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 calen	dar plan year 2016 or fi	scal plan year beginning 01/01/20	2016		and ending 12	2/31/2	016			
A This r	eturn/report is for:	a single-employer plan			n (not multiemployer) (bloyer information in ac	•	-			
		a one-participant plan	a fore	eign plan						
B This re	eturn/report is	the first return/report	H	al return/report	/	(1)				
		an amended return/report	a snor	rt pian year return	report (less than 12 m	iontns				
C Check	k box if filing under:	Form 5558	auton	natic extension		DF	VC program			
		special extension (enter descri	ription)							
Part II	Basic Plan Info	ormation—enter all requested info	formation							
1a Name THOROUG		ERICA, INC. RETIREMENT SAVIN	NGS PLAN			1b	Three-digit plan number	001		
						1c	(PN) Figure (PN) F			
Mailii	ng address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O				2b Employer Identification Number (EIN) 61-0488425				
	or town, state or province SHBRED CLUB OF AME	ce, country, and ZIP or foreign posta ERICA, INC.	tal code (if	foreign, see instru	ctions)	2c Sponsor's telephone number 859-254-4282				
						2d Business code (see instructions)				
P.O. BOX 8 LEXINGTO	8098 N, KY 40533-8098					713900				
3a Plan	administrator's name a	nd address 🛛 Same as Plan Spon	nsor.			3b Administrator's EIN				
		<u> </u>				3c Administrator's telephone number				
		e plan sponsor has changed since t mber from the last return/report.	the last ret	turn/report filed fo	r this plan, enter the	4b EIN				
	nsor's name	mber from the last retain, report.				4c	PN			
		at the beginning of the plan year				5		4		
		at the end of the plan year				5	b			
	ber of participants with plete this item)	account balances as of the end of t	the plan ye	ear (only defined o	contribution plans	5	С			
d(1) To	otal number of active pa	articipants at the beginning of the pla	lan year			5d	(1)			
d(2) ⊤	otal number of active pa	articipants at the end of the plan yea	ar			5d	(2)			
thar	n 100% vested	terminated employment during the				5		(
		or incomplete filing of this return						able a Colorator		
SB or Sch		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.								
SIGN		/valid electronic signature.	06/	/14/2017	BETTY FLYNN					
HERE										

Date

Date

Signature of plan administrator

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	and condit	ions.)						X Ye	s No
	If the plan is a defined benefit plan, is it covered under the PBGC in						-	No	Not de	termined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a	, , ,	252275					28325	53
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		252275					28325	i3
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
	Contributions received or receivable from:			8750						
	(1) Employers	8a(1)		14950						
	(2) Participants	8a(2)		14000						
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		10822						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3452	22
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d			_					
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		3544						
g	Other expenses	8g			_					
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)								354	
	Net income (loss) (subtract line 8h from line 8c)								3097	8
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Part	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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					35000
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					1489
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s 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 the exceptions to providing the notice applied under 29 CFR 2520.10			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 constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	es No
11a	Ente	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			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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?			Yes	s X No)
	If "Y€	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 broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(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 custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne 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		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		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?			s	No	

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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	Annual Report	Identification Information				
For calend	lar plan year 2016 or f	iscal plan year beginning	01/01/2016	and ending	12/31/	2016
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)	(Filers checking	this box must attach a
7 111310	turimeport is for.	a one-participant plan	a foreign plan	nployer information in a	ccordance with t	he form instructions.)
B This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 n	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am
D. All	D : DI . (special extension (enter descr				
Part II		ormation—enter all requested in	formation			
1a Name THOROUGE		AMERICA, INC. RETIRE	EMENT SAVINGS PLA	AN	1b Three-dig plan num (PN) ▶	
					1c Effective 10/01/2	
Mailing	g address (include roo	byer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)		2b Employer	Identification Number
City or THOROUG	town, state or province GHBRED CLUB O	e, country, and ZIP or foreign posts F AMERICA, INC.	al code (if foreign, see instr	ructions)	2c Sponsor's	s telephone number
P.O. BO	OX 8098					code (see instructions)
LEXINGT	CON	KY 40533-809	0		713900	
		KY 40533-8098 nd address X Same as Plan Spor			2h A	
Ja Flall a	ummistrator s name ar	d address & Same as Plan Spor	ISOr.		3b Administr	ator's EIN
					3c Administr	ator's telephone number
						,
4 If the r	name and/or EIN of the , EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	
a Sponse					4c PN	
5a Total r	number of participants	at the beginning of the plan year			5a	4
		at the end of the plan year			5b	4
C Number		account balances as of the end of			5c	4
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an vear		5d(1)	4
		rticipants at the end of the plan year			5d(2)	4
e Numb	er of participants that	terminated employment during the	plan year with accrued bei		5e	0
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable ca	use is establish	ed.
SB or Sche	alties of perjury and otledule MB completed and true, correct, and com	her penalties set forth in the instructed signed by an enrolled actuary, a plete.	tions, I declare that I have s well as the electronic ver	examined this return/re sion of this return/repor	port, including, if t, and to the bes	applicable, a Schedule t of my knowledge and
SIGN	Setter	Huma	14 June	Betty Flynn		
HERE	Signature of plan a	, - //	Date 2017	Enter name of individ	ual signing as ni	an administrator
SIGN	Detter &	(4)	14 June	Betty Flynn	dai signing as pi	an administrator
HERE	Signature of emplo	wor/plan changer	Date 2017			
Preparer's	name (including firm n	ame, if applicable) and address (in		r)	Preparer's tele	nployer or plan sponsor
		(m			sparor o tolo	pono namboi

b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 							X Yes		
	If the plan is a defined benefit plan, is it covered under the PBGC i rt III Financial Information	nsurance pro	ogram (see ERISA s	ection 4	4021)?	[Yes [No [Not det	ermined
7	Plan Assets and Liabilities		() 5	• • • • • • • • • • • • • • • • • • • •					2.5	
	Total plan assets		(a) Beginning	of Year	_		(t) End of		02 05
b	·	7a 7b		454,	2/5					83,253
	Net plan assets (subtract line 7b from line 7a)			252,	275				2	83,253
8	Income, Expenses, and Transfers for this Plan Year	7c	(-) A		2/3					33,253
a	Contributions received or receivable from:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(a) Amour	it	-			(b) Tot	al	
	(1) Employers	8a(1)		8,	750					
	(2) Participants	8a(2)		14,	950					
	(3) Others (including rollovers)	8a(3)								
b		8b		10,	822					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								34,522
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	(I	3,	544					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								3,544
i	Net income (loss) (subtract line 8h from line 8c)	8i								30,978
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics	9								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature code	es from the List of Pla	an Cha	racteri	stic Co	odes in the	ne instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan	n Chara	acterist	ic Co	des in the	e instructi	ons:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a		oluntary Fid	uciary Correction	10a		Х		,	Amount	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	clude transactions	10b		Х				
С	/ Water 19 10 10 10 10 10 10 10 10 10 10 10 10 10			10c	Х		- 48			25,000
d		fidelity bond	, that was caused	10d		Х				23,000
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	Х					1,489
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-end	d.)	10g		Х				
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						

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I au	C	J	

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (Form 5500) and line 11a below)	olete Sch	nedule S	В	Y	'es No	
_11a	Enter 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 ERISA?	or section	n 302 o	f	☐ Y	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 instruct granting the waiver	tions, an	d enter t Day		of the lette	r ruling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
	Enter the minimum required contribution for this plan year		12b				
<u>c</u>	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 o negative amount)	f a	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 u control of the PBGC?	nder the			Yes 🛚	Yes 🛛 No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s) to				
1	I3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII Trust Information		30				
	Name of trust		446 -				
174	Name of trust		140	rust's El	N		
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Part	IX IRS Compliance Questions						
15a	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:	safe h	ent year"	oor ☐ test year" ☐ N/A			
	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		erage nefit 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?	Yes] No		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinithe letter and the serial number						
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter t letter	he date	of the m	ost recer	nt determin	ation	
	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 separated service?	d from	Yes		No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No		