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	Annual Repor	t Identification Information				
For calend	dar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017	
A This re	eturn/report is for:	x a single-employer plan		plan (not multiemployer) (employer information in ac		
		a one-participant plan	a foreign plan			
B This ret	turn/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 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progra	ım
		special extension (enter descri	ription)		_	
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name GRAVES C					1b Three-dig plan numl (PN) ▶	
					1c Effective	
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Pov)			Identification Number
City o	r town, state or provin	orn, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post	,	structions)	(EIN)	61-1360876 stelephone number
GRAVES CO	O., INC.					02-803-0049
2123 COM	MERCIAL DRIVE				2d Business	code (see instructions)
	RT, KY 40601					236200
3a Plan a	administrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	ator's EIN
		_			20. A dustinista	
					3C Administra	ator's telephone number
		he plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN	
a Spons	sor's name	·	·	·	4d PN	
C Plan N	Name					
5a Total	number of participant	s at the beginning of the plan year			5a	15
b Total	number of participant	s at the end of the plan year			5b	11
		n account balances as of the end of		•	5c	6
	,	articipants at the beginning of the pl			5d(1)	7
		participants at the end of the plan year			5d(2)	7
		o terminated employment during the			5e	0
Caution: /	A penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable ca		
SB or Sch		other penalties set forth in the instruction and signed by an enrolled actuary, an applete.				
SIGN		d/valid electronic signature.	07/20/2018	TARA GRAVES		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator
SIGN						
HERE	Signature of empl	lover/plan sponsor	Date	Enter name of individ	lual signing as er	nplover or plan sponsor

Form 5500-SF 2017 Page **2**

b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 							
		ie PBGC p	remium filing for this p	lan yea	ır			(See instructions.)
Pa	rt III Financial Information	1	_		T			
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year
a	Total plan assets	. 7a		81726				70193
	Total plan liabilities	. 7b						
C	Net plan assets (subtract line 7b from line 7a)	. 7c		81726				70193
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total
а	Contributions received or receivable from:	90/1)		3765				
	(1) Employers	8a(1)		27017	-			
	(2) Participants	8a(2)		27017				
	(3) Others (including rollovers)	. 8a(3)		7629				
	Other income (loss)	. 8b		7029				20444
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						38411
u	to provide benefits)	. 8d		49444				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f		500				
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						49944
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i						-11533
j	Transfers to (from) the plan (see instructions)	- 8j						
Pa	rt IV Plan Characteristics	, ,	L					
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	structions:
	2E 2F 2G 3D 2J 2K 2T							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:
_								
Par					1	г		
10	During the plan year:	itiono viithi	n the time neried		Yes	No		Amount
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	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			10000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X		
е		ner person ne or all of	s by an insurance the benefits under	10e	Х			245
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
9	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i				

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				
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
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 Adm

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).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to

21170103001	John Commenty Francisco	- 1	rende code (nie code	<i>!</i> ·	D.	ıblic Inspection				
Pension B	senefit Guaranty Corporation	Complete all entries in acco	rdance with the instr	uctions to the Form 5500-S	F.	ibile mapecuon				
Part I	Annual Repor	rt Identification Information								
For calend		fiscal plan year beginning 01/01/2017		and ending 12/31/201	7					
A This re	tum/report is for:			an (not multiemployer) (Filers aployer information in accorda						
B This ret	urn/report is	the first return/report	he final return/report							
		an amended return/report	a short plan year retur	n/report (liess than 12 months))					
C Check	box if filing under:	Form 5558	automatic extension	[] DR	FVC program	.*				
D-411	Desig Olean Ind	<u>, L</u>		The state of the s						
Part II		formation—enter all requested informa	ition	141.						
1a Name Graves Co.	or plan , Inc. Retirement Plan	1		1.0	Three-digit plan number (PN)	001				
				10	Effective date 01/01/2015	of p lan				
7a Dinas	nanaaria nama /amn	loyer, if for a single-employer plan)								
Mailin	g address (include ro	ioyer, in for a single-employer plan) iom, apt., suite no. and street, or P.O. Bo; nce, country, and ZIP or foreign postal co		uctions)	(EIN) 61-136					
Graves Co.,	-	,,,		20	(50)	ephone number 2) 803-0049				
2123 Comm	ercial Drive			2d	Business cod 236200	e (see instructions)				
m	V 40004									
Frankfort, K										
sa Plan a	idministrators name	and address X Same as Plan Sponsor.		36	Administrator	's EIN				
				3c	Administrator	's telephone number				
this p	lan, enter the plan sp	he plan sponsor or the plan name has ch consor's name, EIN, the plan name and th	anged since the last re e plan number from th	e last return/report.	EIN					
•	or's name			4d	PN					
C Plan N	varne									
E- Till										
		ts at the beginning of the plan year				15				
		ts at the end of the plan year			b	11				
comp	lete this item)	n account balances as of the end of the p	, , -4451 - 2555 - 18 881 (5555 - 17 557 - 17 567 - 17			6				
d(1) Tot	al number of active p	articipants at the beginning of the plan ye	ar	5d	(1)	7				
d(2) Tot	al number of active p	articipants at the end of the plan year	= 1 5 1 M 4 1 3 M M M M M M M M M M M M M M M M M M	5d	(2)	7				
than	100% vested	o terminated employment during the plan		9	- (0				
Caution: A	a penalty for the late	or incomplete filing of this return/rep	ort will be assessed	uniess reasonable cause is	established.					
SB or Sche	aites of perjury and redule MB completed frue, correct, and cor	other penalties set forth in the instructions and signed by an enrolled actuary, as we	, I declare that I have Il as the electronic ver	examined this return/report, it sion of this return/report, and	ncluding, if app to the best of t	olicable, a Schedule my knowledge and				
SIGN	7 7	ki niwe J	7-20-2018	Tara Graves		****				
HERE	Signature of plan		Date		relem en elect					
CIOL:	Signature of high	DOLLI HOLES	Date	Enter name of individual sig	pang as plan a	uministrator				
SIGN HERE										
	Signature of emp	loyer/pian sponsor	Date	Enter name of individual sig	ining as emplo	ver or plan sponsor				

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Р	ac	ıe	4

	Were all of the plan's assets during the plan year invested in eligib	ole assets	? (See instructions.)				X Yes No	
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)		·····			
С	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	nsurance į	orogram (see ERISA se	ction 4	021)?		Yes No Not determined	
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year	
a	Total plan assets	. 7a		8172	26		70193	
b	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		8172	26		70193	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)		376	5	11.85		
	(2) Participants	8a(2)		2701	7	Water Street		
	(3) Others (including rollovers)	8a(3)				Maja ji		
<u>b</u>	Other income (loss)	. 8b		762	9			
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			hy m		38411	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		4944	4			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f		50	0			
g	Other expenses	. 8g				Jane 197		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			415040		49944	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i	Selection and programmers				-11533	
j	Transfers to (from) the plan (see instructions)	. 8j			à			
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 3D 2J 2K 2T	feature c	odes from the List of PI	an Cha	racteri	stic Coc	les in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	C						
		reature co	des from the List of Pla	n Chara	acteris	tic Code	es in the instructions:	
Par	t V Compliance Questions	reature co	des from the List of Pla	n Chara	acteris	tic Code	es in the instructions:	
	t V Compliance Questions During the plan year:	reature co	des from the List of Pla	n Chara	Yes	tic Code	es in the instructions: Amount	
Par	During the plan year: Was there a failure to transmit to the plan any participant contribudescr bed in 29 CFR 2510.3-102? (See instructions and DOL's V	utions with Voluntary	in the time period Fiduciary Correction					
Pari 10 a	During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram) Were there any nonexempt transactions with any party-in-interes	utions with	in the time period Fiduciary Correction	10a		No		
Pari 10 a	During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	utions with Voluntary ot? (Do not	in the time period Fiduciary Correction include transactions	10a		No X	Amount	
Pari 10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribudescr bed in 29 CFR 2510.3-102? (See instructions and DOL's Norgram) Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	utions with Voluntary st? (Do not	in the time period Fiduciary Correction include transactions cond, that was caused	10a	Yes	No X	Amount	
Part 10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram) Were there any nonexempt transactions with any party-in-interes reported on line 10a.) Was the plan covered by a fidelity bond?	utions with Voluntary st? (Do not s fidelity be ther personne or all o	in the time period Fiduciary Correction Include transactions Ond, that was caused This by an insurance of the benefits under	10a 10b 10c	Yes	No X	Amount 10000	
Part 10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) Were there any nonexempt transactions with any party-in-interes reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor	utions with Voluntary t? (Do not s fidelity bother ther person	in the time period Fiduciary Correction include transactions ond, that was caused ons by an insurance of the benefits under	10a 10b 10c 10d	Yes	No X	Amount 10000	
Pari	During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) Were there any nonexempt transactions with any party-in-interes reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	utions with Voluntary st? (Do not s fidelity be ther personne or all o	in the time period Fiduciary Correction Include transactions Ond, that was caused Ons by an insurance of the benefits under	10a 10b 10c 10d	Yes	X X X	Amount 10000	
Part 10 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) Were there any nonexempt transactions with any party-in-interes reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	trions with Voluntary tr? (Do not s fidelity be ther person ne or all o an? as of year-	in the time period Fiduciary Correction Include transactions Ond, that was caused Ins by an insurance of the benefits under Fiduciary Correction	10a 10b 10c 10d 10e	Yes	X X X		

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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)	edule S	В	Yes	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	Yes	No 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 instructions, angranting the waiver	d enter t Day		of the letter ru Year	ling		
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					
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						
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 brought under the control of the PBGC?			Yes X N	lo		
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	13c(1) Name of plan(s): 13c(2	EIN(s)		13c(3) PI	N(s)		