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

2017

This Form is Open to Public Inspection

	rt identification information								
For calendar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 12/31	1/2017					
A This return/report is for:	X a single-employer plan		an (not multiemployer) (File	_					
	a one-participant plan	a foreign plan							
B This return/report is	the first return/report	the final return/report							
	an amended return/report	a short plan year return	n/report (less than 12 mont	hs)					
C Check box if filing under:	Form 5558	automatic extension		DFVC progr	ram				
	special extension (enter desc	ription)							
Part II Basic Plan In	formation—enter all requested in	formation							
1a Name of plan	•		1	b Three-di	ait				
BROWN & TRIBBLE, INC. 401(H	() PREVAILING WAGE PLAN			plan num					
			1	C Effective	date of plan 01/01/2001				
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)		2	b Employe	r Identification Number				
Mailing address (include ro	nom, apt., suite no. and street, or P.C nce, country, and ZIP or foreign posi		ructions)	(EIN)	61-0961035				
BROWN AND TRIBBLE, INC.	ice, country, and Zir or foreign posi	ai code (ii foreign, see insti	2		's telephone number 859-624-0014				
			2		code (see instructions)				
PO BOX 834					238100				
RICHMOND, KY 40476									
3a Plan administrator's name	and address X Same as Plan Spo	nsor.	3	3b Administrator's EIN					
	_		3	20 11:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1					
			3	C Administ	rator's telephone number				
	the plan sponsor or the plan name hoonsor's name, EIN, the plan name a		•	4b EIN					
a Sponsor's name				4d PN					
C Plan Name									
5a Total number of participan	ts at the beginning of the plan year.			5a	12				
	ts at the end of the plan year			5b	11				
C Number of participants wit	h account balances as of the end of	the plan year (only defined	contribution plans	5c	9				
. ,	participants at the beginning of the p			5d(1)	7				
d(2) Total number of active participants at the end of the plan year					8				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					0				
Caution: A penalty for the lat	e or incomplete filing of this retur	n/report will be assessed	unless reasonable cause	is establis	hed.				
Under penalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	examined this return/repor	t, including,	if applicable, a Schedule				
SIGN Filed with authorize	ed/valid electronic signature.	07/02/2018	BEN FRANK BROWN						
HERE Signature of plan	administrator	Date	Enter name of individual	signing as p	olan administrator				
SIGN									
HERE Signature of emp	oloyer/plan sponsor	Date	Enter name of individual	signing as e	employer or plan sponsor				

Form 5500-SF 2017 Page **2**

Part III Financial Information 7 Plan Assets and Liabilities	316277
7 Plan Assets and Liabilities	316277
7 Plan Assets and Liabilities	316277
a Total plan assets	316277
C Net plan assets (subtract line 7b from line 7a)	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	
a Contributions received or receivable from: (1) Employers	al
(1) Employers	
(3) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
to provide benefits)	168810
f Administrative service providers (salaries, fees, commissions)	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c)	
j Transfers to (from) the plan (see instructions)	19793
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instruction of Plan Characteristic Codes in the	149017
Second Part V Compliance Questions	
During the plan year: A 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 X	
Part V Compliance Questions 10 During the plan year: a 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)	
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X	ons:
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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) We described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction To a voluntary Fid	
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	ount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
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 by fraud or dishonesty?	150000
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.)	150000
f Has the plan failed to provide any benefit when due under the plan?	150000 8397
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? (See instructions and 29 CFR 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	

Form 5500-SF 2017	Page 3- 1		
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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 complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X 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 Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	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 left of a negative 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?		Ye	s X N	0
	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 brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

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

2017

This Form is Open to Public Inspection

Part I		Identification Information				
For calend	ar plan year 2017 or f	iscal plan year beginning 01/01/20	17	and ending 12/3	1/2017	
A This rel	turn/report is for:	a single-employer plan		plan (not multiemployer) (l employer information in ac		
		a one-participant plan	a foreign plan			·
B This ret	urn/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 me	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	1
		special extension (enter descr	·	'	∐ Bi vo piogiaii	•
Part II	Basic Plan Info	ormation-enter all requested in		17Amil 18 11Amil		
1a Name		one arrequested in	omagon		1b Three-digit	
	•	PREVAILING WAGE PLAN			plan numbe	er .
					(PN) ▶	001
				•	1c Effective da 01/01/2001	
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Employer lo (EIN) 61-09	lentification Number 61035
City or Brown and T		ce, country, and ZIP or foreign post	al code (if foreign, see in:	structions)	•	elephone number 359) 624-0014
					 -	ode (see instructions)
PO BOX 834	4				238100	(,
RICHMOND	KY 40476					
		nd address X Same as Plan Spor	isor.		3b Administrate	nr's FIN
		<u>. []</u>	,		- Commodization	
				T THE STATE OF THE	3c Administrate	or's telephone number
				THE PARTY NAMED IN THE PARTY NAM		
4 If the r	name and/or EIN of th	e plan sponsor or the plan name hansor's name, EIN, the plan name a	as changed since the last	return/report filed for	4b EIN	
	or's name	, , , , , , , , , , , , , , , , , , ,	The state plant training to the state	and tast rotansproport.	4d PN	
C Plan N	lame			Add and a second a		
5a Total	number of participants	at the beginning of the plan year			5a	12
		at the end of the plan year			5b	11
C Numb compl	er of participants with lete this item)	account balances as of the end of	the plan year (only define	ed contribution plans	5c	9
		rticipants at the beginning of the pl			5d(1)	7
d(2) Tot	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	8
than	100% vested	terminated employment during the	• •		5e	0
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assesse	d unless reasonable cau	ise is established	i.
SB or Sche	alties of perjury and of edule MB completed a true, corred t aa d com	her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.	tions, I declare that I haves s well as the electronic v	e examined this return/repert	oort, including, if a , and to the best c	pplicable, a Schedule of my knowledge and
SIGN	Ser	treat sion	1/2/18	Ben Frank Brown	<u> </u>	
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as plan	administrator
SIGN					V S Plan	
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individu	ıal signing as emr	lover or plan spossor

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Form	5500	-SE	2017

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 indepe and condi not use Fo nsurance	endent qualified public a itions.) orm 5500-SF and mus program (see ERISA se	t insteaction 4	ant (IC ad use 1021)?	QPA) e Form	Yes No No Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC į	oremium filing for this p	lan yea	ır		(See instructions.)	
Transportation of the last of	t III Financial Information				<u>r</u>			
	Plan Assets and Liabilities	 	(a) Beginning				(b) End of Year	
	Total plan assets	7a		11672	60		1316277	
	Total plan liabilities	7b						
-	Net plan assets (subtract line 7b from line 7a)	7c		11672	60		1316277	
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	<u>t</u>			(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)		358	11			
	(2) Participants	8a(2)		126	36			
	(3) Others (including rollovers)	8a(3)			0			
	Other income (loss)	8b		1203	63	u ky y		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Triyii			168810	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1959	93			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f		20	00			
<u>g</u>	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					19793	
	Net income (loss) (subtract line 8h from line 8c)	8i					149017	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics	•		İ				
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 co	des from the List of Pla	n Char	acteris	tic Cod	les in the instructions:	
Pan	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contr bu descr bed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary l	Fiduciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		
С	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?	fidelity bo	ond, that was caused	10d		Х		
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		8397	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х	A CONTRACT OF THE CONTRACT OF	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		Х		
ĺ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i				
	,							

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Form	5500	-SE	20	77

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	w				
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)	d complete Sch	edule S	В	. Yes	i X No
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? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Code or section	า 302 of		Yes	s X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	i enter t Day		of the letter ru Year	ıling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 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)	e left of a	12d	· · · · · · · · · · · · · · · · · · ·	W	
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yeś	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 bro control of the PBGC?	ught under the			Yes X N	Vo
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred. (See instructions.)	ntify the plan(s)	to			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
				,	
	1				