## 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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018										
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
D	a one-participant plan a foreign plan									
<b>B</b> This retu	urn/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:	Form 5558	automatic extension		DFVC prog	ram				
		special extension (enter descr	. ,							
Part II	Basic Plan Info	ormation—enter all requested inf	ormation		T	<u>,                                      </u>				
1a Name FORD HAZE	•	RETIREMENT SAVINGS PLAN			<b>1b</b> Three-d plan nur (PN) ▶	•				
					1c Effective	e date of plan 01/01/2017				
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	) Roy)			er Identification Number				
		ce, country, and ZIP or foreign post		tructions)	(EIN) 61-1337933					
FORD HAZE	ELWOOD, LLC				<b>2c</b> Sponsor's telephone number 270-926-2806					
					2d Business code (see instructions)					
	ERICA STREET RO, KY 42301		DERICA STREET ORO, KY 42301		524210					
	,		,							
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		<b>3b</b> Adminis	trator's EIN				
		_			0					
					3C Adminis	trator's telephone number				
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN					
	or's name	inson s name, Env, the plan hame a	ind the plan number nom	ine last return/report.	4d PN					
C Plan N										
					F					
_		at the beginning of the plan year			5a	4				
		s at the end of the plan year			5b	4				
		account balances as of the end of		•	5c	4				
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the plant	an year		5d(1)	4				
		articipants at the end of the plan yea			5d(2)					
		terminated employment during the			5e					
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	l unless reasonable cau	use is establis	hed.				
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.								
SIGN	Filed with authorized	l/valid electronic signature.	04/29/2019	CLAY FORD						
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as	olan administrator				
SIGN	Filed with authorized	I/valid electronic signature.	04/29/2019	CLAY FORD						
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individual signing as employer or plans						

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_	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.						X Yes No	
	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	surance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)
Pa	rt III Financial Information							
_7_	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year
a	Total plan assets	7a	4	40586				675585
b	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	,	40586				675585
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
a	Contributions received or receivable from: (1) Employers	8a(1)		18000				
	(2) Participants	8a(2)	2	26479				
	(3) Others (including rollovers)	8a(3)	6	16584				
b	Other income (loss)	8b	-2	26064				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						634999
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						634999
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3B 3D 3H	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	tic Code	es in the insti	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 contribudescribed 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 reported on line 10a.)	•		10b		X		
С	Was the plan covered by a fidelity bond?			10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
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.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х		
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		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 (Form 5500) and line 11a below)			Yes 🛚 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 se ERISA?		of	Yes X No
	(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, granting the waiver	and enter Da		e of the letter ruling Year
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 🔀 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 control of the PBGC?	the		Yes X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	<b>3c(1)</b> Name of plan(s):	(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

## 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

2018

This Form is Open

	<ul> <li>Complete all entries in accordant</li> </ul>	ice with the instructions t	o the Form 5500-SF.	to Public Inspection				
Part I Annual Report Ide	entification Information							
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018								
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not	multiemployer) (Filers che	cking this box must attach a list				
·		of participating employer infor		-				
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
— This foldinatopole is	an amended return/report	a short plan year return/rej	not flace than 12 month	10)				
C Check box if filing under:	Form 5558	automatic extension		DFVC program				
Check box it hing triber:	_			Drvc program				
Part II   Basic Plan Inform	special extension (enter descrip			····				
	ation - anter an requested imputs	ation	14h 0.0					
1a Name of plan			1b Three-digit plan number (P	2N) - 001				
FORD HAZELWOOD, LI								
401(K) RETIREMENT	SAVINGS PLAN		1c Effective date of	•				
				1/2017				
2a Plan sponsor's name (employer	, if for a single-employer plan)	nut.	2b Employer Identification Number (EIN)					
City or town, state or province.	apt., suite no. and street, or P.O. Bo country, and ZIP or foreign postal c	ode (if foreion, see instr.)		337933				
City or town, state or province, FORD HAZELWOOD, LL			2C Spansar's telep					
2100 FREDERICA STR	EET		270-926-280	06				
			2d Business code	(see instructions)				
OWENSBORO	KY 42301		52421	LO				
3a Plan administrator's name and a	address 🛛 Same as Plan Sponso	۲,	3b Administrator's	EIN				
			3c Administrator's	telephone number				
4 If the name and/or EIN of the plan	n sponsor or the plan name has cha	inged since the last	4b EIN	-				
	nter the plan sponsor's name, EIN, t	-						
plan number from the last return/		• = = =						
a Sponsor's name	•		4d PN					
C Plan Name								
5a Total number of participants at	the beginning of the plan year	<del></del>	5a	4				
	the end of the plan year			4				
	count balances as of the end of the							
	is item)		5c	4				
d (1) Total number of active part	icipants at the beginning of the plan	L WAST		4				
	icipants at the end of the plan year							
	minated employment during the pla		Ou(L)					
		•	5e					
Caution: A penalty for the late or i	0% vested	ort will be sessessed unle		e actablished				
Under penalties of penury and other	menaities set forth in the instruction	of twill be assessed unie	mined this return/report	including if applicable, a				
Under penalties of perjury and other Schedule SB or Schedule MB compl my knowledge and belief, it is true, c	leted and signed by an enrolled acti	uary, as well as the electron	nic version of this return.	report, and to the best of				
my knowledge and belief, it is true, c	orrect, and complete.							
SIGN /// 4	2// ////	/		1				
HERE W. Com	Data   1/27	//1 CLAY FORD		devioistentos				
Signature of plan administr	rator Date	Enter name of thoi	vidual signing as plan a	unina il attori				
SIGN 1/1/	7-// ///	l. a   a						
HERE W. Com	_ 1/21/	//1 CLAY FORD	11 1 1 1 1					
Signature of employer/plan	sponsor Date	Enter name of Indi	vidual signing as employ	yer or plan sponsor				

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

Form 5500-SF (2018)

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	Futin 3300 GF (2016)			Lane					
<u></u>	Were all of the plan's assets during the plan year invested in eligible assets?	(Saa inela	uctions \					X Yes	No
	Are you claiming a waiver of the annual examination and report of an indepen							M 163	
	(IOPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Forr							100	₩ 140
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (se							Not de	tarminad
_	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing				_			_	structions.
	ti res is enegated, enter the my FAA commission number from the FDGG premium half	ig for this	pian year _					(occ 11	20 000000
Pi	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beg	inning	g of Ye	ar	(t	o) End of Y	ear
a	Total plan assets	. 7a			405			6	75585
b	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c			405	86		6	75585
8	Income, Expenses, and Transfers for this Plan Year	1115	(a)	) Amo	unt			(b) Total	
а	Contributions received or receivable from:	T			_				
	(1) Employers	. (Ba(1)			180	00			
	(2) Participants	Ba(2)			264	79_			
	(3) Others (including rollovers)	. 8a(3)					1	w 100 h	
b	Other income (toss) STATEMENT 1	_8b_			-260	65			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Вс	5 20 1						18414
	Benefits paid (including direct rollovers and insurance premiums to provide								
	benefits)	_Bd_							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	81							
g	Other expenses	89							#1L
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)								18414
j	Transfers to (from) the plan (see instructions)								
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feature c	odes from	n the List o	f Plan	Chara	cterist	lc Codes	in the Inst	ructions:
	2E 2G 2J 2K 2T 3B 3D 3H								
b	If the plan provides welfare benefits, enter the applicable welfare feature cod	des from	the List of	Plan (	Charac	teristic	Codes i	n the instru	ctions:
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
В	Was there a failure to transmit to the plan any participant contributions within	the time					_		
	period described in 29 CFR 2510.3-1027 (See Instructions and DOL's Volunta								
	Fiduciary Correction Program.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10a		X			
Ь	Were there any nonexempt transactions with any party-in-interest? (Do not in-	clude							
	transactions reported on line 10a.)			10b		X			
C	Was the plan covered by a fidelity bond?			10c	$\Box$	X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond	d, that							
	was caused by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other persons								
	insurance carrier, insurance service, or other organization that provides some	or all of							
	the benefits under the plan? (See instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х			
9	Did the plan have any participant loans? (If "Yes," enter amount as of year-end	d.)	*****	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instruc	tions	627 9713						
	and 29 CFR 2520.101-3.)	بيينة لتنديد		10h		Х			
į	If 10h was answered "Yes," check the box if you either provided the required	nolice or							
	one of the exceptions to providing the notice applied under 29 CFR 2520.101	.3		10i	- 1	x			

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Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Ye Schedule SB (Form 5500) and line 11a below)			Yes	X No
11a Enter the unpaid minimum required contributions for all years from Schedule S	B (Form 5500) line 40	11a		
12 Is this a defined contribution plan subject to the minimum funding requirements section 302 of ERISA?	s of section 412 of the Co	ode or	Yes	X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable	e.)			
8 If a waiver of the minimum funding standard for a prior year is being amortized ruling granting the waiver.		ructions, and e	nter the date of Year	the letter
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5				
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 (entire the left of a negative amount)	nter a minus sign to			
Will the minimum funding amount reported on line 12d be met by the funding d		Yes	No	N/A
Part VII Plan Terminations and Transfers of Assets	98011101		1 1 1 1 1 1	1 1 1 1 1 1 1
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			55 115	
b Were all the plan assets distributed to participants or beneficiaries, transferred under the control of the PBGC?	to another plan, or broug	ht	∏ Yes	X No
C If, during this plan year, any assets or liabilities were transferred from this plan t	o another plan(s), identif	y the plan(s) to	which assets o	r
13c(1) Name of plan(s):	1:	3c(2) EIN(s)	13c(3)	PN(s)
TAKEN				