	rm 5500-SF	Short Form Annua	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089				
D	epartment of Labor	This form is required to be filed Income Security Act of 1974	(ERISA), and sections 60	057(b) and 6058(a) of the l		2017 This Form is Open to			
	enefits Security Administration enefit Guaranty Corporation	 Complete all entries in a 	Revenue Code (the Cod	,	Public Inspectio				
Part I	Annual Report	Identification Information	iccordance with the ms	didenons to the Form 55	00-31.				
For calend	ar plan year 2017 or fis	scal plan year beginning 01/01/2			/31/2017				
A This ret	turn/report is for:	 X a single-employer plan ☐ a one-participant plan 		plan (not multiemployer) (F employer information in acc		ing this box must attach a ith the form instructions.)			
B This ret	urn/report is	the first return/report	the final return/report	t					
		an amended return/report	a short plan year retu	urn/report (less than 12 mc	onths)				
C Check	box if filing under:	Form 5558	automatic extension	Γ	DFVC p	rogram			
		special extension (enter descri	iption)	-	_				
Part II		rmation—enter all requested info	ormation			1			
1a Name	of plan I GMC-KENWORTH, IN				1b Three plan	e-digit number			
TETERSON			(PN)						
					1c Effect	tive date of plan 12/31/1971			
Mailing	g address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O		(2b Empl (EIN)	oyer Identification Number 61-1038849			
	GMC-KENWORTH, IN	e, country, and ZIP or foreign posta IC.	ai code (il foreign, see ins	structions)	2c Spor	nsor's telephone number 502-459-1200			
					2d Busir	ness code (see instructions)			
LOUISVILLE	AR LEVEL RD E, KY 40213					441110			
3a Plan a	dministrator's name an	nd address X Same as Plan Spon	sor.		3b Admi	nistrator's EIN			
				-	3c Admi	nistrator's telephone number			
If the l	name and/or FIN of the	e plan sponsor or the plan name ha	is changed since the last	roturn/roport filed for	4b EIN				
this pl	lan, enter the plan spor	nsor's name, EIN, the plan name a							
a Spons C Plan N	sor's name Name				4d PN				
5a Total	number of participants	at the beginning of the plan year			5a	61			
-		at the end of the plan year			5b	66			
		account balances as of the end of t		-	5c	39			
d(1) Tot	al number of active par	ticipants at the beginning of the pla	an year		5d(1)	49			
• •		rticipants at the end of the plan yea			5d(2)	53			
than	100% vested	terminated employment during the			5e	0			
Under pen SB or Sche	alties of perjury and oth edule MB completed ar	or incomplete filing of this return ner penalties set forth in the instruc nd signed by an enrolled actuary, a	tions, I declare that I hav	e examined this return/rep	ort, includi	ng, if applicable, a Schedule			
belief, it is	true, correct, and comp Filed with authorized/	olete. Valid electronic signature.	04/12/2018	NOEL ECK					
HERE	Signature of plan a		Date	Enter name of individu	ial signing :	as plan administrator			
SIGN		valid electronic signature.	04/12/2018	DAVID W. EFFINGER	<u> </u>				
HERE	Signature of emplo		Date	Enter name of individu	al signing a	as employer or plan sponsor			
For Paperw	ork Reduction Act Notic	e, see the Instructions for Form 5500	-SF.			Form 5500-SF (2017) v.170203			

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 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 If "Yes" is checked, enter the My PAA confirmation number from the	an indeper and condit ot use Fo nsurance p	indent qualified public accountant (IC ions.) rm 5500-SF and must instead use program (see ERISA section 4021)?	RPA) X Yes No • Form 5500. Yes No Yes No Not determined
7	rt III Financial Information Plan Assets and Liabilities		(a) Reginning of Veer	(b) End of Year
<u> </u>	Total plan assets	7a	(a) Beginning of Year 3503100	2885597
	Total plan liabilities	7u 7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	3503100	2885597
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	59050	
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	426991	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		486041
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1086185	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	17359	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1103544
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		-617503
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			

Par	t IV	Plan C	Inaracte	ristics						
9a	If the	plan prov	ides pensi	on benefits,	, enter the applicable pension fe	ature codes from th	e List of Plan	Characteristic C	Codes in the ins	tructions:

	2E	2J	2K	3D	
-					_

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	V Compliance Questions				
Fai					
10	During the plan year:		Yes	No	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		500000
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		X	
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		X	
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			

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Part	VI	Pension Funding Compliance				
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 5500) and line 11a below)	edule S	SB	·	Yes X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 c	f	. 🛛	Yes X No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and the waiver.	d enter Da		of the lette _ Year _	
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Ente	r the minimum required contribution for this plan year	12b			
С	Ente	the amount contributed by the employer to the plan for this plan year	12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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	N	lo
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a			C
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?		. [Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ch assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3	8) PN(s)

Forr	n 5500-SF	Short Form Annual R	eturn/Report o Benefit Plan	of Small Emplo	yee	C	0MB Nos. 1210-0110 1210-0089
	nent of the Treasury I Revenue Service	tirement	·	2017			
Employee Ben	artment of Labor efits Security Administration efit Guaranty Corporation	(b) and 6058(a) of the lict	Public Inspection				
		Identification Information		and and a second se			,
For calendar	plan year 2017 or fi	iscal plan year beginning 01/01/2017		and ending 12/31	Station of the state of the sta		
A This retu	rn/report is for:			n (not multiemployer) (F loyer information in acc			
B This retur	n/report is	the first return/report	e final return/report				
		an amended return/report	short plan year return/	report (less than 12 mo	nths)		
C Check be	ox if filing under:	☐ Form 5558 ☐ a	utomatic extension	Ę		program	
		special extension (enter description)					e
Part II	Basic Plan Info	ormation—enter all requested informati	on			······)
1a Name o	· •	INC. 401K PS PLAN				ree-digit an number	001
						N) 🕨	001
						fective date o 2/31/1971	f plan
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Box)		· · · · · · · · · · · · · · · · · · ·		nployer Identi N) 61-10388	fication Number
City or t		ce, country, and ZIP or foreign postal code		ctions)	·····	onsor's telep	hone number
					0 d D		459-1200
4330 POPLA	R LEVEL RD					1110	(see instructions)
LOUISVILLE,	KY 40213						
3a Plan ad	ministrator's name a	and address 🗙 Same as Plan Sponsor.	narona patrar kon enarona narona kon enerende del etter da del		3b Ad	Iministrator's	EIN
				-	3c Ad	Iministrator's	telephone number
		ne plan sponsor or the plan name has cha onsor's name, EIN, the plan name and the			4b EI	N	ann an feann fraithe fraithe an
a Sponso		onsol a name, Env, the plan name and the			4d Pt	N .	
c Plan Na	ame			1. 1.			
5a Total n	umber of participant	s at the beginning of the plan year			5a		61
b Total n	umber of participant	s at the end of the plan year			5b		66
		n account balances as of the end of the pl			5c		39
	· · · · · · · · · · · · · · · · · · ·	articipants at the beginning of the plan year			5d(1))	49
d(2) Tota	I number of active p	articipants at the end of the plan year			5d(2))	53
		o terminated employment during the plan			5e		0
Caution: A	penalty for the late	e or incomplete filing of this return/repo	ort will be assessed u	unless reasonable cau			
SB or Sche	Ities of perjury and o dule MB completed rue, correct, and cor	other penalties set forth in the instructions and signed by an enrolled actuary, as wel	, I declare that I have of a structure of the second second second second second second second second second se	examined this return/re sion of this return/report	port, inc l t, and to	uding, if appl the best of m	icable, a Schedule ly knowledge and
SIGN		That	4-12-18	Noel Eck			
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signi	ng as plan ag	Iministrator
SIGN	10,1	9/n	G-12-18	PAVID W		/	16ER
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ		,	
For Paperwo		tice, see the Instructions for Form 5500-SF.			aar ayni	the second s	Form 5500-SF (2017)

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets? ((See instructions.)				X Yes 🗌 No
	Are you claiming a waiver of the annual examination and report of	an independ	dent qualified public ac	counta	nt (IQF	PA)	
	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						Manager Manager
U	If "Yes" is checked, enter the My PAA confirmation number from th			,			Linear anima
		ie i boo pi		in your			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of	f Year			(b) End of Year
а	Total plan assets	7a	3	350310	С		2885597
b	Total plan liabilities	7b					a
C	Net plan assets (subtract line 7b from line 7a)	7c	3	350310	0		2885597
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:			5005			
	(1) Employers	. 8a(1)	······································	5905			
<u> </u>	(2) Participants	. 8a(2)		,			
	(3) Others (including rollovers)	. 8a(3)					
<u>b</u>	Other income (loss)	. 8b	·	42699	1		
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	문서, 전 동안은 문제를				486041
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		108618	5		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)			1735	9		
				,		· · ·	
	Total expenses (add lines 8d, 8e, 8f, and 8g)						1103544
	Net income (loss) (subtract line 8h from line 8c)					-,	-617503
<u> </u>	Transfers to (from) the plan (see instructions)						
, ,		- 8j			200 200		
9a	IT IV Plan Characteristics	a fastura co	dog from the List of Di	n Cha	actori	tic Coo	les in the instructions:
Ja	2E 2J 2K 3D	nieature co			acteri		
b		feature cod	es from the List of Plar	n Chara	cterist	ic Code	es in the instructions:
						-	
Pa	rt V Compliance Questions						, <u>.</u>
10	During the plan year:		· · · · · · · · · · · · · · · · · · ·		Yes	No	Amount
	a Was there a failure to transmit to the plan any participant contr b						
	descr bed in 29 CFR 2510.3-102? (See instructions and DOL's			10a		Х	
	Program) b Were there any nonexempt transactions with any party-in-interest			10a			
	reported on line 10a.)			10b		X	
	C Was the plan covered by a fidelity bond?			10c	х		500000
	d Did the plan have a loss, whether or not reimbursed by the plan					x	
,	by fraud or dishonesty?e Were any fees or commissions paid to any brokers, agents, or o			10d		$\left \begin{array}{c} \cdot \\ \cdot $	
	e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e		x	
	f Has the plan failed to provide any benefit when due under the p	and the second		10f		X	ne na serie na serie se
	g Did the plan have any participant loans? (If "Yes," enter amount	as of year-	end.)	10g		x	
-	h If this is an individual account plan, was there a blackout period						

2520.101-3.)

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....

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10h

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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)		edule SI	3	Y []	es X N
11a Enter the unpaid minimum required contr butions 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 ERISA?	Code or section	1 302 of		[] Y	es 🛛 N
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i granting the waiver.	Month	l enter t Day	he date c	of the letter Year	r ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ie 13.				
b Enter the minimum required contribution for this plan year		12b			
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 negative amount)	ne left of a	12d			ainte constant and a second
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		ļ	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	Ň []	0
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br control of the PBGC?	ought under the		[] Yes 🛛	No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	entify the plan(s) to			,
13c(1) Name of plan(s):	13c(2	EIN(s)		13c(3	8) PN(s)