## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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	<u>1</u>									
For calenda	for calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017											
A This ret	urn/report is for:	X a single-employer plan			iple-employer plan (not multiemployer) (Filers checking this box must attach a f participating employer information in accordance with the form instructions.)							
		a one-participant plan	a fo	preign plan	,			,				
<b>B</b> This retu	ırn/report is	the first return/report	the f	final return/report								
		an amended return/report	a sh	ort plan year return	/report (less than 12 m	onths)						
C Check b	oox if filing under:	X Form 5558	auto	omatic extension		DFVC p	program					
		special extension (enter descr	ription)									
Part II	Basic Plan Info	ormation—enter all requested inf	nformation	า								
1a Name		·				<b>1b</b> Thre	ee-digit					
CHIPPS, CAFFREY & DUBILIER P.S.C. PROFIT SHARING AND SAVINGS PLAN							number	001				
						1c Effe	ctive date o	f plan 1/1972				
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				<b>2b</b> Emp (EIN	•	fication Number 714497				
•	town, state or province FFREY & DUBILIER,	ce, country, and ZIP or foreign post P.S.C.	tal code (	(if foreign, see instru	uctions)	2c Spo	nsor's telep 859-278	hone number				
						2d Busi		(see instructions)				
290 BIG RUN							6211					
LEXINGTON	, KY 40503-2903											
3a Plan administrator's name and address X Same as Plan Sponsor.					<b>3b</b> Administrator's EIN							
						<b>3c</b> Administrator's telephone number						
4 If the r	name and/or FIN of th	e plan sponsor or the plan name ha	as chang	ed since the last re	turn/report filed for	4b EIN						
this pl	an, enter the plan spo	onsor's name, EIN, the plan name a										
C Plan N	or's name					4d PN						
	amo											
<b>5a</b> Total r	number of participants	s at the beginning of the plan year				5a		102				
	· · · · · · · · · · · · · · · · · · ·	s at the end of the plan year				5b		89				
		account balances as of the end of				5c		89				
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pl	lan 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		4					
		or incomplete filing of this return										
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.												
SIGN	Filed with authorized	d/valid electronic signature.	1	10/10/2018	PATRICK C. CROWE	, MD						
HERE	Signature of plan a	administrator		Date	Enter name of individ	dividual signing as plan administrator						
SIGN												
HERE Signature of employer/plan sponsor Date Enter name of ind					Enter name of individ	vidual signing as employer or plan sponsor						

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	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> </ul>									
	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 th	nsurance p	rogram (see ERISA se	ection 4	021)?	[	Yes No	Not determined . (See instructions.)		
Pa	rt III   Financial Information	1								
_7_	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) En	d of Year		
<u>a</u>	Total plan assets	7a	2102	27640				21288324		
<u>b</u>	Total plan liabilities	7b								
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	2102	27640			21288324			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total		
а	Contributions received or receivable from:		-	10100						
	(1) Employers	8a(1)		19432						
	(2) Participants	8a(2)	43	31079						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	294	46666						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3897177		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	357	3570279						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	(	66214						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3636493		
i	Net income (loss) (subtract line 8h from line 8c)						26068			
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics	, ,,								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the in	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acteris	tic Cod	les in the ins	tructions:		
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)	oluntary F	iduciary 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			500000		
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				X		000000			
е	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			10e	X			18807		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g		-		10g	X			139474		
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						

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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			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				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	(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

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 and ending 12/31/2017 For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a X a single-employer plan A This return/report is for: list of participating employer information in accordance with the form instructions.) 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) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number CHIPPS, CAFFREY & DUBILIER P.S.C. PROFIT SHARING AND SAVINGS PLAN 001 (PN) 1c Effective date of plan 04/01/1972 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) (EIN) 61-0714497 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2¢ Sponsor's telephone number CHIPPS, CAFFREY & DUBILIER, P.S.C. (859) 278-9513 2d Business code (see instructions) 621111 290 BIG RUN ROAD LEXINGTON, KY 40503-2903 3b Administrator's EIN 3a Plan administrator's name and address | Same as Plan Sponsor. 3c Administrator's telephone number 4b EIN 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. 4d PN a Sponsor's name C Plan Name 5a 102 5a Total number of participants at the beginning of the plan year ...... 5b 89 **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 5c 89 complete this item)..... 71 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 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 5e 4 than 100% vested 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 PATRICK C. CROWE, MD SIGN **HERE** Enter name of individual signing as plan administrator Signature of plan administrator Date SIGN **HERE** Enter name of individual signing as employer or plan sponsor Date Signature of employer/plan sponsor

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

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Form		

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No
b	b 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.).							X Yes No
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann							N les □ lio
	If the plan is a defined benefit plan, is it covered under the PBGC in							☐ Not determined
•	If "Yes" is checked, enter the My PAA confirmation number from the	-	=				_	(See instructions.)
D					7			2 `
	t III Financial Information		AND CONTRACTOR	434	T			- 2000000
	Plan Assets and Liabilities	_	(a) Beginning	of Yea 210276			(b) End	of Year 21288324
-	Total plan assets	7a		10270	40			21200324
	Total plan liabilities	7b		10276	40			21288324
-	Net plan assets (subtract line 7b from line 7a)	7c			40		CA2-GK	
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt	-		(b)	<u> Fotal</u>
	Contributions received or receivable from: (1) Employers	8a(1)		5194	32			
	(2) Participants	8a(2)		4310	79		- T	
	(3) Others (including rollovers)	8a(3)					TR. 184	
	Other income (loss)	8b		29466	66		N. Vinis	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3897177
	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d		35702	79	V - A <sup>17</sup>	77	
е	Certain deemed and/or corrective distributions (see instructions)	8e						I W
f.	Administrative service providers (salaries, fees, commissions)	8f		66214				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		AV V				3636493
ī	Net income (loss) (subtract line 8h from line 8c)	8i		- 54.				260684
T.	Transfers to (from) the plan (see instructions)	8)						
Pari	t IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension	feature cod	les from the List of Pl	an Cha	racteri	stic Cod	es in the ins	tructions:
	2E 2F 2G 2J 3D		6 II 131 (DI	- 01		V- 0- 4-	- to the tour	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Char	acteris	tic Code	s in the instr	uctions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No		Amount
a	Was there a failure to transmit to the plan any participant contribut	tions within	the time period					
	descr bed in 29 CFR 2510.3-102? (See instructions and DOL's V			40-		X		
	Program)  Were there any nonexempt transactions with any party-in-interest			10a	-	-		
ь	reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	х			500000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bon	d, that was caused			х		
	by fraud or dishonesty?			10d				
е	Were any fees or commissions paid to any brokers, agents, or oth	er persons	by an insurance		v			40007
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e	-X-			18807
f	Has the plan failed to provide any benefit when due under the plan			10f		х		
	Did the plan have any participant loans? (If "Yes," enter amount as	C. 2000000000000000000000000000000000000		10g	Х			139474
				109				A TOWN OF PERSONS
	2520.101-3.)			10h		Х	914	فيتراثيه محا
i	If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the	461				
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i	L			N 1 N 1 N

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Part VI	Pension Funding Compliance								
	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)		В		Yes X N	0			
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
ER	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section SA?  "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 o	f 		Yes 🛛 N	0			
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.									
	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
	r the minimum required contribution for this plan year	12b							
	r 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)					-				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				No	∐ N/A				
Part VII	Plan Terminations and Transfers of Assets								
<b>13a</b> Ha	a resolution to terminate the plan been adopted in any plan year?		Yes		No				
If "	es," 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?			e Yes 🛛 No						
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)	) EIN(s) 13c(3) PI			3) PN(s)				