit a	arrangement (check all that apply)
	(1)		Insurance		(1)		Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	X	Trust		(3)	X	Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10	Check	all ap	plicable boxes in 10a and 10b to indicate which schedules are at	tache	d, and, wł	nere	e indicated, enter the number attached. (See instructions)
а	Pensio	n Scl	nedules	b	General	Scł	nedules
	(1)		R (Retirement Plan Information)		(1)		H (Financial Information)
	(2)		MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X	I (Financial Information – Small Plan)
			Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)
			actuary		(4)		C (Service Provider Information)
	(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)
			Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)

Page 3

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
	provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2.)
If "Yes" is c	checked, complete lines 11b and 11c.
11b Is the plan	currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
enter the Re	eceipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, eceipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure alid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)
Receipt Co	nfirmation Code

	SCHEDULE I	Financial In	form	ation—Sr	nall	Plan			OMB No. 1210-01	10
	(Form 5500)		•••••		man	. iaii				
	Department of the Treasury Internal Revenue Service	This schedule is required to Retirement Income Security A	Act of 19	974 (ERISA), and	d sectio				2015	
	Department of Labor Employee Benefits Security Administration			e Code (the Cod	,			Thia	Form in Onen to	- Dublic
	Pension Benefit Guaranty Corporation	► File as a	an attac	hment to Form	5500.			inis	Form is Open to Inspection	JPublic
For	calendar plan year 2015 or fiscal pl	an year beginning 08/01/201	5		a	nd ending	07/3	31/2016		
	Name of plan RDINAL TOOL SUPPLY, INC. RETI	REMENT PLAN AND TRUST				Three-digit		•	001	
	Plan sponsor's name as shown on li RDINAL TOOL SUPPLY, INC.	ine 2a of Form 5500				mployer Id I-1077538		on Numbe	er (EIN)	
	nplete Schedule I if the plan covered Il plan under the 80-120 participant r							lete Scheo	dule I if you are fili	ng as a
Ра	rt I Small Plan Financial	Information								
ass ben	ort below the current value of asset ets held in more than one trust. Do i efit at a future date. Include all incoi irance carriers. Round off amounts	not enter the value of the portion me and expenses of the plan inc	of an in	surance contrac	t that g	uarantees	during th	is plan ye	ar to pay a speci	fic dollar
1	Plan Assets and Liabilities:			(a) Be	ginning	g of Year			(b) End of Yea	
а	Total plan assets		. 1a			3	00971			308214
b	Total plan liabilities		. 1b							
С	Net plan assets (subtract line 1b fr	om line 1a)	1c			3	00971			308214
2	Income, Expenses, and Transfer	rs for this Plan Year:		((a) Amo	unt			(b) Total	
а	Contributions received or receivab	le:								
	(1) Employers		2a(1)				49478			
	(2) Participants		2a(2)				36000			
	(3) Others (including rollovers)		2a(3)							
b	Noncash contributions		2b							
С	Other income		2c			-	78185			
d	Total income (add lines 2a(1), 2a(2	2), 2a(3), 2b, and 2c)	2d							7293
е	Benefits paid (including direct rollo	vers)	2e							
f	Corrective distributions (see instru									
g	Certain deemed distributions of pa	,								
	(see instructions)		2g							
h	Administrative service providers (s	alaries, fees, and commissions).	2h				50			
i	Other expenses		2i							
j	Total expenses (add lines 2e, 2f, 2	g, 2h, and 2i)	2j				-			50
k	Net income (loss) (subtract line 2j	from line 2d)	2k							7243
I	Transfers to (from) the plan (see in	nstructions)	21							
3	Specific Assets: If the plan held as remaining in the plan as of the end of by-line basis unless the trust meets of	f the plan year. Allocate the value o	f the pla	n's interest in a co		ed trust co				
				г		Yes	No		Amount	
а	Partnership/joint venture interests.				3a		X			
b	Employer real property				3b		X			
С	Real estate (other than employer r	eal property)			3c		X			
d	Employer securities				3d		X			
е	Participant loans				3e	Х				50000
For	Paperwork Reduction Act Notice				Form !	5500		;	Schedule I (Forn	n 5500) 2015

			Yes	No	Amount
3f	Loans (other than to participants)	3f		Х	
	Tangible personal property	3g		Х	

Part II Compliance Questions

4	During the plan year:		Yes	No	N/A	,	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x				
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		Х				
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X				
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		Х				
е	Was the plan covered by a fidelity bond?	4e	Х				3500	00
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		Х				
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		Х				
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X				
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X				
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		Х				
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X					
I	Has the plan failed to provide any benefit when due under the plan?	41		Х				
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		Х				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		Х				
0	Did the plan trust incur unrelated business taxable income?	40						
р	Were in-service distributions made during the plan year?	4p						
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year		Ye	s 🗙 N	o A	mount:		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s transferred. (See instructions.)	s), ide	entify th	ne plan	(s) to w	hich assets or	r liabilities we	re
	5b(1) Name of plan(s)				5b(2)	EIN(s)	5b(3)	PN(s)

5c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section	on 4021)? Yes No Not c	letermined

Page 3

Part III	Trust Information		
6a Name o	f trust		6b Trust's EIN
6c Name c	f trustee or custodian	6d Trustee's or cust	odian's telephone number

Public Inspection Part I Annual Report Identification Information For calendar plan year 2015 or finced plan year beginning 0.8/01/2015 and ending 07/31/2016 This return/report is for: a multiple-employer plan; antulple-employer plan (Files thecking this box must attach a list of participating employer information in accordance with the forms instr.) This return/report is: a single-employer plan; a stort plan year return/report; a sole of the first return/report; a shot plan year return/report (less than 12 months). If the plan is a collectively bargamed plan, check here b first return/report; a none of plan Annow of plan ANDINAL TOOL SUPPLY, INC. Ib Three-dig ETTIREMENT PLAN AND TRUST b Employer filen; a Plan sponsor's name (employer, if for a single-employer plan) b Employer filentification Number (EM) Maing address (include coron, act, suite no. and street, or P.0. Box) CD; or toom, state or province, counting, and 2P or toring nostal code (if foreign, see instructions) 218 GARDINER LANE KY 40213 OUISVILLE KY 40213 Annue of plan 3thministrator Date Effect Ender name of individual signing as plan administrator Reparticit of employer/plan sponsor Date<				Employee Benefit		OMB Nos. 1210 - 0 1210 - 0
Anomatation Promotes and write an index of dates with the instructions to the Form 5000. This Form is Open to Public Inspection Part 1 Annual Report Identification Information and ending 07/31/2016 Per calendar plan year 2015 or fiscal plan year beginning 08/01/2015 and ending 07/31/2016 This return/report is for: a multiemployer plan; a multiemployer plan; a multiemployer plan; a multiemployer plan; a short plan year country and tatch at lead This return/report is country, and plan, check here a short plan year country, and plan, check here a short plan year country, and plan, check here a short plan year country, and plan, check here a short plan year country, and plan, check here a short plan year country, and plan, check here a short plan year country, and plan, check here a short plan, year country, and plan, check here 0.01 The Effectively bragment plan, check here a short plan, number (PN) 0.01 10 Effectively bragment plan, check here 0.01 The assocration and tread, or P.0. Box) 0.01 To single-purpty from a single-purpty plan; 0.01 10 Effectively bragment plan, check here 0.01 20 Employer identification humber (Elk 0.01/2011) This promoter's rame (employer, if na single-purpty plan; Date Entemployer, if na sing	Internal Revenue Service Department of Labor	and 4065 of the Er	mployee Retirement Inc	ome Security Act of 1974	4 (ERISA) and	2015
For calendar plan year 2015 or fiscal plan year beginning 08/01/2015 and ending 07/31/2016 This return/report is for: a nulliple-employer plan; b antiple-employer plan; participating employer information in accordance with the forms instrict, a participating employer information in accordance with the forms instrict, an amended return/report; a single employer plan; the first return/report (less than 12 months), and amended return/report; a short plan year return/report (less than 12 months), a short plan year return/report (less than 12 months), a short plan year return/report; a short plan year return/report (less than 12 months), a short plan year return/report; b report year return/report;	Administration					This Form is Open to Public Inspection
This return/report is for: a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the forms instr.) a DFE (specify) a DFE (specify) a bort plan is a colectively-bargened plan, check here a short plan year return/report (less than 12 months). If the plan is a colectively-bargened plan, check here a short plan year return/report (less than 12 months). The pocale actension (enter description) an amended return/report. a short plan year return/report (less than 12 months). If the plan is a colectively-bargened plan, check here	Part I Annual Repo	rt Identification I				A State of the second
This return/report is:	For calendar plan year 2015	or fiscal plan year beg		and the second	The second s	
Check box if filing under: Form 5558; automatic extension; the DFVC program; Part II Basic Plan Information - enter all requested information Ib Three-digit plan number (PN) 001 a Name of plan Ib Three-digit plan number (PN) 001 a Plan sponsor's name (employer, if for a single-employer plan) Maling address (include room, apt., suite no. and street, or P.O. Box) Dif the sponsor's talephone number (EIN 61-1077538) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2a Employer identification Number (EIN 61-1077538) 218 GARDINER LANE COUISVILLE KY 40213 aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. determine of plan returns of this return/report will be assessed unless reasonable cause is established. ution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. ution: A penalty of the late or incomplete filing of this return/report, including accompanying schedules, statements and attachments, as well be electrone version of this returnsport, and to the best of my knowledge and belief, it is true, correct, and complete. IGR X IO-28-1/4 JOHN CARLI Effe Signature of DFE Date Enter name of individual signing	This return/report is:	X a single-employe the first return/re an amended retu	r plan; a l port; th um/report; a s	articipating employer info DFE (specify) e final return/report;	rmation in accorda	ance with the forms instr.); (
a Name of plan 1b Three-digit 001 ARDINAL TOOL SUPPLY, INC. 001 001 ETTREMENT PLAN AND TRUST 001 061/2011 a Plan sponsor's name (employer, if for a single-employer plan) 08/01/2011 08/01/2011 ARDINAL TOOL SUPPLY, INC. 20 Employer Identification Number (EN 61-1077538 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 20 Plan sponsor's telephone number ARDINAL TOOL SUPPLY, INC. 218 GARDINER LANE Current of the sponsor's telephone number 502-473-0004 OUISVILLE KY 40213 444190 444190 aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 444190 de possible of perviy and other possible set for in the instructions, i deciare that i have examined this return/sport, including accompanying schedules, statements and attachments, as well the electronic version of this return/report, and to the best of my knowledge and belief, it is the, correct, and complete. Idet Y 10-28-1/6 JOHN CARLI Signature of employer/plan sponsor Date Enter name of individual signing as plan administrator IGN Signature of DFE Date Enter name of individual signing as DFE Sig		Form 5558;	au	itomatic extension;	the DFVC pro	▶ [_] ogram;
ARDINAL TOOL SUPPLY, INC. plan number (PN) ▶ 001 ETTREMENT PLAN AND TRUST it Effective date of plan 08/01/2011 a Plan sponsor's name (employer, if for a single-employer plan) 08/01/2011 a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number (EN € 1-1077538 City or town, apt, suite no. and street, or P.O. Box) 2b Employer Identification Number (EN € 1-1077538 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EN € 1-1077538 218 GARDINER LANE OUISVILLE KY 40213 aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. der penalties of peruy and other penalties est forth in the instructions. Ideclare that have examined this return/report, including accompanying schedules, statements and attachments, as well the electronic version of the return/report, and to the best of my knowledge and belef, it is true, correct, and complete. IGN I/0-28-1/4 JOHN CARLI Signature of plan administrator Date Enter name of individual signing as plan administrator IGN Signature of DFE Date Enter name of individual signing as DFE reparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number <	Part II Basic Plan In					
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ARDINAL TOOL SUPPLY, INC. 502-473-0004 218 GARDINER LANE 2d Business code (see instructions) 0UISVILLE KY 40213 aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. der penalties of perjuy and other penalties ast forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well the electronic version of this return/report, and to the best of my knowledge and belef, it is true, correct, and complete. IGN X 10-28-1/6 JOHN CARLI Signature of plan administrator Date Enter name of individual signing as plan administrator IGN Signature of OFE Date Enter name of individual signing as DFE reparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	Mailing address (include room,	, apt., suite no. and street,	or P.O. Box)	ee instructions)	2b Employer I 61-10	dentification Number (EIN) 77538
OUISVILLE KY 40213 aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. der penalties of pertury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Image: Signature of plan administrator Date Enter name of individual signing as plan administrator Image: Signature of DFE Date Enter name of individual signing as DFE reparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number			··· · · · · · · · · · · · · · · · · ·	,		
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ERE Signature of DFE Date Enter name of individual signing as DFE reparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	OUISVILLE aution: A penalty for the late der penalties of perjury and other penalti the electronic version of this return/repor IGN ERE Signature of plan admin	KY or incomplete filing of ies set forth in the instructions, t, and to the best of my knowle	this return/report will I declare that I have examined t adge and belief, it is true, correc I D-28-16	his return/report, including accort, and complete.	2d Business of 444190	code (see instructions) 0 s established. tements and attachments, as well
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r Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Form 5500 (20	OUISVILLE aution: A penalty for the late der penalties of perjury and other penalti the electronic version of this return/repor IGN ERE Signature of plan admin sign ERE Signature of employer/ IGN ERE Signature of DFE	KY or incomplete filing of the set forth in the instructions, t, and to the best of my knowle mistrator	this return/report will I declare that I have examined t edge and belief, it is true, correc 10-28-16 Date Date Date	his return/report, including accort, and complete.	2d Business of 444190	s established. tements and attachments, as well administrator

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3a			trator's EIN trator's telephone number	
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, entry	er the name	4b EIN	
	EIN and the plan number from the last return/report:			
a			4c PN	
5	Total number of participants at the beginning of the plan year	5	2	
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete onle 6a(1), 6a(2), 6b, 6c, and 6d).	y lines	3	
a	 (1) Total number of active participants at the beginning of the plan year (2) Total number of active participants at the end of the plan year 	6a(1		
b	Retired or separated participants receiving benefits		3	
С	Other retired or separated participants entitled to future benefits	60 60		
d	Subtotal. Add lines 6a(2), 6b, and 6c	6d		
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		3	
f	Total. Add lines 6d and 6e	6e 6f		
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		3	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than		3	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)			
00	Kat 1		and the second	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2R

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a 10	 (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor 	9b Plan benefit arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X (4) General assets of the sponsor			
	 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. Pension Schedules Beneral Schedules 				
	 (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary 	(3) A (Insurance Information)			
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4) C (Service Provider Information) (5) D (DFE/Participating Plan Information) (6) G (Financial Transaction Schedules)			

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