Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Department of Labor

Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement

Short Form Annual Return/Report of Small Employee

This Form is Open to **Public Inspection**

2016

OMB Nos. 1210-0110

1210-0089

Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

	Identification Information									
For calendar plan year 2016 or fi	scal plan year beginning 01/01/2	016	and ending 12	2/31/2016						
A This return/report is for:	a single-employer plan	a multiple-employer pl list of participating en	an (not multiemployer) (nployer information in ac							
·	a one-participant plan	a foreign plan								
B This return/report is	the first return/report	the final return/report		months)						
	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)						
C Check box if filing under:	Form 5558	automatic extension DFVC program								
Don't II Don't Diam Info	special extension (enter descr									
	ermation—enter all requested inf	formation		1h Thron digit						
1a Name of plan BROWN AND TRIBBLE INC. 401k	(PREVAILING WAGE PLAN			1b Three-digit plan number (PN) ▶	er 001					
				1c Effective da						
	yer, if for a single-employer plan)) Pov)		2b Employer lo	dentification Number					
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) BROWN AND TRIBBLE INC			2c Sponsor's t	telephone number						
					0-624-0014 ode (see instructions)					
PO BOX 834 RICHMOND, KY 40476					238100					
3a Plan administrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrat	or's EIN					
					or's telephone number					
				30 Administrat	or s telepriorie number					
4 If the name and/or EIN of the	e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN						
	mber from the last return/report.			4c PN						
·	at the beginning of the plan year			5a	16					
_	at the end of the plan year			5b	12					
c Number of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	10					
	rticipants at the beginning of the pl			5d(1)	9					
d(2) Total number of active pa	rticipants at the end of the plan yea	ar		5d(2)	7					
e Number of participants that	terminated employment during the	plan year with accrued be	nefits that were less	5e						
Caution: A penalty for the late	or incomplete filing of this returr	n/report will be assessed	unless reasonable car							
	her penalties set forth in the instruction and signed by an enrolled actuary, a plete									
SIGN Filed with authorized/	valid electronic signature.	10/05/2017	BEN FRANK BROWN							
HERE Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plar	n administrator					
SIGN										
HERE Signature of emplo		Date			ployer or plan sponsor					
Preparer's name (including firm r	name, if applicable) and address (ir	nclude room or suite numbe	er)	Preparer's telepi	hone number					

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	 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 (IC under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 							QPA)		
	If you answered "No" to either line 6a or line 6b, the plan cann								□	No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-	_	Not dete	ermined
Pa	rt III Financial Information						-			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a		463044					1167260)
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1	463044	ļ				1167260)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal	
а	Contributions received or receivable from:			43461						
	(1) Employers	8a(1)		11101						
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		50640						
	Other income (loss)	8b		30040					105202)
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							103202	-
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		400986	5					
е	Certain deemed and/or corrective distributions (see instructions).	8e		0)					
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							400986	3
i	Net income (loss) (subtract line 8h from line 8c)	8i							-295784	ļ
j	Transfers to (from) the plan (see instructions)	8i								
Pai	t IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2G 3D 2F	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
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 contributed 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					150000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	X					6782
f	Has the plan failed to provide any benefit when due under the pla	ın?		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 the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	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)					[] `	∕es X No		
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?								
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling		
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d					
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 X N	lo		
	If "Y€	s," 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 brougol of the PBGC?		er the	e Yes X 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	olan(s)) to					
	13c(1)	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	of trustee or custodian					s or custod ne number	ian's		
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP		
				"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	e 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	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation		
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 a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No			

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.

OMB Nos. 1210-0110 1210-0089

2016

This Form Is Open to **Public Inspection**

		fiscal plan year beginning 01/01/20		and ending 12/3	11/2016							
TOT CONTINUE	plan year 2010 or	X a single-employer plan	a multiple-employer pla			nis hox must attach a						
A This retur	n/report is for:			ployer information in ac								
		a one-participant plan	a foreign plan			·						
B This return	n/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year return	/report (less than 12 m	report (less than 12 months)							
C Check bo	x if filing under:	X Form 5558	automatic extension		☐ DFVC program							
		special extension (enter desc	cription)									
Part II	Basic Plan In	formation—enter all requested in	nformation									
1a Name of	plan	1			1b Three-digi	t						
BROWN AND	TRIBBLE INC. 40	1K PREVAILING WAGE PLAN			plan numb	er 001						
					(PN) • 001 1c Effective date of plan							
					01/01/200							
Mailing a	ensor's name (emp address (include ro	2b Employer (EIN) 61-0	Identification Number 961035									
BROWN AND		nce, country, and ZIP or foreign pos	ital code (il loreign, see instri	ictions)	•	telephone number (859) 624-0014						
					2d Business of 238100	code (see instructions)						
PO BOX 834												
RICHMOND, H	CY 40476											
3a Plan adn	ninistrator's name	and address K Same as Plan Spo	onsor.		3b Administra	tor's EIN						
-				0-								
					3C Administra	tor's telephone number						
4 If the na	me and/or EIN of	the plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN							
name, E a Sponsor	IN, and the plan r	number from the last return/report.	·	• •	4c PN							
· · · ·		ts at the beginning of the plan year			5a	4.6						
					5b	16 12						
		its at the end of the plan year th account balances as of the end of										
					5c	10						
		participants at the beginning of the p			5d(1)	9						
		participants at the end of the plan ye			5d(2)	7						
than 10	00% vested	at terminated employment during th			5e	0						
Caution: A p	penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed :	uniess reasonable cai	use is establishe	ed.						
SB or Sched	ies of perjury and ule MB completed ie, correct, and co	other penalties set forth in the instruand signed by an enrolled actuary, mplete.	as well as the electronic ven	examined this return/repor	port, including, if t, and to the best	applicable, a Schedule of my knowledge and						
SIGN	N 150	4 Kur Bun	10/5/17	Ben Frank Brown								
HERE	Signature of plar	administrator	Date	Enter name of individ	ual signing as pla	an administrator						
SIGN												
		oloyer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor						
Preparer's na	ame (including fim	n name, if applicable) and address (include room or suite numbe	г)	Preparer's telep	phone number						
1												

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							No No		
b	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.)							s \square No		
	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	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		146304	14				11672	60
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		146304	14				11672	60
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	8a(1)		4346	S1					
	(1) Employers (2) Participants.	8a(2)		1110						
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		5064	40					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1052	02
	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d		40098	_					
	Certain deemed and/or corrective distributions (see instructions)	8e			0					
	Administrative service providers (salaries, fees, commissions)	8f			-					
<u>g</u>	Other expenses	8g							4000	00
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4009	
-	Net income (loss) (subtract line 8h from line 8c)	8i				-295784				84
	Transfers to (from) the plan (see instructions)	8j								
	rt IV Plan Characteristics	f = = 1	and a financial back of Di	01		- 1' - 0 -	d 1-	the desire		
9a —	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2G 3D 2F									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ıctions:	
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary l	Fiduciary Correction	40-		Х				
h	Program) Were there any nonexempt transactions with any party-in-interest			10a						
	reported on line 10a.)			10b		Х				
	Was the plan covered by a fidelity bond?			10c	Х					150000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
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					6782
f	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-	end.)	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	he require	d notice or one of the	10i						
							_			

Part	rt VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see ins (Form 5500) and line 11a below)						Yes	χ No
11a	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5	5500) line 40		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section ERISA?	on 412 of the Code	or sectior	n 302 of		Ιп	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this pla granting the waiver.	•		l enter t Day		of the let Year		ng
If	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	d skip to line 13.						
b	b Enter the minimum required contribution for this plan year			12b				
С	C Enter the amount contributed by the employer to the plan for this plan year			12c				
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a min negative amount)	-		12d				
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					No	N	/A
Part	rt VII Plan Terminations and Transfers of Assets							
13a	3a 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	b Were all the plan assets distributed to participants or beneficiaries, transferred to anothe control of the PBGC?					Yes	X No	ı
С	C If, during this plan year, any assets or liabilities were transferred from this plan to anothe which assets or liabilities were transferred. (See instructions.)	r plan(s), identify th	e plan(s)	to				
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c	(3) PN	(s)
Part	rt VIII Trust Information							
14a	a Name of trust			14b ⊺	Γrust's Ε	EIN		
14c	C Name of trustee or custodian					s or custo ne numbe		
Par	art IX IRS Compliance Questions		ı.					
15a	5a 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 401(k)(3) for the plan year? Check all that apply:	-	safe h		L	"Prior test	year" A	NDP
			ADP t	ent year' est	,	N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) year? Check all that apply:	·	Ratio perce test	entage		verage enefit test	t 🗌	N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) of for the plan year by combining this plan with any other plan under the permissive aggregation.	ation rules?	Yes		L	No		
	7a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a the letter and the serial number							
	7b If the plan is an individually-designed plan that received a favorable determination letter full letter	rom the IRS, enter t	the date	of the m	ost rece	ent deterr	minatio	n
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 ar service?		ed from	Yes	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?		Yes	3	No		