Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan					OMB Nos. 1210 1210				
	rtment of the Treasury mal Revenue Service	This form is required to be file			etirement	2016			
Employee B	epartment of Labor enefits Security Administration	057(b) and 6058(a) of the de).		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 calenda	ar plan year 2016 or fisc	dentification Information	016	and ending 12	2/31/2016				
	turn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac		-			
	l	a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC pr	ogram			
Dout II	Decis Dian Inform	special extension (enter descr							
Part II		mation—enter all requested inf	ormation		16 Thurs	1':'4			
1a Name of plan AGC OF KENTUCKY, INC. 401(K) RETIREMENT PLAN					1b Three plan r (PN)	number			
						tive date of plan 03/01/2002			
Mailing	g address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.C			2b Emplo (EIN)	oyer Identification Number 61-0263820			
	NTUCKY, INC.	country, and ZIP or foreign posta	ai code (ir foreign, see in	structions)	2c Sponsor's telephone number 502-223-8845				
632 COMAN FRANKFOR					2d Busin	ess code (see instructions) 561900			
	dministrator's name and				3b Admir	nistrator's EIN 61-0263820			
AGC OF KEI	NTUCKY, INC.		ANCHE TRAIL DRT, KY 40602		3c Admir	nistrator's telephone number 502-223-8845			
4 If the r	name and/or EIN of the p	blan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN				
		per from the last return/report.			4c PN				
·	or's name	t the beginning of the plan year			40 PN	g			
		t the end of the plan year			5b	3			
C Numb	er of participants with ac	count balances as of the end of	the plan year (only define	ed contribution plans	5c	8			
		cipants at the beginning of the pla			5d(1)	(
d(2) Tot	al number of active parti	cipants at the end of the plan yea	ar		5d(2)	(
e Numb than	per of participants that te 100% vested	rminated employment during the	plan year with accrued b	penefits that were less	5e	(
		incomplete filing of this return							
SB or Sche		er penalties set forth in the instruct I signed by an enrolled actuary, a ete.							
SIGN	Filed with authorized/va	alid electronic signature.	10/12/2017	RICHARD VINCENT					
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing a	as plan administrator			
SIGN									
HERE	Signature of employe	nature of employer/plan sponsor Date Enter name of individ				as employer or plan sponsor			
Preparer's	name (including firm na	me, if applicable) and address (in	clude room or suite num	ber)	Preparer's	telephone number			
Fer Demenu	ark Daduction Act Matica	see the Instructions for Form 5500	. eг			Eorm 5500-SE (2016)			

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
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.)									
c	If the plan is a defined benefit plan, is it covered under the PBGC in									
	· · · ·	isulance p	Togram (see ERISA section 4021)?							
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a	Total plan assets	7a	63592	9467						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	63592	9467						
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	-2099							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-2099						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	52026							
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		52026						
i	Net income (loss) (subtract line 8h from line 8c)	8i		-54125						
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 Characterist	ic 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		
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	X			126
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 c m 5500) and line 11a below)					🗌 Y	es 🗌 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			es 🗙 No				
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					Ц Ү		
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	ns, and	l enter t	he date	of the letter	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 Yes	s 🗌 No)	
	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?					Yes X	es 🗙 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 I	olan(s)	to				
1	13c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information							
		of trust			14b 1	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custodi	an's	
						leiepho	ne number		
Par	4 IV	IRS Compliance Questions							
Fai							□		
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	1	Prior ye test	ar" ADP	
				"Curre ADP t	ent year' est		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	e date	of the m	ost rec	ent determir	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 ce?		from	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	Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan									
Department of the Treasury Internal Revenue Service	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employed									
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to					
Pension Benefit Guaranty Corporation		Complete all entries in accordance with the instructions to the Form 5500-SF.								
For calendar plan year 2016 or fis	dentification Information	01/01/2016	and ending	12/3	31/2016					
	X a single-employer plan				king this box must attach a					
A This return/report is for: a one-participant plan ist of participating employer information in accordance with the form ins a foreign plan										
B This return/report is The first return/report I the final return/report I the final return/report I a short plan year return/report (less than 12 months)										
C Check box if filing under:	X Form 5558	automatic extension			1944 martin					
-			rogram							
Part II Basic Plan Infor	special extension (enter desci mation—enter all requested in				······					
1a Name of plan				1b Three	e-digit					
AGC of Kentucky, Inc.	401(k) Retirement F	Plan		plan (PN)	number 001					
					tive date of plan					
		C	1/2002							
	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		tetions)		oyer Identification Number 61-0263820					
AGC of Kentucky, Inc		ai code (ii ioreign, see insu	actionsy	2c Sponsor's telephone number						
	502-223-8845 2d Business code (see instructions)									
632 Comanche Trail				561900						
Frankfort	KY 40602									
3a Plan administrator's name and AGC of Kentucky, Inc.		nsor.		3b Administrator's EIN 61-0263820						
AGE OI Reffedery, Inc.				3c Administrator's telephone number						
632 Comanche Trail				502-223-8845						
Frankfort	KY 40602									
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	or this plan, enter the	4b EIN						
a Sponsor's name	· · · · · · · · · · · · · · · · · · ·			4c PN						
5a Total number of participants a	at the beginning of the plan year.									
	at the end of the plan year			5b						
	eccount balances as of the end of			5c	8					
	ticipants at the beginning of the pl			5d(1)	0					
d(2) Total number of active part	ticipants at the end of the plan yes	ar	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5d(2)	0					
	erminated employment during the			5e	<i>2</i>					
Caution: A penalty for the late o	r incomplete filing of this retur	n/report will be assessed	unless reasonable ca	1 1	0 Dished.					
Under penalties of perjury and oth SB or Schedule MB completed an	er penalties set forth in the instruc	ctions, I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule					
belief, it is true, correct, and comp	lete.	So well as the croculonic ver	sion of this returnerepor		Descoring knowledge and					
SIGN This	Unt	10/12/17	Richard Vince	nt						
HERE Signature of plan ac	Iministrator			ual signing :	as plan administrator					
SIGN										
HERE Signature of employ		Date		ual signing a	as employer or plan sponsor					
Preparer's name (including firm na	ime, if applicable) and address (ir	nclude room or suite numbe	er)	Preparer's	s telephone number					
		π.								
For Panerwork Reduction Act Notice	a see the Instructions for Form 5500	3-SF			Form 5500-SE (2016)					

6a b	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	an indeper	dent qualified public a	account	ant (IC	(AQ			X Ye	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can:	and condition to the second se	ons.) m 5500-SE and mus	t inste	ad use	Form	5500		X Ye	s 📋 No
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Π _{No} Γ] Not de	termined
	rt III Financial Information] 100			
7	Plan Assets and Liabilities		(a) Beginning	of Year	.		(b) End o	f Year	
а	Total plan assets	78	(2/203/1111)		592				i i Gai	9,467
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		63,	592					9,467
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt.				(b) To	tal	
а	Contributions received or receivable from:									S = 1
	(1) Employers	8a(1)			-				_	
	(2) Participants	8a(2)					_			
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	_8b		-2,	099					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-2,099
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		52,	026					
e	Certain deemed and/or corrective distributions (see instructions)	8e					1.000 m			
f	Administrative service providers (salaries, fees, commissions)	8f								
·	Other expenses	8g				-	112			
	Total expenses (add lines 8d, 8e, 8f, and 8g)									52,026
i	Net income (loss) (subtract line 8h from line 8c)	8i							1	54,125
j	Transfers to (from) the plan (see instructions)	8j						1.12	-	
Pa	t IV Plan Characteristics	- <u>-</u> -7					•			· · · · · · · · · · · · · · · · · · ·
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 Pl	an Cha	racteri	stic Ci	odes in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acteris	tic Co	les in th	ne instruc	tions:	
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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	/oluntary Fi	duciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	nclude transactions	10b		х				
С	Was the plan covered by a fidelity bond?			10c		х				
_	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	id, that was caused	10d		х				
0		her persons ne or all of f	by an insurance he benefits under	10e	x					126
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		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 required	notice or one of the							

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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 c (Form 5500) and line 11a below)					_] Yes	No No
	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 Co						Yes	X No
	ERISA?				*******		4	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver.	iruction: Ionth	s, and	i enter t Day		of the le Yea		ling
<u>If</u> y	you completed 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				
	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 le negative amount)			12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	**********			Yes	0 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 Yes		No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13 a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?					Yes	XN	lo
с 	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identii which assets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to				
1	3c(1) Name of plan(s):	1	3c(2)	EIN(s)		13	c(3) Pl	N(s)
(_				
Part								
14a I	Name of trust			14b 1	Frust's E	IN		
14c	Name of trustee or custodian				Frustee': telephor			S
Part	IX IRS Compliance Questions							
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:			n-basec Iarbor	' [Prio test	r year"	ADP
			Curre	ent year est	<u> </u>] 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 perce test	entage		/erage inefit tes	st [] N/A
	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		
	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							
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter	iter the	date	of the m	iost rece	nt dete	minati	ion
	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?	irated fi	morn	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		