Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Internal Revenue Service

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).

Short Form Annual Return/Report of Small Employee

▶ 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 t	fiscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017					
a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attact list of participating employer information in accordance with the form instructions										
		a one-participant plan	a foreign plan			,				
B This ret	turn/report is	the first return/report								
		an amended return/report	a short plan year retu	an year return/report (less than 12 months)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC prog	ram				
	T	special extension (enter desc								
Part II		ormation—enter all requested in	formation		T					
1a Name of plan KENTUCKY REBUILD CORPORATION 401K PROFIT SHARING PLAN					1b Three-di plan nun (PN) ▶					
					1c Effective	e date of plan 06/01/1992				
		loyer, if for a single-employer plan)	D. B. (1)			r Identification Number				
		om, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos		structions)	(EIN) 61-1169573					
•	REBUILD CORPOR		(,	2c Sponsor's telephone number 859-283-8300					
					2d Business code (see instructions)					
	BBEN DRIVE ENCE, KY 41051				333510					
3a Plan a	administrator's name a	and address X Same as Plan Spo	nsor.		3b Administ	rator's EIN				
					3c Administ	rator's telephone number				
4 If the	name and/or EIN of th	he plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN					
this p	olan, enter the plan sp	onsor's name, EIN, the plan name a								
a Sponsor's name						4d PN				
C Plan N	vame									
5a Total	number of participant	s at the beginning of the plan year.			. 5a					
		s at the end of the plan year			5b	93				
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)					5c	93				
d(1) Total number of active participants at the beginning of the plan year				5d(1)						
d(2) Total number of active participants at the end of the plan year			5d(2)							
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			5e 0							
Caution:	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable car						
SB or Sch	edule MB completed a	other penalties set forth in the instru and signed by an enrolled actuary,								
belief, it is	true, correct, and con	nplete. d/valid electronic signature.	10/02/2018	DEBRA K. STACHEL						
HERE	Signature of plan		Date		lividual signing as plan administrator					
SIGN	Jighature of plan	administrator	Date	Liner hame of marvid	iuai siyiiiiiy as f	nan aunimistratur				
HERE	Signature of empl	lover/nlan snonsor	Date	Enter name of individ	e of individual signing as employer or plan sponsor					

Form 5500-SF 2017 Page **2**

under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes No							
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Ye If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 7a 3339484 b Total plan liabilities 7b o 0 C Net plan assets (subtract line 7b from line 7a) 7c 3339484 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) 149911 (2) Participants 8a(2) 127431 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 284316 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c								
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year Part III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Total plan liabilities Total plan assets (subtract line 7b from line 7a) Repenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers Republication (2) Participants (3) Others (including rollovers) Ba(3) Dother income (loss) Ba(2), 8a(3), and 8b) Republication number from the PBGC premium filing for this plan year (a) Beginning of Year (a) Assets assets (subtract line 7b from line 7a) Republication (a) Amount (b) Amount (c) Participants (d) Participants (e) Participants (f) Employers (g) Ba(1) (g) Participants (h) Ba(2) (g) Ba(3) (g) Ba(4) (g)								
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 7a 3339484 b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 3339484 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from:								
7 Plan Assets and Liabilities 7a 3339484 b Total plan liabilities 7b from line 7a) 7c 3339484 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) 149911 (2) Participants 8a(2) 127431 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 284316 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	,							
a Total plan assets 7a 3339484 b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 3339484 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) 149911 (2) Participants 8a(2) 127431 (3) Others (including rollovers) 8a(3) 8a(3) b Other income (loss) 8b 284316 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	(I.) For d. (1)(1)							
b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 3339484 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: 8a(1) 149911 (1) Employers 8a(2) 127431 (2) Participants 8a(3) 8a(3) b Other income (loss) 8b 284316 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	(b) End of Year 3757209							
C Net plan assets (subtract line 7b from line 7a)	3737209							
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	3757209							
a Contributions received or receivable from: (1) Employers 8a(1) 149911 (2) Participants 8a(2) 127431 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 284316 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	(b) Total							
(1) Employers 8a(1) 149911 (2) Participants 8a(2) 127431 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 284316 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	(b) Total							
(3) Others (including rollovers)								
b Other income (loss) 8b 284316 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								
	561658							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)								
Certain deemed and/or corrective distributions (see instructions) 8e								
f Administrative service providers (salaries, fees, commissions) 8f 9576								
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	143933							
i Net income (loss) (subtract line 8h from line 8c)	417725							
j Transfers to (from) the plan (see instructions)								
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes	es in the instructions:							
2A 2E 2F 2G 2J 2K 2T 3D								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes	s in the instructions:							
Part V Compliance Questions								
10 During the plan year: Yes No	Amount							
 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.)								
C Was the plan covered by a fidelity bond?	375721							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
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.)								
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.)	125528							
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 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	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
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 🛚 No						
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.)								
13c(1) Name of plan(s): 13c(2)				13c(3) PN(s)				

–0ct. 3. 2018– 9:10AM–––619-258-5210–– Form **5500-SF** | Short Form Annual

Department of the Treasury Internal Revenue Service

Department of Lebor 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

	Report Identification Information								
For calendar plan year	2017 or fiscal plan year beginning	01/01/2017	and ending	12/3 <u>1</u>	/2017				
A This return/report is for: a single-employer plan									
						D mis return report is	the first return/report		
	an amended return/report	a short plan year retu	in year return/report (less than 12 months)						
C Check box If filing u	<u> </u>	automatic extension		DFVC progra	am				
B. 40 T B. 22 B	special extension (enter desc		<u></u>						
	an Information—enter all requested in	nformation							
1a Name of plan Kentucky Rebui	ld Corporation			1b Three-dig plan numl	ber				
401K Profit Sh	aring Plan			(PN) •	001				
				1c Effective date of plan 06/01/1992					
2a Plan sponsor's nem	ne (employer, if for a single-employer plan)		 .		/ 1992 Identification Number				
Malling address (ind	clude room, apt., suite no. and street, or P.0								
	or province, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)	(EIN)61-1169573 2c Sponsor's telephone number					
vendackà vebar	ld Corporation			(859) 283-8300					
				2d Business code (see Instructions)					
10065 Toebben	Drive								
Independence		KY	41051	333510					
3a Plan administrator's	name and address 🗓 Same as Plan Spo			3b Administrator's EIN					
	ь.								
				3C Administra	ator's telephone number				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.				4b EIN					
a Sponsor's name	plan apolitor o norma, and, the plan harne a	ang ma han namaan nam r	по казгленититерот.	4d PN					
C Plan Name									
5a Total number of par	ticipants at the beginning of the plan year		***************************************	. 5a	<u></u>				
	ticipants at the end of the plan year			5b	93				
 C Number of participa 	ints with account balances as of the end of	the plan year (only defined	contribution plans	5c	<u> </u>				
	active participants at the beginning of the pl			5d(1)	9 <u>3</u> 35				
	active participants at the end of the plan yes	•		5d(2)					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e				
Caution: A penalty for t	the late or incomplete filing of this return	/report will be assessed	uniess reasonable ca	use is establishe	:d				
SB or Schedule MB com belief, it is true, correct, a	y and other penalties set forth in the instruc pleted and signed by an enrolled actuary, a and complete.	ctions, i deciare that i have is well as the electronic ver	examined this return/report	ipoπ, including, if a rt, and to the best	applicable, a Schedule of my knowledge and				
sign 7	her Startes	10-2-18	DEBRA K. STAC	HEL					
HERE Signature of	of plan administrator	Date	Enter name of individ	ual signing as pla	n administrator				
SIGN				pig	n venningaetti				
HERE	f employer/plan sponsor	Data	Enter seems -5:	ual alamba					
j Signature C	a ambioAeuhisu ahousu.	Date	L ⊏uter name of individ	<u>uai signing as em</u>	ployer or plan sponsor				

	Form 5500-SF 2017		Page Z							
								X Yes	Пи	
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).									
D	 Are you claiming a waiver of the annual examination and report of an independent qualified public under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes	∏ No	
	If you answered "No" to either line 6a or line 6b, the plan canr							_	_	
С	If the plan is a defined benefit plan, is it covered under the PBGC I	nsurance j	orogram (see ERISA s	ection 4	4021)?] Yes ∏No	☐ Not dete	mined	
	If "Yes" is checked, enter the My PAA confirmation number from It	ne PBGC p	oremium filing for this p	olan yea	ЭГ <u></u>			(See Instru	ctions.)	
Pa	rt III Financial Information		<u>.</u>							
7	Plan Assets and Liabilities		(a) Beginning	of Voc	. Т		/b) End	nt Vaar		
a	Total plan assets	7a		339,		(b) End of Year 3,757,1			7.20	
<u>u</u>	Total plan llabilities			005,	0			0,10	.,	
	Net plan assets (subtract line 7b from line 7a)	7c	3.	339,	484	3,757,20				
8	Income, Expenses, and Transfers for this Plan Year	 	(a) Amou			(b) Total			1,7-0	
	Contributions received or receivable from:		(B) Alliyon	<u></u>	\neg	<u>(b) 3 0 lai</u>				
	(1) Employers	8a(1)		149,	911					
	(2) Participents	Ba(2)		127,	431					
	(3) Others (including rollovers)	8a(3)								
þ	Other income (loss)	8b		284,	316	<u> </u>			:	
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-	561,65			1,65	
d	Benefits paid (including direct rollovers and insurance premiums	8d		134,	357					
	to provide benefits)	Be		104,	337					
f	Administrative service providers (salaries, fees, commissions)				576	:				
g	Other expenses			<i></i>	3,0	· .				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h		•				. 74	3,930	
<u>''</u>	Net încome (loss) (subtract line 8h from line 8c)	81			- +	417,72				
 -	Transfers to (from) the plan (see instructions)				+				7772.	
	t IV Plan Characteristics	8j								
	If the plan characteristics If the plan provides pension benefits, enter the applicable pension	footure co	vice from the Liet of D	an Cha	racteri	etic Co	in the inetr	uctione		
70	2A 2E 2F 2G 2J 2K 2T 3D	icatule of	ode notificite met of m	an One	ii actoi i		idea III dile illad	ucțiviia.		
þ	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	acteris	tic Cod	les in the instru	ctions:		
	<u> </u>									
	t V Compliance Questions									
10	During the plan year:				Yes	No	A	mount		
a	Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-102? (See instructions and DOL's V	itions withi Yoluntary F	n the time period							
	Program)		-	10a		х				
þ	Were there any nonexempt transactions with any party-in-interest									
	reported on line 10a.)			10b		Х				
C	C Was the plan covered by a fidelity bond?			10c	X			37	5,72	
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		Х				
e	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under							
_	the plan? (See instructions.)			10e		Х				
<u> </u>	Has the plan falled to provide any benefit when due under the plan?			10f		Х				
9			-	10g	х			. 12	5,528	
h —	If this is an individual account plan, was there a blackout period? (2520.101-3.)	· · · · · · · · · · · · · · · · · · ·		10h		х				
j	If 10h was answered "Yes," check the box if you either provided the		d notice or one of the	401						

Oct. 3. 2018 9:10AM

Form 5500-SF 2017

619-258-5210

Page 3-

No. 1890 P. 3

Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB ☐ Yes 🏗 No (Form 5500) and line 11a below)..... 11a Enter the unpaid minimum regulred contributions for all years from Schedule SB (Form 5500) line 40..... Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ☐ Yes 🔀 No ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a welver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.Month If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 6500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year 12c c Enter the amount contributed by the employer to the plan for this plan year 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 12d negative amount) Yes N/A ♥ Will the minimum funding amount reported on line 12d be met by the funding deadline?...... Part VII Plan Terminations and Transfers of Assets 团 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Yes X No control of the PBGC? 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)