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.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	1					
For calenda		fiscal plan year beginning 01/01/2			and ending 12	2/31/2016		
A This ret	turn/report is for:	a single-employer plan			an (not multiemployer) (ployer information in ac		-	
71	,	a one-participant plan	_	gn plan	, ,,,			,
B This retu	urn/report is	the first return/report	the fina	al return/report				
		an amended return/report	a short	plan year return	n/report (less than 12 m	onths)		
C Check I	box if filing under:	Form 5558 special extension (enter description)		atic extension		DFVC p	rogram	
Part II	Basic Blan Int	formation—enter all requested in						
1a Name		officer an requested in	iormation			1b Thre	e-digit	
	D., INC. RETIREMEN	NT PLAN					number	
						(PN)	•	001
						1c Effec	ctive date of 01/01	plan /2015
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)			2b Empl	04.40	ication Number
		nce, country, and ZIP or foreign post	tal code (if fo	oreign, see instr	uctions)	_ ` '		none number
GRAVES CC	J., INC.						502-803	
0400 001414	EDCIAL DDIVE					2d Busir	ness code (see instructions)
FRANKFOR	ERCIAL DRIVE T, KY 40601						2362	00
3a Plan a	dministrator's name	and address X Same as Plan Spor	nsor.			3b Admi	inistrator's E	EIN
						0		
						3C Admi	inistrator's t	elephone number
4 If the r	name and/or EIN of t	he plan sponsor has changed since	the last retu	urn/report filed fo	or this plan, enter the	4b EIN		
	•	umber from the last return/report.				40 DN		
	or's name	to at the beginning of the plan year				4c PN 5a		2
_		ts at the beginning of the plan yearts at the end of the plan year				5b		
C Numb	er of participants wit	h account balances as of the end of	the plan yea	ar (only defined	contribution plans	5c		1
		participants at the beginning of the pl				5d(1)		2
` '		participants at the beginning of the plan year	•			5d(2)		
		at terminated employment during the				5e		
		inlate filing of this nature					h li a la a al	
		e or incomplete filing of this return other penalties set forth in the instruc						able a Schedule
SB or Sche		and signed by an enrolled actuary, a						
SIGN	Filed with authorize	d/valid electronic signature.	07/1	4/2017	TARA GRAVES			
HERE	Signature of plan	administrator	Da	te	Enter name of individ	ual signing	as plan adn	ninistrator
SIGN			¯					
HERE	Signature of emp	loyer/plan sponsor	Da	ite	Enter name of individ	ual signing	as employe	r 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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	Were all of the plan's assets during the plan year invested in eligib								X Yes	No
D	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 Yes	No
	If you answered "No" to either line 6a or line 6b, the plan canr					_	_	_		
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA s	ection 4	021)?		Yes	∐ No	Not dete	ermined
	rt III Financial Information		1							
	Plan Assets and Liabilities		(a) Beginning				(b) End		
	Total plan assets	7a		57190					81726)
	Total plan liabilities	7b		57190					81726	
	Net plan assets (subtract line 7b from line 7a)	7c)
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	<u>nt</u>				(b) T	otal	
а	(1) Employers	8a(1)		18421						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		6115						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							24536	;
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions).	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
	Net income (loss) (subtract line 8h from line 8c)	8i							24536	;
	Transfers to (from) the plan (see instructions)	8i								
Par	rt IV Plan Characteristics	, ,,								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
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 Norgram)	√oluntary I	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interes	t? (Do not	include transactions			X				
	reported on line 10a.)			10b 10c	X					1000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	and, that was caused			X				
—	by fraud or dishonesty?			10d						
	carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	an?	<u></u>	10f		X				
g	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 t 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 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 a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						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	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
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	entage		verage enefit test	□ 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	

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Form 5500-SF (2016) v.160205 Enter name of individual signing as employer or plan sponsor | Preparer's telephone number than 100% vested

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

Caution: A penalty for the late or incomplete filing of this returnireport, including, if applicable, a Schedule Under penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, and to the best of my knowledge and 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 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 3c Administrator's telephone number 7 ۲-₹ Ξ 7 Business code (see instructions) OMB Nos. 1210-0110 1210-0089 Employer Identification Number This Form is Open to Public Inspection a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) Sponsor's telephone number Enter name of individual signing as plan administrator (502) 803-0049 2016 8 Effective date of plan Administrator's EIN (EIN) 61-1360876 plan number DFVC program 01/01/2015 Three-digit 236200 <u>2</u> 4b EN 5d(1) 4c PN 5d(2) ξ 윦 Š 59 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). 3b **2**d ending 12/31/2016 Complete all entries in accordance with the instructions to the Form 5500-SF. Short Form Annual Return/Report of Small Employee a short plan year return/report (less than 12 months) 20 5 20 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Number of participants that terminated employment during the plan year with accrued benefits that were less Number of participants with account balances as of the end of the plan year (only defined contribution plans -14-30 HTara Graves 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) Preparer's name (including firm name, if applicable) and address (include room or suite number) the final return/report automatic extension Benefit Plan a foreign plan d(1) Total number of active participants at the beginning of the plan year Date 5a Total number of participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year Basic Plan Information enter all requested information special extension (enter description) 3a Ptan administrator's name and address K Same as Plan Sponsor. Part i Annual Report Identification Information
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 Total number of participants at the end of the plan year 15 X Co 1862 an amended return/report 🛚 a single-employer plan a one-participant plan the first return/report Signature of plan administrator Form 5558 correct, and cor Graves Co., Inc. Retirement Plan Department of Labor Employee Benefis Security Administration Pension Benefit Guaranty Corporation complete this item).... Check box if filing under: Form 5500-SF This return/report is for: Department of the Treasury Internal Revenue Service 2123 Commercial Drive Sponsor's name B This return/report is Frankfort, KY 40601 1a Name of plan 9 Graves Co., Inc. SIGN SIGN Part II Φ æ Ω ပ 4 O ⋖

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF

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						X Yes No
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	e assets? (k pipdopend	see instructions.) ent mislified oublic acc	ountant (QPA)		
b Are you claiming a waiver of the annual examination and report of all inceptations from the annual examinations on waiver eligibility and conditions.)	nd condition	1S.)				
under 25 CFR 2520.104-401 (Occ. mailtonness). The plan cannot use Form 5500-SF and must instead use Form 5500. If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	t use Forn	a 5500-SF and must in	nstead u	e. Fo∃		No Not determined
C. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	surance pro	gram (see ERISA sect	100 40Z I			
Part III Financial Information						(h) End of Year
		(a) Beginning of Year	Year 57190	_	1	81726
a Total plan assets	7a					
	2		24.00	_		81726
	20		26130	1		Į_
		(a) Amount		\perp		(a)
۱	8a(1)		18421	_		
(1) Employels	8a(2)					
(2) Fallacharies	8a(3)			_		
	qg		6115	_		36360
- 1	36			_		74530
d Benefits paid (including direct rollovers and insurance premiums	8			\dashv		
10 provide Deficiency	% %			1		
	£5			_		
١.	89			1		
F Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			$\frac{1}{1}$		304536
	ĝ.			1		00017
	8]			\dashv		
Day IV Plan Characteristics					1	the inches relicine.
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the first of Plan Characteristic Charact	n feature co	des from the List of Pli	an Chara	tensiic	Codes III	lite illocated so
2E 2F 2G If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	feature coo	les from the List of Pla	n Charac	eristic (odes in l	the instructions:
딘				Yes	No N/A	Amount
Was there a failure to transmit to the plan any participant contributions within the time period 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	utions with Voluntary	in the time period iduciary Correction	, 10a		×	
Program) Note: the reason nonexempt transactions with any party-in-interest? (Do not include transactions)	st? (Do not	include transactions	ę		×	
			3 9	>	-	10000
c Was the plan covered by a fidelity bond?			ğ	╬	-	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	's fidelity b	ond, that was caused	10d		×	
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.)	other perso	ns by an insurance if the benefits under	196	1	×	
f Has the plan failed to provide any benefit when due under the plan?)an?		\$	1	$\frac{1}{1}$	
C Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	t as of year	end.)	10g	1	$\frac{1}{\times}$	
If this is an individual a	i? (See inst	ructions and 29 CFR	10h		×	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d the requir	ed notice or one of the				
exceptions to providing the notice applied under 29 UTR 2020.	JUI-5		-			

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Form 5500-SF 2016

Compliance			
Part VI Perision United Specific plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB	Jule SB	∏ Yes ⊠	2
- 1	11a		1
Sect	302 of	S sex	ŝ
(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 14c before the line 12a or lines 12b, 12c, 12d, and the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the law waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the law waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the	enter the Day	date of the letter ruling Year	
granting the waiver.			
If you completed line 12a, complete lines 3, 3, and 14 of completed line 12a, completed line 12a, completed lines	12b		
b Enter the minimum required contribution for this plantyear	12c		
C Enter the amount contributed by the employer to the plant for the second (enter a minus sign to the left of a distributed the amount in line 12c from the amount in line 12c. Enter the result (enter a minus sign to the left of a	12d		
	\ 	Yes No NA	√
e Will the minimum funding amount reported on like 120 per mousty me.	[כ	
Part VII Plan Temiliations and Training of the plan hear admited in any plan year?		Yes X No	
13a Has a resolution to terminate the principles of the employer this year	13a		
If Yes, enter the amount of any promoter than the participants of beneficiaries, transferred to another plan, or brought under the		☐ Yes ⊠ No	
control of the PBGC?	to		
	EIN(s)	13c(3) PN(s)	(5)
13c(1) Name of plan(s):			i
Part VIII Trust Information 14a Name of trust	44b Tr	44b Trust's EIN	
14c Name of trustee or custodian	14d Tr	Trustee's or custodian's telephone number	
Part IX IRS Compliance Questions		& □	
	Design-based	Prior year" ADP	ADP
15b 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 harbor "Current year" ADP test	N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan Ratio perce year? Check all that apply:	Ratio percentage test	Average benefit test	A/N
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)		oN .	
for the plan year by combining this plan will any outer plan that received a favorable IRS opinion letter or advisory letter, enter the date 17a if the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date 17a if the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date.	er or advi	sory letter, enter the de	ate of
the letter an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination 17b if the plan is an individually-designed plan that received a favorable determination	e of the m	nost recent determinati	u
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 separated from	Yes	s No	
service?	Yes 🗌	s No	ļ
- 1			