Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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**

	Report Identification Information				
For calendar plan year	2016 or fiscal plan year beginning 01/01/		J	2/31/2016	
A =:	a single-employer plan		r plan (not multiemployer) (-	
A This return/report is	a one-participant plan	a foreign plan	employer information in ac	cordance with the	form instructions.)
B This return/report is	the first return/report	the final return/repo	ort		
D This return/report is	an amended return/report		eturn/report (less than 12 m	onthe)	
•	ъ .			-	
C Check box if filing u	Inder: Y Form 5558	automatic extension	n	DFVC program	
	special extension (enter desc	•			
	Plan Information—enter all requested in	nformation			
1a Name of plan MCCREADY MANOR 40	O1K PLAN			1b Three-digit plan number (PN) ▶	r 001
				1c Effective date	te of plan 1/01/2013
Mailing address (ir	me (employer, if for a single-employer plan) nclude room, apt., suite no. and street, or P.				entification Number 1-1221273
City or town, state MCCREADY MANOR, IN	or province, country, and ZIP or foreign pos NC.	tal code (if foreign, see i	nstructions)	2c Sponsor's te	elephone number 625-1400
				2d Business co	de (see instructions)
300 STOCKER DR RICHMOND, KY 40475				6	23000
3a Plan administrator	's name and address X Same as Plan Spo	onsor.		3b Administrato	r's EIN
	ь .				
name, EIN, and th	r EIN of the plan sponsor has changed since ne plan number from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN	
a Sponsor's name				4c PN	70
5a Total number of page	articipants at the beginning of the plan year			5a	72
•	articipants at the end of the plan year			5b	57
	pants with account balances as of the end o			5c	20
	f active participants at the beginning of the p			5d(1)	68
	f active participants at the end of the plan ye			5d(2)	55
e Number of partici	pants that terminated employment during the	e plan year with accrued	benefits that were less	5e	,
	r the late or incomplete filing of this retu				
	ury and other penalties set forth in the instrumpleted and signed by an enrolled actuary, and complete.				
SIGN Filed with a	authorized/valid electronic signature.	10/03/2017	GIL SHEW		
HERE	e of plan administrator	Date	Enter name of individe	ual signing as plan	administrator
SIGN				J 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	of employer/plan sponsor	Date	Enter name of individ		
Preparer's name (inclu	ding firm name, if applicable) and address (include room or suite nu	nber)	Preparer's teleph	one number

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IQ	PA)			X Yes	□ No
	If you answered "No" to either line 6a or line 6b, the plan cann								Ш	Ц
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not deter	mined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		288569				•	334811	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		288569)				334811	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) 1	otal	
а	Contributions received or receivable from:	- 411		18923						
	(1) Employers	8a(1)		31419						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		16087						
	Other income (loss)	8b		10001					66429	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							00423	
u	to provide benefits)	8d		20187						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		O						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							20187	
i	Net income (loss) (subtract line 8h from line 8c)	8i							46242	
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 2A 2E 2G 2J 2T	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 f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's VProgram)	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				1	000000
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				-	3056
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	s 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 to 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			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No
	(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			
		ne 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			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	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**

Part	·	Identification Information								
For calend	ar plan year 2016 or f	iscal plan year beginning 01/01/201	16	and ending 12/3	31/2016					
∆ This ref	urn/report is for:	X a single-employer plan	a multiple-employer pla							
A IIII I	umpepon is ion.	a one-participant plan	a foreign plan	list of participating employer information in accordance with the form instructions.) a foreign plan						
B This ret	ırn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year returr	n/report (less than 12 m	nonths)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	am				
		special extension (enter descri	t-mad		L					
Part II	Basic Plan Info	ormation—enter all requested inf	formation							
1a Name	of plan				1b Three-dig					
Mccready M	anor 401K Plan				plan numl (PN) ▶	ber 001				
					1c Effective 01/01/20					
Mailing	j address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O		,	2b Employer (EIN) 61-1	Identification Number				
City or McCready M		ce, country, and ZIP or foreign posta	al code (if foreign, see instr	uctions)	2c Sponsor's	s telephone number (859) 625-1400				
DOO Charles	D.					code (see instructions)				
300 Stocker					023000					
Richmond, K					3b Administra	-1l. MINI				
Sa Plana	aministrator's name ai	nd address 🛭 Same as Plan Spon	nsor.		3b Administrator's EIN					
					3c Administra	ator's telephone number				
		e plan sponsor has changed since t mber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN					
	or's name				4c PN					
5a Total r	number of participants	at the beginning of the plan year		•••••	<u> </u>					
		at the end of the plan year			5b	57				
		account balances as of the end of t			5c	20				
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	68				
		rticipants at the end of the plan yea			5d(2)	55				
than t	100% vested	terminated employment during the	***************************************		5e	1				
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed i	unless reasonable ca	use is establish	ed.				
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.								
SIGN	Mala Market	len		Gil Shew						
HERE	Signature of plan a	dministrator	Date /0/8 / / 7	Enter name of individ	lual signing as pla	an administrator				
SIGN			()							
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer of Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone name.										
Preparer's	name (including firm r	ame, if applicable) and address (in	clude room or suite numbe	r)	Preparer's tele	phone number				
					1					

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b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of 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 If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public attions.)orm 5500-SF and mus	accounta st instea	int (IC d use	PA) Form	5500.	·······	X Yes No X Yes No
Pa	rt III Financial Information		T						
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of \	/ear
a	Total plan assets	7a		288569	9				334811
<u>_b</u>	Total plan liabilities	7b			_				
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		288569	9				334811
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) Tota	<u> </u>
a	Contributions received or receivable from: (1) Employers	8a(1)		18923	3				
	(2) Participants	8a(2)		3141	9				7 (F) (K) + 7 + 3 1 (K) 4 (H) (K) (K) (K)
	(3) Others (including rollovers)	8a(3)		1	0			No.	
b	Other income (loss)	8b		1608	7				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							66429
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		20187	7				
e	Certain deemed and/or corrective distributions (see instructions)	8e		()				
f	Administrative service providers (salaries, fees, commissions)	8f		()				
g	Other expenses	8g					* .	es, i e	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							20187
i_	Net income (loss) (subtract line 8h from line 8c)	8i							46242
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics	•							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2T	feature co	odes from the List of Pl	an Chara	acteris	stic Co	des in	the instruct	ions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Charac	cterist	ic Cod	les in f	he instruction	ons:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Д	mount
а	Was there a failure to transmit to the plan any participant contribu					v			

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			1000000
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	х			3056
f	Has the plan failed to provide any benefit when due under the plan?	10f		X		
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				

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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 Sch	nedule S	В	Y	es 🛛 No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?					es 🛛 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 ins granting the waiver.		d enter f Day		of the letter Year	ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d			
<u>e</u>	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	X No)
***************************************	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 broug control of the PBGC?				Yes 🛛	No
С	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.)	ify the plan(s) to			
1	I3c(1) Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part						
14a	Name of trust		14b ⁻	Trust's E	EIN	
14c	Name of trustee or custodian		1		s or custodia ne number	an's
Par	IRS Compliance Questions	· · · · · · · · · · · · · · · · · · ·	L			
15a	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 section 401(k)(3) for the plan year? Check all that apply:	□ safe i	jn-based harbor ent year	L	"Prior ye. test	ar" ADP
		LI ADP	test	L	│ N/A	
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio	o entage		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?	Yes			No	
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 lette	r or advi	sory lett	er, enter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter	nter the date	of the n	nost rece	ent determin	ation
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 sepservice?		∏ 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	