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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Per	nsion Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 55	500-SF						
Pai	rt I Annual Report	Identification Information								
For c	alendar plan year 2015 or fi	scal plan year beginning 01/01/2	2015 and ending 12	2/31/20	15					
A TI	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan									
B Th	is return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)							
	heck box if filing under:	X Form 5558 special extension (enter descr	automatic extension DFVC program ription)							
Par	t II Basic Plan Info	ormation—enter all requested inf	formation							
	Name of plan RAL KENTUCKY SPRINKL	ER RETIREMENT SAVINGS PLAN	N		Three-digit plan number (PN)	001				
				1c	Effective date of 04/0	f plan 1/1995				
N	Mailing address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O			Employer Identit (EIN) 61-0	ication Number 956420				
	RAL KENTUCKY SPRINKLE	al code (if foreign, see instructions)	2c	2c Sponsor's telephone number 859-885-7990						
	DUSTRY PARKWAY LASVILLE, KY 40356			2d	Business code (see instructions)				
3a F	Plan administrator's name a	nd address Same as Plan Spons	sor.	3b	Administrator's I	ΞIN				
CENTRAL KENTUCKY SPRINKLER INC. 243 INDUSTRY PARKWAY NICHOLASVILLE, KY 40356					3c Administrator's telephone number 859-885-7990					
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN					
a 9	Sponsor's name			4c	PN					
5a -	Total number of participants	at the beginning of the plan year		5a	1	36				
				5k)	38				
			the plan year (defined benefit plans do not	50		38				
d(1) Total number of active participants at the beginning of the plan year					5d(1) 15					
d(2	2) Total number of active pa	articipants at the end of the plan yea	ar	5d(2)	16				
	than 100% vested		plan year with accrued benefits that were less	5e		0				
	<u> </u>		n/report will be assessed unless reasonable cau			able a Schodule				

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

Signature of employer/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.

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 condition	dent qualified public a	ccount	ant (IQ	PA)		
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year
a Total plan assets	7a		1557	'349			1658589
b Total plan liabilities	7b		4555	10.10	+		4050500
C Net plan assets (subtract line 7b from line 7a)	7c		1557	349	+		1658589
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) Total
(1) Employers	8a(1)		75	777			
(2) Participants	8a(2)		68	8446			
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		-14	443			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						129780
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		27	234			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f		1	306			
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						28540
i Net income (loss) (subtract line 8h from line 8c)	8i						101240
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 2G 2J 2K 2T 3D	feature cod	des from the List of PI	an Cha	racteri	stic Co	des in th	ne instructions:
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 the	e instructions:
				20101101			
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
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			40h		Х		
reported on line 10a.)			10b				
C Was the plan covered by a fidelity bond?			10c	X			160000
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			472
f Has the plan failed to provide any benefit when due under the pla					Х		
			10f	V			000
g Did the plan have any participant loans? (If "Yes," enter amount ah If this is an individual account plan, was there a blackout period?		,	10g	X			9204
2520.101-3.)	•		10h		Χ		
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			10i				
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)							
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a	
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ection :	302 of EI	RISA? Yes X

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
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		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 Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian'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)-	Yes No					
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio percentage benefit					
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**

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 Repo	rt Identification Information								
For calendar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/	2015				
A This return/report is for:	X a single-employer plan		liple-employer plan (not multiemployer) (Filers checking this box must a participating employer information in accordance with the form instruction						
The result was post to too.	a one-participant plan	a foreign plan	p						
B This return/report is	the first return/report	report the final return/report							
	X an amended return/report	a short plan year return	onths)						
C Check box if filing under:	X Form 5558	automatic extension DFVC program							
	special extension (enter descri	ription)							
Part II Basic Plan In	formation—enter all requested in	formation							
1a Name of plan CENTRAL KENTUCKY SI		1b Three-dig plan numb (PN) ▶							
				1c Effective of 04/01/					
Mailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C				Identification Number -0956420				
CENTRAL KENTUCKY	nce, country, and ZIP or foreign post SPRINKLER INC.	al code (if foreign, see instr	uctions)	,	s telephone number 5-7990				
243 INDUSTRY PARK	WAY				code (see instructions)				
NICHOLASVILLE	KY 40356								
	and address Same as Plan Spons	sor.			Administrator's EIN 61-0956420				
CENTRAL KENTUCKY S	PRINKLER INC.				Administrator's telephone number				
243 INDUSTRY PARKWAY 859-885-7990					•				
NICHOLASVILLE 4 If the name and/or EIN of	KY 40356 the plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
name, EIN, and the plan r a Sponsor's name	number from the last return/report.		·	4c PN					
5a Total number of participan	its at the beginning of the plan year			5a	36				
	its at the end of the plan year			5b	38				
C Number of participants wit	h account balances as of the end of	the plan year (defined bene	efit plans do not	5c	38				
	participants at the beginning of the pl			5d(1)	15				
• •	participants at the end of the plan ye	•		5d(2)	16				
e Number of participants th	at terminated employment during the	plan year with accrued be	nefits that were less	5e	0				
Caution: A penalty for the lat	e or incomplete filing of this return	n/report will be assessed	uniess reasonable cau		ed.				
	other penalties set forth in the instru- and signed by an enrolled actuary, a								
sign Warst	andles	11/8/14	SUSAN HAMBLEN						
HERE Signature of plan administrator Date , Enter name of individual signing as plan administrator									
SIGN Ways	Handley	11/4/14	SUSAN HAMBLEN						
HERE	<i>,</i> -	Date	Enter name of individu	ual signing as en	nployer or plan sponsor				
Preparer's name (including firm	Signature of employer/plan sponsor Date 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								

	Form 5500-SF 2015		Page 2									
b	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public a tions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		<u>X</u>	Yes		No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ction 4	021)?		Yes	JNo [Not	detern	ninec	<u> </u>
Par		T	T									
	Plan Assets and Liabilities		(a) Beginning			_		(b) End				
	Total plan assets	7a		1,55	7,34	9				L,658	8,5	89
	Total plan liabilities	7b		1 55	7 24	-				65	0 -	00
_	Net plan assets (subtract line 7b from line 7a)	7c		1,55	7,34	7				1,658	0,3	0,5
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	int		+		(0)	Total			—
	(1) Employers	8a(1)		7	5,77	7						
	(2) Participants	8a(2)		6	8,44	6						
	(3) Others (including rollovers)	8a(3)										
b_	Other income (loss)	8b		-1	4,44	3						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				4				129	9,7	80
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2	7,23	4						
	Certain deemed and/or corrective distributions (see instructions)	8e				_						
	Administrative service providers (salaries, fees, commissions)	8f			1,30	6						
	Other expenses	8g										
	Total expenses (add lines 8d, 8e, 8f, and 8g)									2	8,5	40
	Net income (loss) (subtract line 8h from line 8c)									10	1,2	40
j	Transfers to (from) the plan (see instructions)	- Bj										
	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	ic Co	les in th	e instruct	ions:			
Part 10					Yes	No	N/A		A	ount		
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	Fiduciary Correction	10a	163	х	190		Am	Juni		
D	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х						
С	Was the plan covered by a fidelity bond?			10c	х					1,6	00,	000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х						
е	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						4,	729
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	Х						92,	042
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х						
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			10i								
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		No
_11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				_	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction	302 of E	RISA?		Yes	Х	No

	Form 5500-SF 2015 Page 3 -						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e granting the waiver	nter the Day_	date of t	the letter rul Year	ing		
<u>If</u>	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
<u> </u>	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					
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?		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 brought under the coof the PBGC?	ntrol		Yes X	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) P	N(s)		
Part	VIII Trust Information						
14a	Name of trust	14b Trust's EIN					
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number					
Par	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?	Ye	s	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)?	ba ha	esign- ased safe arbor ethod	ADP test			
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))?	Ye	V	☐ No			
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	1 1	atio ercentage st		erage efit 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?	Ye	s 	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 for tax law changes and codes).	applicat	ole code	(See ir	structions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number	-	<u> </u>		or		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	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) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		_ 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 whether or not retired), as required under section 401(a)(9)?	Ye	s	No	□ N/A		