Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Department of Labor

Annual Report Identification Information

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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

1 01 Caleriu	dar pian year 2016 or	fiscal plan year beginning 01/01/	2010	and ending 11	1/30/2016	
_		X a single-employer plan		r plan (not multiemployer) (
A This ref	eturn/report is for:	a one-participant plan	list of participating a foreign plan	employer information in ac	ccordance with the	form instructions.)
B This retu	turn/report is	the first return/report	the final return/repo	ort		
	·	an amended return/report	a short plan year re	eturn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension	on	DFVC program	1
		special extension (enter desc	cription)		_	
Part II	Basic Plan In	formation—enter all requested in	nformation			
1a Name BRASCH-BA	e of plan ARRY GENERAL CO	ONTRACTORS, INC. RETIREMENT	Γ SAVINGS PLAN		1b Three-digit plan number (PN) ▶	er 001
					1c Effective da	nte of plan 01/01/1994
		oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.	O. Box)		' '	dentification Number
,	r town, state or provi ARRY GENERAL CO	nce, country, and ZIP or foreign pos DNTRACTORS, INC.	stal code (if foreign, see i	nstructions)	2c Sponsor's t	elephone number
					2d Business co	ode (see instructions)
204 L ANDTO	ON STREET					238900
OUISVILLE	E, KY 40204					
LOUISVILLE	,	and address X Same as Plan Spo	onsor.		3b Administrate 3c Administrate	or's EIN or's telephone number
3a Plan a	administrator's name	the plan sponsor has changed since		ed for this plan, enter the		
3a Plan a 4 If the Iname	administrator's name	J		ed for this plan, enter the	3c Administrate	
3a Plan a 4 If the I name a Spons	name and/or EIN of the EIN, and the plan resorts name	the plan sponsor has changed since	e the last return/report file	·	3c Administrate 4b EIN	or's telephone number
3a Plan a 4 If the name a Spons 5a Total	name and/or EIN of e., EIN, and the plan resor's name	the plan sponsor has changed since number from the last return/report.	e the last return/report file		3c Administrate 4b EIN 4c PN	or's telephone number
4 If the name a Spons 5a Total b Total c Numb	name and/or EIN of the plan resor's name number of participant number of participant per of participants with participants with the participants with partic	the plan sponsor has changed since number from the last return/report.	e the last return/report file	ned contribution plans	3c Administrate 4b EIN 4c PN 5a	or's telephone number
4 If the name a Spons 5a Total b Total c Numb	name and/or EIN of the EIN, and the plan resor's name number of participant number of participant plants with plete this item)	the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year its at the end of the plan year with account balances as of the end of	e the last return/report file	ned contribution plans	3c Administrate 4b EIN 4c PN 5a 5b	or's telephone number
4 If the name a Spons 5a Total b Total c Numb comp d(1) Tot	name and/or EIN of the plan resor's name number of participant number of participant of participant of participants with the plan that number of active participants and number of active participants with the plants with the plants with the plants with plants	the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year states at the end of the plan year with account balances as of the end o	e the last return/report file f the plan year (only defi	ned contribution plans	3c Administrate 4b EIN 4c PN 5a 5b 5c	or's telephone number
4 If the name a Spons 5a Total c Numb comp d(1) Tot d(2) Tot e Numb than	name and/or EIN of the plan resor's name number of participant of participants the plant of participants the participant of participants the participant of participant of participants the participant of participant o	the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year at the end of the plan year	e the last return/report file f the plan year (only definence) plan year	ned contribution plans	3c Administrate 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	2°
4 If the name a Spons 5a Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A	name and/or EIN of the plan of participant of participants with plate this item)	the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year at at the end of the plan year It account balances as of the end of the plan year at ticipants at the beginning of the plan year terminated employment during the portion of the plan year terminated employment during the process of the plan year terminated employment during the process of the plan year terminated employment during the process of the plan year terminated employment during the process of the plan year terminated employment during the process of the plan year terminated employment during the	e the last return/report file f the plan year (only define) plan year e plan year with accrued	ned contribution plans	3c Administrate 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established	2' () () () () () () () () () () () () ()
4 If the name a Spons 5a Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche	name and/or EIN of e., EIN, and the plan resor's name number of participant of participants with plete this item)	the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year at the end of the plan year	e the last return/report file f the plan year (only define) plan year e plan year with accrued rn/report will be assess uctions, I declare that I he	benefits that were less sed unless reasonable cau	3c Administrate 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	2' (d. applicable, a Schedule
4 If the name a Spons 5a Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche	name and/or EIN of the plan of participant of participants with plate this item)	the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year at the end of the plan year	e the last return/report file f the plan year (only define) plan year pear pe plan year with accrued rn/report will be assess uctions, I declare that I he	benefits that were less sed unless reasonable cau	3c Administrate 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	2' (d. applicable, a Schedule
4 If the name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is	name and/or EIN of the plan of participant of participants with plate this item)	the plan sponsor has changed since number from the last return/report. In this at the beginning of the plan year at at the end of the plan year	e the last return/report file of the plan year (only definition of the plan year (only definition of the plan year with accrued the plan year with accrued the plan year will be assessifications, I declare that I has well as the electronic	benefits that were less sed unless reasonable cau ave examined this return/report	3c Administrate 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a st, and to the best of the stable of th	2' d. pplicable, a Schedule of my knowledge and
4 If the name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN	name and/or EIN of e., EIN, and the plan resor's name number of participant out of participants with plete this item)	the plan sponsor has changed since number from the last return/report. In this at the beginning of the plan year at at the end of the plan year	of the last return/report file of the plan year (only definition of the plan year (only definition of the plan year with accrued replan year with accrued replan year will be assessuctions, I declare that I has well as the electronic on one of the plan year with accrued replan year with accurate replan year with a constant	benefits that were less ded unless reasonable cause examined this return/report SUSAN BRASCH	3c Administrate 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a st, and to the best of the stable of th	21 (d. ppplicable, a Schedule of my knowledge and

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b Are you claiming a waver of the annual examination and report of an independent qualified public accountant (ICPA) under 20 FCR 250 104-467 (See instructions on walver eligibility and conditions). If you answered "No" to either line & or line 8b, the plan cannot use Form 5500-\$F and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		Were all of the plan's assets during the plan year invested in eligib		,						X Ye	s No
C if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)		······				X Ye	s No
Part III Financial Information Financial Informa	С						_	-		Not de	termined
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets		<u>_</u>	·					1		Ш	
a Total plan assets	7			(a) Beginning	of Year				(b) End	of Year	
b Total plan liabilities	a		7a					,	(4) =		0
C Net plan assets (subtract line 7b from line 7a)	b	·			2147	,					
8 Income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers				1	631595	5					0
a Contributions received or receivable from: (1) Employers				(a) Amour	nt				(b) T	otal	
(2) Participants	а	Contributions received or receivable from:		,							
(3) Others (including rollovers). 8a(3) b) Other income (loss). 8b) 97315 c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(1) Employers	8a(1)								
b Other income (loss)		(2) Participants	8a(2)		59341	_					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·	8a(3)		07045						
d Benefits paid (including direct followers and insurance premiums to provide benefits). 8d 1784739 e Certain deemed and/or corrective distributions (see instructions). 8d 2200 g Other expenses	<u>b</u>	Other income (loss)	8b		97315						
e Certain deemed and/or corrective distributions (see instructions). 8			8c							16432	<u>'4</u>
e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)	d		84	1	784739						
f Administrative service providers (salaries, fees, commissions)		,			8980						
g Other expenses	f				2200)					
Notal expenses (add lines 8d, 8e, 8f, and 8g) 8h 1795919 Net income (loss) (subtract line 8h from line 8c) 8i -1631595 Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics Part IV Plan Characteristic Part IV											
i Net income (loss) (subtract line 8h from line 8c)		·								179591	<u> </u>
Part IV Plan Characteristics						_	-1631595				95
Part IV Plan Characteristics	Ť	, , ,									
Second color of the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V	Pa	rt IV Plan Characteristics	oj .	ļ							
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ıctions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10					Yes	No	N/A		Amount	t
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	Fiduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X				,
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Was the plan covered by a fidelity bond?			10c	X					500000
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	d	• • • • • • • • • • • • • • • • • • • •	•	•			X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her persor ne or all of	s by an insurance the benefits under	10e		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
2520.101-3.)	9		-	-	10g		X				
If 10h was answered "Yes" check the box if you either provided the required notice or one of the	h	2520.101-3.)	· ·····		10h		X				
exceptions to providing the notice applied under 29 CFR 2520.101-3	i				10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. A?						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	er ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	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 live amount)			12d			
		he 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	a resolution to terminate the plan been adopted in any plan year?				X Yes	S [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custone numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- ILI ,		n-based arbor	d [] "Prior y test	ear" ADP
				"Curre	ent year est	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rece	ent determ	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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).

2015

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

This Form is Open to **Public Inspection**

EC 2019624 10 00 01 120 140 111 1	rt Identification Information				
For calendar plan year 2015 or	fiscal plan year beginning 01/01/20 X a single-employer plan		and ending 11/30		
	(not multiemployer) (i	-			
A This return/report is for:	a one-participant plan	list of participating emplo a foreign plan	oyer information in acc	ordance with the fo	rm instructions)
B This return/report is	the first return/report	X the final return/report			
Trillo rotalitiiropoteto	an amended return/report	X a short plan year return/re	eport (less than 12 mor	nths)	
			Sport (1000 than 12 1110)		
C Check box if filing under:	Form 5558	automatic extension		☐ DFVC pr	ogram
	special extension (enter des	cription)			:
Part II Basic Plan In	formation—enter all requested i	nformation			
1a Name of plan Brasch-Barry General Contracto	ors, Inc. Retirement Savings Plan			1b Three-digit plan number (PN) ▶	001
				1c Effective date	of plan
				01/01/1994	
Mailing address (include ro	ployer, if for a single-employer plan) from, apt., suite no. and street, or P.	O. Box)		2b Employer Ide (EIN) 61-1154	
Brasch-Barry General Contracto	nce, country, and ZIP or foreign po rs, Inc.	star code (il loreign, see ilistruc	lions)	2c Sponsor's tel	ephone number 2) 587-7175
					e (see instructions)
901 Lampton Street				238900	
Louisville, KY 40204	•				
	and address X Same as Plan Spo	nsor.		3b Administrator	's EIN
	And the second second			3c Administrator	's telephone number
4 If the name and/or EIN of	the plan sponsor has changed sinc	e the last return/report filed for	this plan, enter the	4b EIN	
	number from the last return/report.			4c PN	
a Sponsor's name				T T	04
5a Total number of participar	nts at the beginning of the plan year			5a	21
	nts at the end of the plan year		· +	5b	0
	th account balances as of the end o			5e	0
d(1) Total number of active	participants at the beginning of the	plan year		5d(1)	20
d(2) Total number of active	participants at the end of the plan y	rear		5d(2)	0
e Number of participants th	nat terminated employment during the	he plan year with accrued bene	fits that were less	5e	0
Caution: A penalty for the la	te∕or incomplete filing of this retu	ırn/report will be assessed ur	nless reasonable cau		
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	other penalties set forth in the instruction and signed by an enrolled actuary	ructions, I declare that I have ex , as well as the electronic version.	kamined this return/report	ort, including, if ap and to the best of	plicable, a Schedule my knowledge and
SIGN ///	Mx Masel	//	Susan Brasch		-
HERE Signature of pla	n administrator	Date / /22/20/	Enter name of individu	ıal signing as plan	administrator
SIGN Yehr	T. Brush	1/22/2/2	JOHN BRA	. /	-
HERE	ployer/plan sponsor	Date	Enter name of individu		over or plan enoneor
	n name, if applicable) and address			Preparer's teleph	
(· .	- 1	
			ļ		and some and the second of the

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b Are you claiming a waive	ets during the plan year invested in elig of the annual examination and report of 46? (See instructions on waiver eligibilit	of an indepe	ndent qualified public a	ccount	ant (IQ	PA)			Yes No
If you answered "No" to	either line 6a or line 6b, the plan car	y and condi inot use Fc	ແດກs.) orm 5500-SF and mus	t instea	d use	Form	5500.	<u>N</u>	Yes No
	nefit plan, is it covered under the PBGC							¬No □ Not α	determined
Part III Financial Info		-		Filosofalodorio del regissoratura serv	·			<u> </u>	
7 Plan Assets and Liabilities			(a) Beginning	of Ye	ar	T		(b) End of Yea	ar
a Total plan assets		7a		163374		_		(b) Lild Of Tee	0
				214	17	_			-
C Net plan assets (subtract	line 7b from line 7a)	7с		163159	95				0
8 Income, Expenses, and T	ransfers for this Plan Year		(a) Amou	unt				(b) Total	***************************************
Contributions received or (1) Employers	receivable from:	8a(1)		766	8	-			etterage -
(2) Participants		8a(2)		5934	11			er Talenda Film Andreas	
(3) Others (including rolls	overs)	8a(3)		····					
b Other income (loss)		8b	2. Nobel #10 West	9731	15	8.4			S. Arriva
	a(1), 8a(2), 8a(3), and 8b)	8c	A STATE OF THE STA	terbring in			we have to the first	16	4324
	rect rollovers and insurance premiums	8d		178473	39	46.4			
	prrective distributions (see instructions).			898	30			Spirit State	
	viders (salaries, fees, commissions)			220	00	y Const			
				***************************************		5.50			
h Total expenses (add lines	8d, 8e, 8f, and 8g)		A APPROXIMATE		fa acid		1795919		
i Net income (loss) (subtra	ct line 8h from line 8c)	8i	Barrier San Control				-1631595		
j Transfers to (from) the pla	an (see instructions)	8i				dala.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Part IV Plan Charac	teristics					LZDSEE	5,000 N R. GET		STEEN CONTROL AND CO.
9a If the plan provides pens 2E 2F 2G 2J	ion benefits, enter the applicable pension 2K 2T 3D	on feature co	odes from the List of PI	an Cha	racteri	stic Co	odes in	he instructions:	· · · · · · · · · · · · · · · · · · ·
B If the plan provides welfa	re benefits, enter the applicable welfare	e feature cod	des from the List of Pla	n Char	acterist	tic Cod	des in th	e instructions:	
Part V Compliance Q	uestions								
10 During the plan year:					Yes	No	N/A	Amo	unt
described in 29 CFR 25	ansmit to the plan any participant contril 510.3-102? (See instructions and DOL's	Voluntary F	Fiduciary Correction	10a		×			***************************************
b Were there any nonexer	mpt transactions with any party-in-intere	st? (Do not	include transactions	10b		×			
c Was the plan covered b	y a fidelity bond?		*************************	10c	X		Provide Land		500000
d Did the plan have a loss	, whether or not reimbursed by the plan	's fidelity bo	and, that was caused	10d		Х			
 Were any fees or comm carrier, insurance service 	issions paid to any brokers, agents, or one, or other organization that provides so	other persor ome or all of	ns by an insurance the benefits under	10e		х	, , , , ,		TOTO PERSONAL PERSONAL PROPERTY OF THE PERSONA
	ovide any benefit when due under the p			10f		X			***************************************
g Did the plan have any p	articipant loans? (If "Yes," enter amount	as of year	end.)	10g	†	X	40.00		
h If this is an individual ac	count plan, was there a blackout period	? (See instr	uctions and 29 CFR	10g		Х			
i If 10h was answered "Ye	es," check the box if you either provided the notice applied under 29 CFR 2520.	the require	d notice or one of the	10i					
j Did the plan trust incur t	unrelated business taxable income?			10j					
				ر - ا			<u></u>	I	

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.....

Yes X No

Yes X No

11

12

5500) and line 11a below).....

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(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 in granting the waiver.		nter the	date of th	ne letter rulii Year	ng
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)		12d			
e 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?			X Yes	No No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?			×	Yes []	No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident 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) P	N(s)
Part VIII Trust Information					
14a Name of trust		14b 1	Γrust's EIN	1	
14c Name of trustee or custodian		1	Trustee's telephone	or custodia number	ın's
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan?		Ye	es .	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADP test	/ACP
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. 2(a)(2)(ii))?	401(m)-	[] Ye	: S	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect		. ∐ p∈	atio ercentage est		rage efit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by corthis plan with any other plans under the permissive aggregation rules?		Ye	es	No	
17a Has the plan been timely amended for all required tax law changes?		. Ye		□No	□ N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).				`	structions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter padvisory letter, enter the date of that favorable letter and the letter's seria		ct to a fa	avorable II 	RS opinion	or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, edetermination letter	enter the date of	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 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgi		Ye	s	No	
19 Were in-service distributions made during the plan year?		. Ye	es	No	
If "Yes," enter amount		. 19			
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of v retired), as required under section 401(a)(9)?	whether or not	Ye	es	No	N/A