Form 5500-SF		Short Form Annu	OMB Nos. 1210-01 1210-00				
	rtment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plar d under sections 104 an		tirement	2016	
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974	6057(b) and 6058(a) of the li ode).	nternal	This Form is Open to Public Inspection		
	enefit Guaranty Corporation	Complete all entries in a		structions to the Form 550	00-SF.		
For calenda	Annual Report Ic	dentification Information		and ending 12/	31/2016		
		a single-employer plan		plan (not multiemployer) (F		ing this box must attach a	
A This ret	urn/report is for:	a one-participant plan		employer information in acc		-	
B This retu	urn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 mo	nths)		
C Check I	box if filing under:	Form 5558	automatic extensio	n	DFVC p	rogram	
		special extension (enter descr					
Part II		mation—enter all requested inf	formation		4		
1a Name ENDERLE B	of plan ESTEN DIERUF 401(K)	PLAN			1b Three plan (PN)	number	
					, <i>,</i> ,	tive date of plan 01/01/2016	
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.C			2b Emplo	oyer Identification Number 45-3048812	
	ESTEN DIERUF, PLLC	country, and ZIP or foreign post	al code (if foreign, see ir	nstructions)	2c Spon	sor's telephone number 859-254-4427	
190 MARKET LEXINGTON	Г STREET , КҮ 40507				2d Busin	ess code (see instructions) 541211	
3a Plan a	dministrator's name and	address X Same as Plan Spor	nsor.		3b Admin	nistrator's EIN	
					3C Admin	nistrator's telephone number	
name,	, EIN, and the plan numb	blan sponsor has changed since per from the last return/report.	the last return/report file		4b EIN		
a Spons					4C PN	40	
		t the beginning of the plan year			5a 5b	16 18	
C Numb	er of participants with ac	t the end of the plan year count balances as of the end of	the plan year (only defin	ed contribution plans	50 50	10	
	,	cipants at the beginning of the pl			5d(1)	16	
• •		cipants at the end of the plan yea	-		5d(2)	17	
e Numb	per of participants that te	rminated employment during the	plan year with accrued	benefits that were less	5e	C	
Caution: A	penalty for the late or	incomplete filing of this return	n/report will be assess	ed unless reasonable caus			
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, a ste.					
SIGN	Filed with authorized/va	lid electronic signature.	09/29/2017	ANDREW DIERUF			
HERE	Signature of plan adr	ministrator	Date	Enter name of individua	al signing a	as plan administrator	
SIGN							
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	al signing a	as employer or plan sponsor	
Preparer's	name (including firm nar	ne, if applicable) and address (ir	nclude room or suite nun	nber)	Preparer's	telephone number	
		see the Instructions for Form 5500				Form 5500-SE (2016)	

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of a			/ · · · · · · · · · · · · · · · · · · ·
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			
-	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	isurance 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	0	42781
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	0	42781
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		16007	
	(1) Employers	8a(1)		
	(2) Participants	8a(2)	25711	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	1557	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		43275
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	494	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		494
i	Net income (loss) (subtract line 8h from line 8c)	8i		42781
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 $$ 2T $$ 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	×			464
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)					י 🗌 א	′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					. П Y	′es 🗙	No
		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	uction	is, and	enter t	he date	of the lette	r 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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive 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 XN	0	
		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 🗙	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		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	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an'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:		Desigi safe h	n-basec arbor	[Prior ye test	ar" ADP	
				"Curre ADP t	nt 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:						o entage Average N/A benefit test N/A			A
16b		ne 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		-			-			ł
17b	10 11	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [No		

				2	
Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	ed under sections 104 and 40	65 of the Employee R	etirement	2016
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6057 Revenue Code (the Code)	Internal	This Form is Open to Public Inspection	
Pension Benefit Guaranty Corporation		accordance with the instru	ctions to the Form 55	00-SF.	
Part I Annual Report I For calendar plan year 2016 or fis	dentification Information	01/01/2016	and ending	12/3	1/2016
Por calendar plan year 2010 of his	X a single-employer plan				ing this box must attach a
A This return/report is for:	a one-participant plan				th the form instructions.)
B This return/report is	X the first return/report an amended return/report	the final return/report a short plan year return	report (less than 12 m	onths)	× * .
C Check box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram
Desis Dian Info				3	
Part II Basic Plan Infor 1a Name of plan	mation—enter all requested in	Tormation		1b Three	a-digit
Ia Name of plan Enderle Besten Dieruf	401(k) Plan				number 001
				1c Effect	tive date of plan 1/2016
	n, apt., suite no. and street, or P.C		1		over Identification Number 45-3048812
City or town, state or province Enderle Besten Dieru	e, country, and ZIP or foreign post f, PLLC	tal code (if foreign, see instru	ctions)	2c Spon	sor's telephone number 254-4427
190 Market Street					ess code (see instructions)
Lexington	KY 40507				
3a Plan administrator's name and		nsor.		3b Admin	nistrator's EIN
				3c Admin	nistrator's telephone number
			5		*
4 If the name and/or EIN of the name, EIN, and the plan num	plan sponsor has changed since ber from the last return/report.	the last return/report filed for	this plan, enter the	4b EIN	· · · · ·
a Sponsor's name				4c PN	
5a Total number of participants a	and a set of the set o			5a	16
	at the end of the plan year ccount balances as of the end of			5b	18
complete this item)		·····		5c	10
d(1) Total number of active part	icipants at the beginning of the pl	lan year		5d(1)	16
	licipants at the end of the plan year			5d(2)	17
than 100% vested	erminated employment during the			5e	0
Caution: A penalty for the late o Under penalties of perjury and oth	er penalties set forth in the instruc	ctions. I declare that I have e	xamined this return/rep	port, includi	ng, if applicable, a Schedule
SB or Schedule MB completed an belief, it is true, correct, and comp		as well as the electronic vers	ion of this return/report	, and to the	
SIGN CON	s. Bob	4/29/11	;	Chris	topher Besten
Signature of plan ad	Iministrator	Date	Enter name of individu		
SIGN UV S	- fight	110-1111	Enternance of Individu	A Real Property lies and the second sec	
Preparer's name (including firm na	/er/plan sponsor . ame, if applicable) and address (ir	Date			as employer or plan sponsor telephone number
				The same is a fam is 14	
For Paperwork Reduction Act Notice	e, see the Instructions for Form 5500	0-SF.			Form 5500-SF (2016) v.160205

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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.)
h	An use algorithm a waiter of the annual examination and report of an independent qualified public accountant (IOPA)

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

Pa	TIII Financial Information							· · · · · · · · · · · · · · · · · · ·
7	Plan Assets and Liabilities	ni cinana inita BPA pili caria inita dan anti bany veran	(a) Beginning	of Year				(b) End of Year
a	Total plan assets	7a			0			42,781
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c			0			42,781
8	Income, Expenses, and Transfers for this Plan Year	EV ACTION STORES	(a) Amoun	t			_	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		16,				
	(2) Participants	8a(2)		25,	711		teribe all Statistics	
	(3) Others (including rollovers)	8a(3)			2019		加加加速度	
b	Other income (loss)	8b			557	Philippine Distance		 A second sec second second sec
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	(1) The set of 200 and 200	olo escurion Chief contration				43,275
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				4907年1 1918年1月 1918年1月	internet Storeste Storeste Storester Storester	
е	Certain deemed and/or corrective distributions (see instructions)	8e				和1999年4月1日 1月25日日日 1月25日	oner ha	in and the second s Second second second Second second second Second second second Second second s Second second second Second second second Second second second Second second se
f	Administrative service providers (salaries, fees, commissions)	8f			494	i Ello aj Si lista a	BUT FOR BARY RESIDENCE OF	ta su gent a la su face da su conserva d'ante da la su de la su la su gent a la su conserva d'ante da la su de la su la su de la su
g	Other expenses	8g			PHI LEG	的"不是"。 新闻: 《新闻		And the second sec
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			新闻的 Pala 代表主要和			494
i	Net income (loss) (subtract line 8h from line 8c)	8i	1999年間であった。 1999年間のののののののののののののののののののののののののののののののののの	in to she				42,781
j	Transfers to (from) the plan (see instructions)	8j			20.00			in the second
Pa	t IV Plan Characteristics	· · · · ·						
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f						0	
Par	I TV Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
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 V Program)	oluntary F	iduciary Correction	-10a-		x		
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		Х _.		
c	Was the plan covered by a fidelity bond?			10c		Х	51.2.2	
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	x		in and the second	464
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ.	「日本」の	ранието на протокото на селото на селото Э
g				10g		Х		New York Control of the New Yo
ŀ	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				New York Control of States and St

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Part W Pension Funding Compliance			X		
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)					res 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 Coo ERISA?				ים .	res 🛛 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, 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 instructional standard for a prior year is being amortized in this plan year, see instructional standard for a prior year is being amortized in this plan year, see instructional standard for a prior year is being amortized in this plan year.	ructions,				er ruling
granting the waiver		Da	<u> </u>	Year	
b Enter the minimum required contribution for this plan year		12b		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	
C Enter the amount contributed by the employer to the plan for this plan year					
 c Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) 	eft of a	12d			
e 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	XN	0
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?	ht under	the		Yes X	No
C 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 pla	in(s) to			
13c(1) Name of plan(s):	13	c(2) EIN(s)		13c(3) PN(s)
Part VIII Trust Information					
14a Name of trust	·	14b	Trust's E	IN	
14c Name of trustee or custodian		14d		s or custod ne number	ian's
Part IX IRS Compliance Questions					
	ΠY	es		No	
15a Is the plan a 401(k) plan? If "No," skip b		esign-base	d	- "Prior ve	ear" 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:	sa ⊡⊓"C	afe harbor Current yea	L ۳ -	test	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	я [] р	Ratio ercentage est		verage enefit test	□ N/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?		'es	[No	
 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number 	opinion le	etter or adv	isory lett	er, enter th	e date of
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, entire teter	iter the d	ate of the r	nost rece	ent 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 separ service?		im 🗌 Ye	es [] No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		🛛 Ye	es [No	