Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					yee	OMB Nos. 1210-0110 1210-0089				
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee										
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the In		This Form is Open to Public Inspection				
	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	structions to the Form 550	0-SF.					
For calenda	ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/20	016	and ending 12/3	31/2016					
A This return/report is for:						-				
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 mon	nths)					
C Check I	box if filing under:	Form 5558	automatic extension	n 🗌	rogram					
		special extension (enter descri	,							
Part II		mation—enter all requested info	ormation							
1a Name DOGWOOD	of plan HOMES OF KENTUCK	Y, LLC 401K PLAN			(PN)	number 001				
					1c Effective date of plan 01/01/2002					
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta			2b Empl (EIN)	oyer Identification Number 31-1513454				
	HOMES OF KENTUCK		ai code (il loreign, see il		2c Spon	nsor's telephone number 502-231-0441				
PO BOX 409 MT WASHINGTON, KY 40047					2d Business code (see instructions) 236110					
3a Plan a	dministrator's name and	address X Same as Plan Spon	sor.	:	<b>3b</b> Administrator's EIN					
					<b>3c</b> Admi	nistrator's telephone number				
		blan sponsor has changed since t ber from the last return/report.	the last return/report file	d for this plan, enter the						
a Sponse	or's name				4C PN					
5a Total r	number of participants at	t the beginning of the plan year			5a	23				
		t the end of the plan year			5b	19				
		count balances as of the end of t		······	5c	17				
( )		cipants at the beginning of the pla	,		5d(1)	20				
e Numb	per of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued	penefits that were less	5d(2) 5e	13 0				
		incomplete filing of this return				blished.				
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruc signed by an enrolled actuary, a	tions, I declare that I ha	ve examined this return/repo	ort, includi	ng, if applicable, a Schedule				
SIGN		lid electronic signature.	07/25/2017	<b>RICHARD MILES</b>						
HERE	Signature of plan adı	ministrator	Date	Enter name of individua	l signing :	as plan administrator				
SIGN					a eiginig a					
HERE	Signature of employe	ar/nlan snonsor	Date	Enter name of individua	l signing :	as employer or plan sponsor				
Preparer's		ne, if applicable) and address (in				telephone number				
		and the Instructions for Form FEOO				Form 5500 SE (2016)				

b	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b 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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>									
	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
<u> </u>	art III Financial Information									
<u></u>	Plan Assets and Liabilities	_	(a) Beginning of Year 588378	(b) End of Year 523054						
		7a	300370	323034						
b		7b	588378	523054						
	·····	7c								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
a	Contributions received or receivable from: (1) Employers	8a(1)	7361							
	(2) Participants	8a(2)	14643							
	(3) Others (including rollovers)	8a(3)	0							
b	Other income (loss)	8b	29916							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		51920						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	112772							
е	Certain deemed and/or corrective distributions (see instructions).	8e	0							
f	Administrative service providers (salaries, fees, commissions)	8f	4472							
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		117244						
i	Net income (loss) (subtract line 8h from line 8c)	8i		-65324						
j	Transfers to (from) the plan (see instructions)	8j								
a b c d f	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c 8d 8d 8e 8f 8g 8f 8g 8h 8i	7361 14643 0 29916 112772 0	51920						

## Part IV Plan Characteristics

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D 3H 2T

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
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	×			1253
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance									
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No			
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a						
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			YAS						
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling			
	gran	ting the waiver	onth _		_ Day		_ Year				
lf	you c	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						
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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	s XI	No			
		es," enter the amount of any plan assets that reverted to the employer this year			13a						
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No			
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to						
1		Name of plan(s):		13c(2)	EIN(s)		<b>13c(3)</b> PN(s)				
Part	VIII	Trust Information									
14a	Name	e of trust			14b ⊺	Frust's E	IN				
14c	Name	e of trustee or custodian			<b>14d</b> 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:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP			
				"Curre ADP t	rent year" 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:					centage Average N/						
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No				
	the le		-			-					
	letter		er the	e date	of the m	nost rece	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 separce?		from	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				

<u> </u>										
	errm 5500-SF	Short Form Annu	t of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089					
Inte	ernal Revenue Service	This form is required to be file	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee							
Employee I	Department of Labor Benefits Security Administration	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Revenue Code (the Code).							
Pension E	Benefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	accordance with the inst	ructions to the Form 5	500-SF.	Public Inspection				
Part I		dentification Information								
For calence	lar plan year 2016 or fisc	al plan year beginning 01/01/201	6	and ending 12/	31/2016					
A This re	eturn/report is for:	X a single-employer plan			•	ing this box must attach a the form instructions.)				
	Į	a one-participant plan	a foreign plan							
<b>B</b> This ret	turn/report is	the first return/report	the final return/report							
	[	an amended return/report	a short plan year retur	n/report (less than 12 m	ionths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram				
	Ī	special extension (enter descri	iption)			5				
Part II	Basic Plan Infor	nation-enter all requested inf								
		nation-enter an requested in	omation		1b Three	41:-14				
<b>1a</b> Name of plan DOGWOOD HOMES OF KENTUCKY, LLC 401K PLAN					umber 001					
					(PN) 1c Effecti	ve date of plan				
		······			01/01/	/2002				
Mailin	g address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O	. Box)			yer Identification Number 31-1513454				
	r town, state or province, omes of Kentucky, LLC	country, and ZIP or foreign posta	al code (if foreign, see instr	ructions)	2c Sponsor's telephone number					
					(502) 231-0441 2d Business code (see instructions)					
PO BOX 40	9				236110					
	NGTON, KY 40047	<b>E1</b> -								
3a Plan a	idministrator's name and	address 🛛 Same as Plan Spon	sor.		3b Admini	istrator's EIN				
					3c Administrator's telephone number					
					······································					
		lan sponsor has changed since t er from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN					
a Spons	or's name	· ···· · ····			4c PN					
5a Total i	number of participants at	the beginning of the plan year								
<b>b</b> Total i	number of participants at	the end of the plan year			5b	19				
C Numb	er of participants with ac	count balances as of the end of th	ne plan year (only defined	contribution plans	5c	17				
		pipants at the beginning of the pla			5d(1)	20				
<b>d(2)</b> Tot	al number of active partic	pipants at the end of the plan year	٢		5d(2)	13				
e Numb	per of participants that ter 100% vested	minated employment during the	plan year with accrued ber	nefits that were less	5e	0				
Caution: A	penalty for the late or	incomplete filing of this return	report will be assessed	unless reasonable cau	ise is establi	ished.				
SB or Sche	alties of perjury and other edule MB completed and true, correct, and comple	r penalties set forth in the instruct signed by an enrolled actuary, as	ions, I declare that I have well as the electronic ver	examined this return/rep sion of this return/report	oort, including , and to the b	g, if applicable, a Schedule lest of my knowledge and				
SIGN	7-188	14	7-25-10	Richard Miles	··· · · · ·					
HERE	Signature of plan/adm	ninistrator	Date		al signing on	nlan administrator				
SIGN	MAIA PA	Istan	7-25-17		er name of individual signing as plan administrator					
HERE						employer or plan changes				
Signature of employed/plan sponsor         Date         Enter name of individ           Preparer's name (including firm name, if applicable) and address (include room or suite number )         Enter name of individ				r)		employer or plan sponsor elephone number				
For Dependence	ork Poduction Act Notice	see the Instructions for Form 5500.	27							

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Form 5500-SF 2016

b	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b 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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>									es 🗌 No es 🗍 No	
	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	orogram (see ERISA	section	4021)?	'[	Yes	∐ No	Not de	etermined	
7	Plan Assets and Liabilities	(a) Boginning		- 1			(b) End	of Voor			
a	Total plan assets	. 7a	(a) Beginning	5883	-			(b) End	of Year 523	054	
b	Total plan liabilities	7b							020		
	Net plan assets (subtract line 7b from line 7a)	·····	5883	378				523054			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt		·		(b) 1	otal		
а	Contributions received or receivable from:										
	(1) Employers	8a(1)		146	61						
	(2) Participants	8a(2)		140	0						
b	Other income (loss)	8a(3) 8b		299							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				<del></del>				519	.20	
d	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)			1127	72 0					~	
	Certain deemed and/or corrective distributions (see instructions) 8e										
	Administrative service providers (salaries, fees, commissions)	8f		44	12				•		
	Other expenses	8g							4470		
	Total expenses (add lines 8d, 8e, 8f, and 8g)         8h           Net income (loss) (subtract line 8h from line 8c)         8i								-653		
	Transfers to (from) the plan (see instructions)	8i		·					-053		
Par		8j			. I.,						
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of P	lan Cha	racteri	stic Co	odes in	the inst	ructions:		
	2E 2F 2G 2J 2K 3D 3H 2T										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	an Char	acterist	ic Co	des in tl	he instru	ictions:		
Par	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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not ir	nclude transactions	10b		х					
С	Was the plan covered by a fidelity bond?			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х			· · · · · · · · · · · · · · · · · · ·		
е	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.)			10e	х					1253	
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х					
g						х					
	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See instruc	ctions and 29 CFR	10g 10h		х		<u></u>			
i											

Form 5500-SF 2016

Page	7	
гауе	<b>J</b> -	1

Part		nsion Funding Compliance									
11	Is this a ( (Form 55	defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and o i00) and line 11a below)	comple	ete Sci	nedule S	SB	E	] Yes	$\boxtimes$	No	
		unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 defined contribution plan subject to the minimum funding requirements of section 412 of the Co									
12	Is this a ERISA? .	sectio	on 302 of	f		Yes	X	No			
	(If "Yes,"	<sup>1</sup> complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
	granting	er of the minimum funding standard for a prior year is being amortized in this plan year, see ins the waiver	Nonth _	ns, an	d enter t Day		of the le Yea		ing		
		leted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1									
b	Enter the	minimum required contribution for this plan year			12b						
		amount contributed by the employer to the plan for this plan year			12c						
d	Subtract negative	the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the li amount)	left of a	3	12d						
1		ninimum funding amount reported on line 12d be met by the funding deadline?				Yes	No No	1	N/A		
Part	VII   Pla	n Terminations and Transfers of Assets									
_13a	Has a res	olution to terminate the plan been adopted in any plan year?				Yes	\$ X	No			
		enter the amount of any plan assets that reverted to the employer this year			13a						
b	Were all t control of	the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug the PBGC?	ht und	ler the			Yes	X No	>		
с	If, during	this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif sets or liabilities were transferred. (See instructions.)	fy the j	plan(s)	to						
1	3c(1) Narr	ne of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)				
Part	VIII Tr	ust Information									
14a I	Name of tru	ust			<b>14b</b> T	rusťs E	IN				
14c	Name of tr	ustee or custodian			14d Trustee's or custodian's						
							e numbe				
Part	IX IR	S Compliance Questions		l		·					
L			Π	Yes		Г	No				
158	is the plan	a 401(k) plan? If "No," skip b	···			L.					
15b⊺ ₄	How did th 401(k)(3) fo	e plan satisfy the nondiscrimination requirements for employee deferrals under section or the plan year? Check all that apply:		safe h		Ľ	"Prior : test	year" A	٨DP		
			П	"Curre ADP te	nt year" est	Ľ	] <b>N/A</b>				
16a '	What testir year? Che	ng method was used to satisfy the coverage requirements under section 410(b) for the plan ck all that apply:		Ratio perce	ntage		erage		N/A		
·				test	mage	∐ be	nefit test	Ц	11//1		
1	<b>16b</b> 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?					-	] No				
17a	If the plan i the letter	is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS o									
17b	If the plan letter	is an individually-designed plan that received a favorable determination letter from the IRS, ent	ter the	date c	of the mo	ost rece	nt determ	ninatio	n		
<b>18</b>	Defined Be	nefit Plan or Money Purchase Pension Plan Only:			Π						
5	vere any c service?	listributions made during the plan year to an employee who attained age 62 and had not separ	rated fi	rom	Yes No						
		an participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No				
		· · · · · · · · · · · · · · · · · · ·		I							