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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part	I Annual Report	Identification Information							
For cal	endar plan year 2016 or fi		016 and ending 1	2/31/2016					
A This	s return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions.) a foreign plan						
B This	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)						
C Che	eck box if filing under:	Form 5558 special extension (enter descr	automatic extension	DFVC program					
Part	II Basic Plan Info	ormation—enter all requested inf	formation						
	ame of plan RS EXCHANGE OF KENT	TUCKY 401(K) RETIREMENT SAV	INGS PLAN	1b Three-digit plan numbe (PN) ▶	r 001				
				1c Effective da	te of plan 1/01/2002				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BUILDERS EXCHANGE OF KENTUCKY, INC				2b Employer Identification Number (EIN) 61-0145980 2c Sponsor's telephone number					
				502-459-9800					
	ADOW DR LLE, KY 40218-1336	2d Business code (see instructions) 541940							
3a Pla	an administrator's name ai	nd address 🗵 Same as Plan Spor	nsor.	3b Administrate 3c Administrate	or's EIN				
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN					
	onsor's name	·		4c PN					
5a To	otal number of participants	at the beginning of the plan year		5a	1;				
b To	otal number of participants	at the end of the plan year		5b	1:				
C No				5c					
d(1)	Total number of active pa	rticipants at the beginning of the plant	an year	5d(1)	1				
d(2)	Total number of active pa	articipants at the end of the plan yea	ar	5d(2)	1				
e N	lumber of participants that	terminated employment during the	plan year with accrued benefits that were less	5e					
			n/report will be assessed unless reasonable ca						
SB or S		nd signed by an enrolled actuary, a	ctions, I declare that I have examined this return/reas well as the electronic version of this return/report						

05/08/2017 LYNN A. STETSON Filed with authorized/valid electronic signature. **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Signature of employer/plan sponsor 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

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6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X Ye	s No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Ye	s No
_	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in						_		□ Not do	termined
	<u> </u>	isurance p	ologiam (see ERISA se	ection 4	021) !		165	NO	Not de	terminea
_ <u>Pa</u>	rt III Financial Information Plan Assets and Liabilities		(a) De atauta a	- ()/				(I.) F	- ()/	
a	Total plan assets	72	(a) Beginning	or Year 811252			((b) End	92360)6
_	Total plan liabilities	7a 7b								
	Net plan assets (subtract line 7b from line 7a)	7c		811252					92360)6
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amour	nf		(b) Total				
a	Contributions received or receivable from:		(a) Amour					(5) 1	<u>otui</u>	
	(1) Employers	8a(1)		28504						
	(2) Participants	8a(2)		38482	!					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		70189						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13717	75
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		24701						
	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		120)					
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					24821			21
-	Net income (loss) (subtract line 8h from line 8c)	8i				112354				54
÷	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics	l ol	<u> </u>							
9a	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:	
b	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f	oaturo co	toe from the List of Pla	n Char	netoriet	ic Cor	loc in t	ho inetri	etions:	
	in the plan provides wehate benefits, enter the applicable wehate i	catule cot	des from the List of Fra	II Cilai	acteris		ics iii t	ile ilistic	ictions.	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	oluntary F	Fiduciary Correction	10a		X				
b	,	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	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.)			10e	X					9595
f	Has the plan failed to provide any benefit when due under the pla	ın?	·····	10f		X			_	
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h	X					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i	Х					

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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 c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
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
	(If "\	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	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	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 l tive 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			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	ΞIN	
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions						
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:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<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	centage Average N			□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be 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, er	nter the	date	of the m	nost rec	ent determ	ination
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	Was	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).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		Identification Informatio							
For calend		scal plan year beginning 01/01	1/2016		2/31/2016				
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) (nployer information in ac					
	•	a one-participant plan	a foreign plan						
B This ret	turn/report is	the first return/report	the final return/report						
-		an amended return/report	a short plan year return	n/report (less than 12 m	_				
C Check	box if filing under:	Form 5558 special extension (enter des	automatic extension		DFVC pro	gram			
Part II	Basic Blan Info	prmation—enter all requested							
1a Name		mation—enter all requested	INIOTHALION		1b Three-	digit			
		TUCKY 401(K) RETIREMENT SA	AVINGS PLAN		plan nu (PN)	umber			
			_ ` /	ve date of plan 01/01/2002					
Mailing	g address (include roon	oyer, if for a single-employer plan m, apt., suite no. and street, or P	P.O. Box)		2b Employer Identification Number (EIN) 61-0145980				
City or	r town, state or province EXCHANGE OF KENTI	ce, country, and ZIP or foreign po	stal code (if foreign, see instr-	ructions)	_ `	or's telephone number 502-459-9800			
+4EAD	20/25	0000 14			2d Busine	ss code (see instructions)			
2300 MEADO LOUISVILLE	OW DR E, KY 40218-1336		EADOW DR /ILLE, KY 40218-1336		541940				
3a Plan a	edministrator's name an	nd address X Same as Plan Sp	nonsor		3b Admini	strator's EIN			
oa mana	Millinotator o namo an	id addiese Modillo do Hair Sp	JO[[30] ,		ON AGAIN	Sudioi o En i			
					3c Admini	strator's telephone number			
		e plan sponsor has changed sinc mber from the last return/report.	ce the last return/report filed fo	or this plan, enter the	4b EIN				
	sor's name	Thor from the fact, etc., e.g.			4c PN				
5a Total	number of participants	at the beginning of the plan year	r		5a	13			
b Total	number of participants	at the end of the plan year			5b	15			
		account balances as of the end o			5c	15			
d(1) Tot	al number of active par	rticipants at the beginning of the	plan year		5d(1)	13			
	•	rticipants at the end of the plan y		1	5d(2)	15			
than	100% vested	terminated employment during the			5e	0			
Caution: A	A penalty for the late o	or incomplete filing of this retu	urn/report will be assessed :	unless reasonable cau					
SB or Sche	ialties of perjury and oth edule MB completed an true, correct, and comp	her penalties set forth in the instr nd signed by an enrolled actuary plete.	, as well as the electronic ver	sion of this return/report	t, and to the b	J, if applicable, a Scriedule est of my knowledge and			
SIGN	Jun A	Ach	5/2/17	Lynn A	Stet	son			
HERE	Signature of plan ac	dministrator	Date	Enter name of individe	ual signing as	plan administrator			
SIGN	Lun Ad	PH	58117	Hon A.	. Ste	1027			
HERE	Signature of employ		Date	Enter name of individe		employer or plan sponsor			
Preparer's	name (including firm na	name, if applicable) and address	(include room or suite numbe			elephone number			

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	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	an indepe	ndent qualified public a	ccount	ant (IC	PA)			X Ye	
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must	t instea	d use	Form	5500.	_	_	
С	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	No	☐ Not de	termined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Year				(b) End	of Year	
а	Total plan assets	7a		311252					92360)6
b	Total plan liabilities	7b								
c	Net plan assets (subtract line 7b from line 7a)	7с		311252	-				92360)6
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			***************************************	(b) T	otal	SC 1 500 5 100 100 100 100 100 100 100 100
а	Contributions received or receivable from:	0-(4)		28504						
	(1) Employers	8a(1)		38482						
	(2) Participants	8a(2)		00402	1					
	(3) Others (including rollovers)	8a(3)		70189	l v					
	Other income (loss)	8b							1371	75
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				W. T. T.	107110			
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		24701						
е	Certain deemed and/or corrective distributions (see instructions).	8e			1					
f	Administrative service providers (salaries, fees, commissions)	8f		120) [.					
q	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							248	21
ī	Net income (loss) (subtract line 8h from line 8c)	8i				112354				54
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
	2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare t	feature co	des from the List of Pla	n Char	acteris	tic Co	ies in t	he instru	uctions:	
Pa						- NI -	NI/A			
10	During the plan year:	.41			Yes	No	N/A		Amoun	<u>t </u>
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's \u20a3					х				
	Program)		*******************************	10a		_^_				
k	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х				
c	Was the plan covered by a fidelity bond?	,		10c	X					500000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	ond, that was caused	10d		х				
6	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of	the benefits under	10e	Х					9595
f	Has the plan failed to provide any benefit when due under the pla	an?	***************************************	10f		Х				
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Х				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h	Х		2			
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	lhe require	d notice or one of the	10i	х					
						·				

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Form 5500-SF 2016

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)	mplete	Sche	edule Si	B 	Y	es X No
11a	Enter the unpaid minimum required contributions 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 Co			302 of		4	es X No
	(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 instr	uctions	and	enter t	he date	of the letter	rulina
	granting the waiver	onth	, a.i.	Day		Year_	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	- 1	:			
b	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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lengative amount)			12d		<u> </u>	1
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	s 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 brough control of the PBGC?					Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the p	lan(s)	to			
1	3c(1) Name of plan(s):	1	3c(2)	EIN(s)		13c(3)	PN(s)
			• 4114-00-1	<u>-</u> .			
Part	2000000004			4.4h 3			
14a	Name of trust			14D	Trust's (=IN	
14c	Name of trustee or custodian					's or custodi ne number	an's
Par	IRS Compliance Questions		'				
	Is the plan a 401(k) plan? If "No," skip b		Yes			☐ No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	. U ;	safe h	gn-based "Prior year" A harbor test			ar" ADP
			Curre	ent year est	"	N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	<u>[⊔</u>	Yes			☐ No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter						
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter/	ter the	date	of the m	nost rec	ent determin	nation
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sepa service?		rom	Ye	s [No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		••••	Ye	s [No	