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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

► Complete all entries in accordance with the instructions to the Form 5500-SF.

Annual Report Identification Information

For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	2017	and ending 05	5/18/2017						
A This ret	urn/report is for:	a single-employer plan			yer) (Filers checking this box must attach a in accordance with the form instructions.)						
		a one-participant plan	a foreign plan	,		,					
B This retu	ırn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)						
C Check b	oox if filing under:	Form 5558	automatic extension	DFVC program							
		special extension (enter desc	<u>' </u>								
Part II		ermation—enter all requested in	formation		41	1					
1a Name AGC OF KEN	of plan NTUCKY, INC.				1b Three-digit plan number (PN) ▶	001					
					1c Effective date	of plan 01/2002					
Mailing	oonsor's name (emplo address (include roo		2b Employer Identification Number (EIN) 61-0263820								
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AGC OF KENTUCKY, INC.					2c Sponsor's tele	ephone number 23-8845					
000 0011111			2d Business code	(see instructions)							
632 COMAN(FRANKFORT	Г, KY 40601-1754				56	900					
3a Plan ad	dministrator's name ar		3b Administrator's EIN								
					3c Administrator's	s telephone number					
					, tarriin noticator	, 10.0p.101.10 1.101.1.001					
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN						
name, a Sponso	•	mber from the last return/report.			4c PN						
		at the beginning of the plan year.			5a	8					
b Total r	number of participants	at the end of the plan year			5b	0					
		account balances as of the end of		•	5c	0					
d(1) Tota	al number of active pa	rticipants at the beginning of the p	lan year								
		rticipants at the end of the plan ye			5d(2)	0					
than '	100% vested	terminated employment during the			5e	0					
		or incomplete filing of this retur				Parkla a Oakadala					
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.									
SIGN HERE	Filed with authorized/	valid electronic signature.	11/30/2017	RICHARD VINCENT							
HEKE	Signature of plan a	dministrator	Date	Enter name of individe	ual signing as plan a	dministrator					
SIGN HERE											
	Signature of emplo	oyer/plan sponsor name, if applicable) and address (in	Date	Enter name of individe	ual signing as emplo Preparer's telephor						
Preparer S	name (including litti r	iame, il applicable) and address (il	iclude foom of suite numbe	1)	Preparer s telephor	ie 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	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	No		
	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								× Yes	No		
c	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	_	☐ Not dete	rmined		
	rt III Financial Information	iodidiloc p	nogram (see Errie/r se	2011011 4	021).	····· _	100	Пио		minou		
7	Plan Assets and Liabilities		(a) Beginning	of Voor	. [(b) End	of Year			
	Total plan assets	7a	(a) Beginning	9467				(b) Ella	0 160			
	Total plan liabilities	7b										
	Net plan assets (subtract line 7b from line 7a)	7c		9467	•				0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal			
а	Contributions received or receivable from:		(4,7 1 1112 311					(-,				
	(1) Employers	8a(1)										
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	8a(3)		621								
	Other income (loss)	8b		021	_				604			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							621			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		9788	3							
е	Certain deemed and/or corrective distributions (see instructions).	8e										
f	Administrative service providers (salaries, fees, commissions)	8f		300)							
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				10088						
i	Net income (loss) (subtract line 8h from line 8c)	8i						-9467				
j	Transfers to (from) the plan (see instructions)	8j										
Pai	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	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	des 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal)	oluntary F	Fiduciary 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						
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	Х					22		
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 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)						Yes No	
		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. A?						Yes X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver 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 lett Year	-	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	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 Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)									
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		1					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [] I	No	
	If "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 brougol of the PBGC?		er the			X 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	lan(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			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		<u> </u>					
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:			n-based arbor	d [erior y test	/ear" ADP	
			IП '	"Curre	ent year est	<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	
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				
	the le		-						
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determ	nination	
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 ½ 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

For calendar plan year 2016 or	ficed pleasures beginning			05/10/00		
ror calendar plan year 2016 bi	X a single-employer plan	01/01/2017	and ending	05/18/20:		
A This return/report is for:	a single-employer pran	a multiple-employer plan list of participating empl				
A This return/report is for.	a one-participant plan	a foreign plan	loyer illionnation in at	ccordance with the R	im instructions.;	
B This return/report is	the first return/report	X the final return/report				
	an amended return/report	a short plan year return/i	report (less than 12 m	nonths)		
C Check box if filing under:	C Check box if filing under: Form 5558 automatic extension					
	special extension (enter desc	cription)				
Part II Basic Plan In	formation—enter all requested in	nformation				
1a Name of plan				1b Three-digit	1	
AGC Of Kentucky, In	.c.			plan number	001	
,				(PN) Þ		
				1c Effective date 03/01/200	•	
2a Plan sponsor's name (emp	ployer, if for a single-employer plan)			2b Employer Ide	ntification Number	
	oom, apt., suite no. and street, or P.		-4'>	(EIN)61-02	63820	
AGC Of Kentucky, I	ince, country, and ZIP or foreign pos	stal code (il loreign, see instruc	ctions)	2c Sponsor's tel	ephone number	
AGC Of Refituery, 1		502-223-8	845			
632 Company Marcil				2d Business cod	e (see instructions)	
632 Comanche Trail		561900				
Frankfort	100 1000 100	- 4				
	KY 40601-175			21- 44-1-1-4-1-1	- 544	
3a Plan administrators name	and address X Same as Plan Spo	onsor.		3b Administrator	S EIN	
				3c Administrator	s telephone number	
					o tetepriorio fiambei	
A						
	the plan sponsor has changed since number 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 participan	nts at the beginning of the plan year			5a		
b Total number of participan	nts at the end of the plan year			5b	(
	th account balances as of the end of			F		
				5c		
d(1) Total number of active p	participants at the beginning of the p	olan year		5d(1)		
d(2) Total number of active	participants at the end of the plan ye	ear		5d(2)		
• •	at terminated employment during the					
than 100% vested				5e	(
	e or incomplete filing of this retur					
	other penalties set forth in the instru and signed by an enrolled actuary,					
belief, it is true, correct? and co		do well as the electronic version	on or ans recurricpor	t, and to the best of	ny knowledge and	
SIGN /hul	1/ - /	11/30/17 R	ichard Vincer	nt		
HERE /	Valedatata	11-11-1		B 5 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4-2-1-4-4-	
Signature of plan	administrator	Date	Enter name of individ	uai signing as pian a	oministrator	
SIGN HERE						
Signature of emp	loyer/plan sponsor	Date	Enter name of individ			
Preparer's name (including firm	n name, if applicable) and address (i	include room or suite number))	Preparer's telepho	ne number	
			į.	In a galaxy		
			Į.			

	Form 5500-SF 2016		Page 2			_						
b c	Were all of the plan's assets during the plan year invested in eligible 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 cannot the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public a ions.)rm 5500-SF and mus	account t instea	ant (IC	PA) Form	1 5500.			Yes Yes	_	
_	rt III Financial Information											
7	Plan Assets and Liabilities	100	(a) Beginning		$\overline{}$			(b) End	of Yea	r		
	Total plan assets	7a		9,	467							
	Total plan liabilities	7b			_							
	Net plan assets (subtract line 7b from line 7a)	7c		9,	467							0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal			
_a 	Contributions received or receivable from: (1) Employers	8a(1)										
	(2) Participants	8a(2)			_							
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b			621				4			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c										621
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		9,	788						39"	
e	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f			300		Ш					
g	Other expenses	8g							04 PV			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		237						1	.0,	088
i	Net income (loss) (subtract line 8h from line 8c)	81			1[1]					-	9,	467
j	Transfers to (from) the plan (see instructions)	8i				15	-					
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 Pl	an Cha	racteri	stic Co	odes in	the inst	ruction	S:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	cteris	tic Cod	des in t	he instru	ıctions			
Pai	t V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amo	ount		
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-1027 (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		х	W 6					

C Was the plan covered by a fidelity bond?

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

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

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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.....

by fraud or dishonesty?.....

the plan? (See instructions.).....

х

X

Х

X

Х

22

Х

10c

10d

10e

10f

10g

10h

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Book VII Booking Symptoms					
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compliance (Form 5500) and line 11a below)					Yes No
(Form 5500) and line 11a below)		$\overline{}$			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?	or section	on 302 of			Yes 🛛 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 instruc	ctions, an	d enter t	he date o	of the lette	er ruling
granting the waiver	th	Day	/	Year	
		12b			
b Enter the minimum required contribution for this plan year		-			
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 left negative amount)		12d	<u> </u>		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u>. </u>	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		No
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			1
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?		•	5	Yes [No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he plan(s	s) to			
13c(1) Name of plan(s):	13c(2) EIN(s)		13c(3	3) PN(s)
Part VIII Trust Information					
14a Name of trust		14b ·	Trust's El	N	
14c Name of trustee or custodian				or custod number	
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan? If "No," skip b	Yes			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:	⊔ safe	gn-based harbor	Ш	"Prior ye test	ear" ADP
	O ADP	ent year 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:	Ratio	o entage		erage nefit test	□ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	Yes		Г	No	

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

☐ No

No

Yes

Yes

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

for the plan year by combining this plan with any other plan under the permissive aggregation rules?......

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?.....

and the serial number

service?

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter