## 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

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan list of participating employer information in accordance with the form instructions.) **A** This return/report is for: 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/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit MCCREADY MANOR 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2013 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 61-1221273 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number MCCREADY MANOR, INC. 859-625-1400 2d Business code (see instructions) 300 STOCKER DR 623000 RICHMOND, KY 40475 3b Administrator's EIN **3a** Plan administrator's name and address X Same as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. **4d** PN Sponsor's name C Plan Name 5a 5a Total number of participants at the beginning of the plan year ...... 68 5<sub>b</sub> 67 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 18 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 67 5d(2) 65 d(2) Total number of active participants at the end of the plan year..... Number of participants who terminated employment during the plan year with accrued benefits that were less  $\cap$ Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature 07/25/2018 **GIL SHEW** SIGN **HERE** 

Date

Date

Signature of plan administrator

Signature of employer/plan sponsor

**SIGN HERE**  Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2** 

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No		
D	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.)								No		
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes										
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year										
Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning (	of Year			d of Year				
а	Total plan assets	. 7a	33	34811			417903				
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)	. 7c	33	34811		417903					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) <sup>-</sup>	Total			
а	Contributions received or receivable from:	90(1)		18407							
	(1) Employers	8a(1)		31946	$\dashv$						
	(2) Participants	8a(2)		11088							
	(3) Others (including rollovers)	. 8a(3) . 8b		48224	$\dashv$						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		10224				109665			
	Benefits paid (including direct rollovers and insurance premiums	. 60						103003			
	to provide benefits)	. 8d	2	26573							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	. 8f		0							
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						26573			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	<b>†</b>						83092			
<u>j</u>	Transfers to (from) the plan (see instructions)	- 8j	8j								
	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 instructions:  2A 2E 2G 2J 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 instr	uctions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		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 V Program)	-	•	10a		X					
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X					
	reported on line 10a.)			10b 10c	X	^		40000	20		
d	• • •			100	^			10000	JU		
	by fraud or dishonesty?			10d		Χ					
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.)			10e	X			410	01		
f	Has the plan failed to provide any benefit when due under the pla	10f		Χ							
g	Did the plan have any participant loans? (If "Yes," enter amount a	-	•	10g		Χ					
_ 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 <b>3-</b> 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 Sci (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, ar 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	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		<b>13c(3)</b> 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 Ex OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information												
_For a	cale <u>n</u> d.	ar plan year 2017 or	fiscal plan year beginning 01/01/20	117	and ending 12/	31/2017						
<b>A</b> 7	This return/report is for:  X a single-employer plan I a multiple-employer plan (not multiemployer plan into find the participating employer information in the participating employer information in the participating employer plan (not multiemployer plan into find the participating employer plan into find the participation employer plan into find the participating employer plan into find the participation employer employ											
Вт	his retu	.rn/report is	a one-participant plan	a foreign plan		accordance with the form instructions.)						
			the first return/report	the final return/report								
<b>C</b> c	heck I	box if filing under:	an amended return/report	n/report (less than 12 π	<b></b>							
			Form 5558 special extension (enter desc	automatic extension		DFVC p	rogram					
Pa	rt II	Basic Plan Infe	ormation—enter all requested in		" , ,							
		of plan	enter an requested in	ilonnation		4 la						
MCCF	READY	MANOR 401(K) PL	AN			(PN)	number •	001				
			,			1c Effect 01/01	tive date of 1/2013	plan				
ſ	Mailing	i address (include roc	oyer, if for a single-employer plan) om, apt., sulte no. and street, or P.C ce, country, and ZIP or foreign post	O. Box)	ructions)	2b Employer Identification Number (EIN) 61-1221273						
МсСге	ady M	anor, Inc.	so, southly, and zir or loreign post	kai code (ii ioleign, see msii	ructions)	2c Sponsor's telephone number (859) 625-1400						
300 54	ocker l	۳-					ess code (s	see instructions)				
		Y 40475				623000						
			-11	1878								
3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN							
					3c Administrator's telephone number							
						<b>00</b> /\din	1120 6001 2 (6	stephone number				
	this pla	an, enter the plan spo	is plan sponsor or the plan name he onsor's name, EIN, the plan name a	as changed since the last re and the plan number from th	eturn/report filed for ne last return/report.	4b EIN						
a Sponsor's name						4d PN						
Ç F	Plan Na	ame										
			s at the beginning of the plan year			5a		68				
D T	Total n Numbe	umber of participants er of participants with	at the end of the plan year account balances as of the end of	the plan year (only defined	contribution plane	5b		67				
•	comple	ete this item)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			5c		18				
			articipants at the beginning of the planticipants at the end of the plantes			5d(1) 5d(2)		67 65				
d(2) Total number of active participants at the end of the plan year  e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested												
Çauti	ion: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	uniess reasonable cau	ıse is estab	llshed.	0				
호흡 이	Sche	ities of perjury and of dule MB completed a <u>rue, correct, and com</u>	ther penalties set forth in the instruction signed by an enrolled actuary, a plete.	ctions, I declare that I have as well as the electronic ver	examined this return/re sion of this return/report	port, including t, and to the	g, if applica best of my	able, a Schedule knowledge and				
SIGN		13Kd/	Cee	7/25/18	Gil Shew							
11 (1) (1)		Signature of plan a	dministrator	Date *	Enter name of individe	ual signing a	s plan adm	inistrator				
SIGN HERE		Signature of emplo	over/plan sponsor	Date	Enter name of individu	ual aignine o	e amplavar	or plan ex-				
For Pa	aperwo	rk Reduction Act Notic	ce, see the Instructions for Form 5500	)-SF.	Later hame of individu	aai siyiiing a	s employer Fo	or plan sponsor orm 5500-SF (2017)				

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	Form 5500-\$F 2017	•••	Page 2							
6a b	Were all of the plan's assets during the plan year invested in eligit. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second or the contraction of the contracti	an indepe and cond	endent qualified public litions.)	accoun	tant (I	QPA)		X Yes N		
C	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	program (see ERISA s	ection 4	4021)7	·[	Yes No	Not determined		
Pa	rt III Financial Information		<del></del>							
7	Plan Assets and Liabilities	145 JAN 1	(a) Beginning	-4 V++						
a	Total plan assets	7a	(a) Beginning	3348			(b) End	of Year		
b					<del>'''  </del>		" "	417903		
	Net plan assets (subtract line 7b from line 7a)	7c		3348	11			417903		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	_	`		/b) 1	rotal		
a	Contributions received or receivable from: (1) Employers	8a(1)	, ts/Allow	184	07	No.	(Б)	otal		
	(2) Participants.	8a(2)		319	46					
	(3) Others (including rollovers)	8a(3)		110	88		1. C. 1. V. 1. 1.			
	Other income (loss)	8b		482	24					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	La estado es		Filozofi.		109665			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	Bd		26573						
_ <u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
<u> </u>	Administrative service providers (salarles, fees, commissions)	8f			0					
	Other expenses	- 8g					<u> </u>	and the second		
_ <u>_</u> h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u> </u>		26573				
- <u>-</u> -	Net income (loss) (subtract line 8h from line 8c)	8i					83092			
	Transfers to (from) the plan (see Instructions)	8j	<u></u>							
_	If the plan Characteristics  If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2T  If the plan provides welfare benefits, enter the applicable welfare fe									
Par	tV Compliance Questions						· · ·	11 <u>- 11 - 11 - 11 - 11 - 11 - 11 - 11 </u>		
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See instructions and DQL's V Program)	oluntary I	Fiduciary Correction	10a		х				
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		х		31111111		
C	Was the plan covered by a fidelity bond?		***************************************	10c	х			100000		
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				
0	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.)	er persor e or all o	ns by an insurance f the benefits under	10e	х			. 410		
f	Has the plan failed to provide any benefit when due under the plan	n <b>?</b>		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-	end.)	10g		х				
h	***	See instr	uctions and 29 CFR	10h		х				
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	te require	d notice or one of the	10i						

Form 5500-SF 2017

Page **3**- 1

F3	VA I POLICE DE LA CONTRACTOR DE LA CONTR						
Part	- I - I - I - I - I - I - I - I - I - I						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	edule S	B	1	Ye	s X	No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	44-		· <del></del>			_
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		f		Ye	s X	Νo
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.	d enter			letter (	ruling	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<u> </u>	,		-ai		
<u>b</u>	Enter the minimum required contribution for this plan year	12b		-		"-	
<u> </u>	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	N		N/A	_
Part	VII Plan Terminations and Transfers of Assets			<u> </u>	<del></del>		
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	<u> </u>	No		_
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	<u> </u>				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[	Ye	 s X	Nο	
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					
13c(1) Name of plan(s):				13c(3) PN(s)			
		· · · · · ·			, , ,		