Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan						OMB Nos. 1210-0110 1210-0089					
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee Re	etirement	2017					
	epartment of Labor enefits Security Administration	7(b) and 6058(a) of the).		This Form is Open to							
Pension Be	enefit Guaranty Corporation	00-SF.	Public Inspection								
Part I		dentification Information									
For calenda	For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 03/31/2018										
A This return/report is for:											
B This retu	un (non out in	a one-participant plan	a foreign plan								
	in/report is	the first return/report	X the final return/report								
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)						
C Check b	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram					
		special extension (enter descri	ption)								
Part II	Basic Plan Infor	mation—enter all requested info	ormation								
1a Name	•				1b Thre						
THE GENE S	SCHMIDT CO. PROFIT	SHARING PLAN			pian (PN)	number 002					
					· · ·	tive date of plan					
					0	04/01/1973					
		er, if for a single-employer plan) , apt., suite no. and street, or P.O	. Box)		2b Employer Identification Number (EIN) 61-0661752						
	town, state or province SCHMIDT COMPANY	, country, and ZIP or foreign posta	al code (if foreign, see instru	uctions)	2c Sponsor's telephone number 502-583-0634						
				-	2d Business code (see instructions)						
	THIRD STREET				423940						
LOUISVILLE	, KY 40202										
3a Plan ad	dministrator's name and	l address X Same as Plan Spon	sor.		3b Admi	nistrator's EIN					
				-	3c Administrator's telephone number						
A If the m	ama and/or FINI of the	nion anonaar ar tha nion name ha	a changed since the last re	turn/ronort filed for	4b EIN						
		plan sponsor or the plan name ha sor's name, EIN, the plan name a									
•	or's name				4d PN						
C Plan N	lame										
5a Total r	number of participants a	t the beginning of the plan year			5a	6					
		it the end of the plan year			5b	0					
		ccount balances as of the end of t		-	5c	0					
•	,	icipants at the beginning of the pla			5d(1)	6					
		icipants at the end of the plan yea	-		5d(2)	0					
e 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 late or	r incomplete filing of this return	/report will be assessed	unless reasonable cau	ise is estal	blished.					
Under pena SB or Sche	alties of perjury and othe dule MB completed and	er penalties set forth in the instruc d signed by an enrolled actuary, a	tions, I declare that I have	examined this return/rep	oort, includi	ng, if applicable, a Schedule					
	Filed with authorized/v		10/08/2018								
SIGN HERE		alid electronic signature.		MARTIN SCHMIDT		en alem e durinister ter					
	Signature of plan ad	mmstrator	Date	Enter name of individu	uai signing	as pian administrator					
SIGN HERE	Cine at una of a much		Data								
	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor					

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

 6a Were all of the plan's assets during the plan year invested in b b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligitized) 	ort of an independ bility and conditio	lent qualified public a	account	ant (IC	QPA)			No No
 If you answered "No" to either line 6a or line 6b, the plan C If the plan is a defined benefit plan, is it covered under the PB If "Yes" is checked, enter the My PAA confirmation number from 	GC insurance pro	ogram (see ERISA se	ection 4	021)?		Yes No		
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning				(b) Er	nd of Year	
a Total plan assets		50	65156				0	
b Total plan liabilities								
C Net plan assets (subtract line 7b from line 7a)	7c	50	65156				0	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	t			(b) Total	
a Contributions received or receivable from: (1) Employers								
(2) Participants								
(3) Others (including rollovers)								
b Other income (loss)		5	97032					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							597032	
d Benefits paid (including direct rollovers and insurance premiur to provide benefits)	ms	56	62188					
e Certain deemed and/or corrective distributions (see instruction	ns) 8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5662188	
i Net income (loss) (subtract line 8h from line 8c)	8i						-5065156	
j Transfers to (from) the plan (see instructions)	······ 8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable per 2E 3F	nsion feature code	es from the List of PI	an Cha	racteri	stic Co	des in the ir	nstructions:	
b If the plan provides welfare benefits, enter the applicable welf	fare feature codes	s from the List of Pla	n Chara	acteris	tic Cod	es in the ins	structions:	
Part V Compliance Questions								
10 During the plan year:				Yes	No		Amount	
a Was there a failure to transmit to the plan any participant cor described in 29 CFR 2510.3-102? (See instructions and DC Program)	DL's Voluntary Fid	luciary Correction	10a		x			
b Were there any nonexempt transactions with any party-in-int 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 p by fraud or dishonesty?			10d		x			
e Were any fees or commissions paid to any brokers, agents,		,						

	by fraud or dishonesty?	10d	^	
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	×	
f	Has the plan failed to provide any benefit when due under the plan?	10f	X	
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	x	
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 Fu	iding Compliance				
11		fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 11a below)	dule S	В	Y	es 🗌 No
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	ribution plan subject to the minimum funding requirements of section 412 of the Code or section me 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	f 	[] Y	es X No
a		mum funding standard for a prior year is being amortized in this plan year, see instructions, and			f the letter Year _	ruling
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum re	uired contribution for this plan year	12b			
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			_
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termir	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	C
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b		ets distributed to participants or beneficiaries, transferred to another plan, or brought under the		×	Yes	No
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s	13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be file		4065 of the Employee Re	tirement	2017		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		nternal	This Form is Open to Public Inspection		
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the inst	tructions to the Form 55	00-SF.			
	t Identification Information			_			
For calendar plan year 2017 or	fiscal plan year beginning	04/01/2017	and ending	03/3	1/2018		
A This return/report is for:	X a single-employer plan ☐ a one-participant plan		olan (not multiemployer) (F mployer information in acc				
B This return/report is							
	the first return/report	X the final return/report					
	an amended return/report	a short plan year retu	rn/report (less than 12 mc	onths)			
C Check box if filing under:	Form 5558	automatic extension	[DFVC pr	rogram		
	special extension (enter desc	cription)					
Part II Basic Plan Inf	ormation-enter all requested in	nformation					
1a Name of plan				1b Three	e-digit		
THE GENE SCHMIDT CO	. PROFIT SHARING PLAN			plan r (PN)	number 002 ▶		
					tive date of plan 1/1973		
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Emplo	oyer Identification Number 61-0661752		
City or town, state or provir THE GENE SCHMIDT CO	nce, country, and ZIP or foreign pos DMPANY	tal code (if foreign, see ins	tructions)	2c Sponsor's telephone number 502-583-0634			
505 SOUTH THIRD STF	REET		-	2d Business code (see instructions)			
				42394	40		
LOUISVILLE	KY 40202						
3a Plan administrator's name	and address 🛛 Same as Plan Spo	onsor.		3b Admir	nistrator's EIN		
				3c Admir	nistrator's telephone number		
4 If the name and/or EIN of t	he plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN			
this plan, enter the plan sp a Sponsor's name	onsor's name, EIN, the plan name	and the plan number from	the last return/report.	4d PN			
C Plan Name							
5a Total number of participan	ts at the beginning of the plan year			5a			
	ts at the end of the plan year			5b			
C Number of participants with	n account balances as of the end o	f the plan year (only define	d contribution plans	5c			
	articipants at the beginning of the p			5d(1)			
d(2) Total number of active p	participants at the end of the plan ye	ear		5d(2)			
 Number of participants when than 100% vested 	o terminated employment during th	e plan year with accrued b	enefits that were less	5e			
Caution: A penalty for the late	e or incomplete filing of this return	n/report will be assessed	d unless reasonable cau	se is estab	lished.		
SB or Schedule MB completed belief, it is true, correct, and correct	other penalties set forth in the instru and signed by an enrolled actuary,	ictions, I declare that I have as well as the electronic ve	e examined this return/rep ersion of this return/report,	ort, includir and to the	ng, if applicable, a Schedule best of my knowledge and		
SIGN Main		10-9-18	MARTIN SCHMIDT				
HERE Signature of plan	administrator	Date	Enter name of individu	al signing a	s plan administrator		
SIGN							
JIGN							
HERE	oyer/plan sponsor	Date	Enter enter fil hard	1.1.7.	s employer or plan sponsor		

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.)	
C	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	Not determined

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year		
a	Total plan assets	7a		065,			0		
	Total plan tiabilities	7b							
_c	Net plan assets (subtract line 7b from line 7a)	7c	5,	065,	156		0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) Total		
а	Contributions received or receivable from:								
	(1) Employers	<u>8a(1)</u>							
	(2) Participants	8a(2)				_			
	(3) Others (including rollovers)	8a(3)		503					
	Other income (loss)	8b		597,	032				
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-+		597,032		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5,	662,	188				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>							
f	Administrative service providers (salaries, fees, commissions)	8f							
<u> </u>	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	_8h					. 5,662,188		
1	Net income (loss) (subtract line 8h from line 8c)	8i					-5,065,156		
j	Transfers to (from) the plan (see instructions)	8j							
Par	rt IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 3F								
Ь	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	acteris	lic Coo	des in the instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	/oluntary F	iduciary Correction	10a		x			
b 	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		х			
C	Was the plan covered by a fidelity bond?			10c	х		500,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х			
e		her person he or all of	s by an insurance the benefits under	10e		x			
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		х			
g				10g		x			
h	2520.101-3.)			10h		х			
1	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					

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Part	/I 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)	complete Sch	edule S	B	Y []	′es 🗌 No
<u>11</u> a	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 C ERISA?	Code or sectio		f	Y []	'es 🔀 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	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 Da		of the letter	r ruling
lf	cu 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			
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)		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	5 🗌 N	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 brou control of the PBGC?	ught under the			X Yes [] No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) to	•		
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)
					<u>.</u>	
			_			

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