Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					oyee	OMB Nos. 1210-01 1210-00			
	rtment of the Treasury mal Revenue Service	This form is required to be file			etirement	2016			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the		This Form is Open to Public Inspection			
	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	structions to the Form 5	500-SF.				
For calend	ar plan year 2016 or fisc	Ientification Information al plan year beginning 01/01/2	017	and ending	7/10/2017				
A This ret	turn/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) (employer information in ac		king this box must attach a ith the form instructions.)			
B This ret	urn/report is	the first return/report an amended return/report	$\stackrel{\scriptstyle{\scriptstyle{\frown}}}{\scriptstyle{\scriptstyle{\leftarrow}}}$ the final return/repor	t urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension	1	DFVC p	rogram			
Part II	Basic Plan Inform	nation —enter all requested inf	. ,						
	PHICS PROFIT SHARIN				(PN) 1c Effect	number ▶ 001 tive date of plan 10/01/1986			
Mailing City or	g address (include room, town, state or province,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		structions)	(EIN)				
PLAN GRAPHICS INC					2c Sponsor's telephone number 502-223-1501				
112 EAST M FRANKFOR					2d Busir	ness code (see instructions) 541519)		
Sa Plan a	oministrator s name and	address 🛛 Same as Plan Spor	ISOF.			nistrator's EIN nistrator's telephone numbe	er		
		olan sponsor has changed since to be from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN				
	or's name				4c PN				
		t the beginning of the plan year			5a 5b		27 0		
C Numb	er of participants with ac	t the end of the plan year count balances as of the end of t	the plan year (only define	ed contribution plans	50 5c		C		
	,	cipants at the beginning of the pla			5d(1)		1		
d(2) Tot	al number of active parti	cipants at the end of the plan yea	ar		5d(2)		C		
than	100% vested	rminated employment during the	•		5e		C		
		incomplete filing of this return r penalties set forth in the instruct					P		
SB or Sche		signed by an enrolled actuary, a							
SIGN	Filed with authorized/va	lid electronic signature.	08/08/2017	JOHN ANTENUCCI					
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan administrator			
SIGN HERE									
		Signature of employer/plan sponsor Date Enter name of individu me (including firm name, if applicable) and address (include room or suite number)				as employer or plan sponso	or		
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite num	iber)	Preparers	s telephone number			
		see the Instructions for Form 5500				Form 5500-SE (201			

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	X Yes No
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQPA	
	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			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 4021)?	Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	1634272	0
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1634272	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:			
	(1) Employers	8a(1)		
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	84057	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		84057
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1718329	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1718329
i	Net income (loss) (subtract line 8h from line 8c)	8i		-1634272
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$	feature co	des from the List of Plan Characteristic	c Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es 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		
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 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		X		
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		Х		

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)					<u> </u>	Yes 🗙 No
11a	Ente	r 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						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					·· 🖵	
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	is, and	enter t	he date	of the lette	er ruling
	<u> </u>	ting the waiver			_ Day	′	Year _	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the least of the matter 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?				X Ye	s N	lo
	lf "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 broug rol of the PBGC?					X Yes	No
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3	8) PN(s)
Part	VIII	Trust Information						
		of trust			14b 1	Frust's I	EIN	
14c	Name	e of trustee or custodian					s or custod	lian's
					I	leiepho	ne number	
Par	LIV	IRS Compliance Questions						
Fai							Π	
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:		Desigi safe h	n-based arbor	1 [Prior yet test	ear" ADP
				"Curre ADP t	ent year' est	13	N/A	
16a		t 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
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		nter the	date (of the m	ost rec	ent determi	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 ce?		rom	Yes	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No	

Form 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Emp Benefit Plan				
Department of the Treasury Internal Revenue Service	This form is required to be file	This form is required to be filed under sections 104 and 4065 of the Employee				
Department of Labor Employee Benefits Security Administratio	Income Security Act of 1974	I (ERISA), and sections 60 Revenue Code (the Cod	157(b) and 6058(a) of the	Internal	This Form is Open to	
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the inst	tructions to the Form 5	500-SF.	Public Inspection	
For calendar plan year 2016 or	t Identification Information fiscal plan year beginning 01/01/20	17	and an diag. Or the	0.400.4 9		
	X a single-employer plan		and ending 07/1		ng this box must attach a	
A This return/report is for:	a one-participant plan	list of participating er	mployer information in ac	cordance wi	th the form instructions.)	
B This return/report is	the first return/report	X the final return/report				
	an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)		
C Check box if filing under:	Sorm 5558	automatic extension		DFVC pro	ogram	
	special extension (enter desc	. ,				
Part II Basic Plan Inf	ormation-enter all requested in	formation				
1a Name of plan PLAN GRAPHICS PROFIT SHAI	RING PLAN			(PN)	umber	
••••				TO Effecti	ve date of plan	
Mailing address (include ro City or town, state or provin	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign post). Box) al code (if foreign, see inst	ructions)	(EIN) (yer Identification Number 51-0954403	
PLAN GRAPHICS INC			ŕ	2c Spons	or's telephone number (502) 223-1501	
112 EAST MAIN ST				2d Busine 541519	ss code (see instructions)	
FRANKFORT, KY 40601						
3a Plan administrator's name a	and address 🛛 Same as Plan Spo	nsor.			strator's EIN strator's telephone number	
4 If the name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN		
name, EIN, and the plan nu a Sponsor's name	umber from the last return/report.			4c PN		
5a Total number of participant	s at the beginning of the plan year			5a	27	
	s at the end of the plan year		-	5b	0	
 C Number of participants with 	account balances as of the end of	the plan vear (only defined	contribution plans	5c	0	
	articipants at the beginning of the pl			5d(1)	1	
	articipants at the end of the plan yea			5d(2)	0	
 e Number of participants that 	t terminated employment during the	plan year with accrued be	nefits that were less	5e	0	
Caution: A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable car			
 Under penalties of perjury and or 	ther penalties set forth in the instruction of stand by an enrolled actuary, a plete.	tions. I declare that I have	examined this return/ren	ort including	if applicable a Schodulo	
SIGN (- atur	~	JOHN ANTENUCCI			
HERE Signature of plan a	administrator	Date 7/24/17	Enter name of individu	al signing as	plan administrator	
SIGN					Prost daring for a co	
HERE Signature of emplo		Date	Enter name of individu	al signing as	employer or plan sponsor	
	name, if applicable) and address (in				Alephone number	
For Paperwork Reduction Act Notic	e, see the instructions for Form 5500	QE	- - -		Eorm 5500.SE (2016)	

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	 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. 								No No			
	If the plan is a defined benefit plan, is it covered under the PBGC in the result of t	nsurance p	rogram (see ERISA s	ection 4	1021)?	[] Yes	No Not deter	mined			
7	Plan Assets and Liabilities		(a) Baginaina	of Vac	.			(h) =				
a	Total plan assets	. 7a	(a) Beginning	16342		M		(b) End of Year	0			
b	Total plan liabilities				<u> </u>			· · · · · · · · · · · · · · · · · · ·				
C	Net plan assets (subtract line 7b from line 7a)	. 7c		16342	72)			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou					(b) Total				
а	Contributions received or receivable from:		(4) / 6110 4									
	(1) Employers	. 8a(1)										
	(2) Participants	. 8a(2)										
<u> </u>	(3) Others (including rollovers)	. 8a(3) [.]					n nogu Tai					
	Other income (loss)	8b		840	57	2 - 2 - 2 						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Bc			Che l			84057	•			
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		171832	29							
e	Certain deemed and/or corrective distributions (see instructions)	8e							. <u></u>			
	Administrative service providers (salaries, fees, commissions)	8f										
	Other expenses	8g	*****									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1718329				
i	Net income (loss) (subtract line 8h from line 8c)						-1634272					
j	Transfers to (from) the plan (see instructions)	8										
Pa	t IV Plan Characteristics				<u> </u>	9399C			통신하다가			
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature coo	les from the List of Pl	an Cha	racteris	stic Co	odes in	the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Chara	acterist	ic Coc	des in t	he instructions:				
Par	t V Compliance Questions						·	m				
10	During the plan year:				Yes	No	N/A	Amount	<u> </u>			
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		5. MAAA				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not ir	clude 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	litera Litera Literatura					
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		x						
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 a	s of year-er	id.)	10g		х		• #A.C.				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruc	tions and 29 CFR	10g		x			··			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107	ne required	notice or one of the	10i		х						

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Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete :	Schedule \$	SB		Yes 🗴	No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		110		**1	<u>.</u>	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the CERISA?	Cada ar aa	Non 200) of		Yes 🗴	∮ No
(ii 100; compare the 122 of mes 120, 120, 120, and 12e below, as applicable,)					·	
 a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 	Month	and enter Da		of the lett		g
		401	1			
b Enter the minimum required contribution for this plan year			ļ			
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?	<u></u>]	Yes	No	N//	4
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?			X Yes	<u>а П г</u>	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year					0	<u> </u>
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou control of the PBGC?	abt under t	L		X 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.)	tify the plan	(s) to	l	<u> </u>		
13c(1) Name of plan(s):	13c	(2) EIN(s)	T	130/	3) PN(s)	<u>،</u>
				130(.	5) FIV(S))
Part VIII Trust Information			-		·	
14a Name of trust		14b 1	rust's E	IN		
14c Name of trustee or custodian				or custod	lian's	
Part IX IRS Compliance Questions						
15a is the plan a 401(k) plan? If "No," skip b			[] No		
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:	L safe	ign-based harbor		"Prior ye test	ear" ADI	P
	"Cu	rrent year" P test		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:	Ral per tesl	centage		erage nefit test	П и	I/A
16b 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		Г	No	<u> </u>	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	opinion lett	er or advis			e date o	of
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter	nter the date	e of the mo	ost recer	nt determi	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?	arated from	Yes		No	<u>, .</u>	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		. 🗌 Yes		No	<u></u>	
			- A			