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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calend	ar plan year 2018 or f	iscal plan year beginning 01/01/201	18	and ending 12	2/31/2018					
A This ref	turn/report is for:	a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) (aployer information in ac	•					
R This rote	urn/report is	a one-participant plan	a foreign plan							
D IIIIS IEU	um/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	_					
C Check	box if filing under:	Form 5558	automatic extension		DFVC program					
D 4 II		special extension (enter descript	<u> </u>							
Part II		prmation—enter all requested infor	mation		41					
1a Name	•	THORAY 404/40 BETIDENENT ON WA	100 51 411		1b Three-digit plan number					
BUILDERS I	EXCHANGE OF KEN	TUCKY 401(K) RETIREMENT SAVIN	IGS PLAN		(PN) ▶	001				
					1c Effective date of	l .				
						1/2002				
2a Plan s	ponsor's name (emplo	oyer, if for a single-employer plan)			2b Employer Ident					
Mailing	g address (include roo	m, apt., suite no. and street, or P.O. I				145980				
		ce, country, and ZIP or foreign postal	code (if foreign, see instr	ructions)	2c Sponsor's telep	phone number				
BUILDERS E	EXCHANGE OF KENT	FUCKY, INC			502-45	9-9800				
2300 MEAD		2300 MEAD	OW DB		2d Business code					
	E, KY 40218-1336		E, KY 40218-1336		5419	940				
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Sponso	or.		3b Administrator's	EIN				
					3c Administrator's	telephone number				
		e plan sponsor or the plan name has onsor's name, EIN, the plan name and			4b EIN					
	or's name	onson's name, Em, the plan name and	i the plan humber from ti	ie iast return/report.	4d PN					
C Plan N					10	4u PN				
5a Total	number of participants	at the beginning of the plan year			5a	15				
b Total	number of participants	at the end of the plan year			5b	13				
		account balances as of the end of the			5c	12				
d(1) Tot	al number of active pa	articipants at the beginning of the plan	year		5d(1)	13				
d(2) Tot	al number of active pa	articipants at the end of the plan year			5d(2)	12				
		terminated employment during the p			5e	0				
		an in a manufact filling of their natural								
		or incomplete filing of this return/r ther penalties set forth in the instruction				cable a Schedule				
SB or Sche		nd signed by an enrolled actuary, as								
SIGN		I/valid electronic signature.	05/15/2019	LYNN A. STETSON	_					
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as plan ad	ministrator				
SIGN	Filed with authorized	I/valid electronic signature.	05/15/2019	LYNN A. STETSON	LYNN A. STETSON					

Date

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a		,					X Yes	No
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lift you answered "No" to either line 6a or line 6b, the plan cann	and condit	tions.)		·····			X Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determ	ined
	If "Yes" is checked, enter the My PAA confirmation number from the							(See instruction	ons.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year	
а	Total plan assets	7a		69656				1015639	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	10	69656				1015639	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		14656					
	(2) Participants	8a(2)		24835					
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b	-	67827					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-28336	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		20130					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		5551					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						25681	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-54017	
<u>j</u>	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 $$ 2J $$ 2K $$ 2T $$ 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	structions:	
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 inst	ructions:	
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	? (Do not	include transactions	10b		X			
	reported on line 10a.)			100 10c	X			500000	
d		fidelity bo	nd, that was caused	10d		Х		000000	
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.)	ner person ne or all of	s by an insurance the benefits under	10e	X			3240	
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		X			_
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	ne require	d notice or one of the	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	ou 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 plan which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) 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).

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2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation

Complete all entries in accordance with the instructions to the Form 5500-SF.

Part | Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

For calendar plan year 2018 or	fiscal plan year beginning 01/01	/2019	and ending 12	2/24/2040				
For calendar plan year 2016 of		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.)								
B	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 retur	n/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension		DFVC program	n			
	special extension (enter des	cription)						
Part II Basic Plan In	formation—enter all requested i	nformation						
1a Name of plan BUILDERS EXCHANGE OF KE	NTUCKY 401(K) RETIREMENT SA	VINGS PLAN		1b Three-digit plan numb (PN) ▶	1			
		1c Effective d	ate of plan 01/01/2002					
Mailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.	O. Box)			dentification Number 61-0145980			
City or town, state or provi BUILDERS EXCHANGE OF KET	nce, country, and ZIP or foreign pos NTUCKY, INC	stal code (if foreign, see instr	uctions)	2c Sponsor's	telephone number 2-459-9800			
					ode (see instructions)			
2300 MEADOW DR	2300 ME	EADOW DR			541940			
LOUISVILLE, KY 40218-1336	LOUISV	ILLE, KY 40218-1336			J4 1540			
3a Plan administrator's name	and address X Same as Plan Sp	onsor.		3b Administrat	or's EIN			
				20 Administrat	ar'a talanhana numbar			
				3C Administrat	or's telephone number			
4 If the name and/or EIN of t	the plan sponsor or the plan name l	has changed since the last re	eturn/report filed for	4b EIN				
-	oonsor's name, EIN, the plan name	and the plan number from the	ne last return/report.					
a Sponsor's name				4d PN				
C Plan Name								
5a Total number of participan	ts at the beginning of the plan year	***************************************		5a	15			
D Total number of participan	ts at the end of the plan year			อื่อ	13			
	h account balances as of the end o		·	5c	12			
	participants at the beginning of the p			5d(1)	13			
	participants at the end of the plan ye		I	5d(2)	12			
· ·	no terminated employment during the			5e	0			
than 100% vested								
	e or incomplete filing of this retu other penalties set forth in the instri							
SB or Schedule MB completed belief, it is true, correct, and co	and signed by an enrolled actuary,	as well as the electronic ver	sion of this return/report	t, and to the best	of my knowledge and			
SIGN Xyy	- HUTAN	5/15/19	Lynn	A. Stat	SON			
Signature of plan	administrator	Date	Enter name of individu	vidual signing as plan administrator				
SIGN HERE	THU	5/15/169	Lynn A	- Harts				
Signature of employer/plan sponsor Date Enter name of individual s					ployer or plan sponsor			

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							X Yes No	
6a	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a	ie assets? an indene	(See instructions.) Endent qualified public as	ta	nt (IQ	 PA)		
D	under 29 CFR 2520 104-46? (See instructions on walver eligibility)	and condit	ions.)				X Yes [] No	
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must	instea	d use	Form	5500.	
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ction 40	021)? .	📙	Yes No Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this pa	an year			(See instructions.)	
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Year	
а	Total plan assets	7a	106	9656			1015639	
b	Total plan liabilities	7b			_			
С	Net plan assets (subtract line 7b from line 7a)	7с	106	9656			1015639	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	<u>t</u>			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		4656				
	(2) Participants	8a(2)	2	4835				
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b	-6	67827			00000	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				(11.i.,	-28336	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	2	20130				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f		5551				
g	Other expenses	. 8g			7.77	25691		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					25681	
i	Net income (loss) (subtract line 8h from line 8c)						-54017	
j	Transfers to (from) the plan (see instructions)	· 8j				1,,		
Pa	rt IV Plan Characteristics							
9a	2E 2F 2G 2J 2K 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Pla	n Chara	acteris	tic Cod	des in the instructions:	
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
- 6	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Version of the plan and DOL's Version of the DOL's Version of the plan and DOL's Version of the DOL's Version o	utions with Voluntary	in the time period Fiduciary Correction					
	Program)			10a		l X ī	75.000000000000000000000000000000000000	
ļ	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	st? (Do noi	include transactions	10b		×		
(Was the plan covered by a fidelity bond?		***************************************	10c	×		500000	
(Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity be	ond, that was caused	10d		Х		
	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ther perso me or all o	ns by an insurance f the benefits under	10e	х		3240	
1	Has the plan failed to provide any benefit when due under the plant the plant is th	an?		10f	<u> </u>	Х		
	Did the plan have any participant loans? (If "Yes," enter amount			10g		X		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10i		Х		

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Form 5500-SF (2018)

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scho (Form 5500) and line 11a below)			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? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	า 302 of		Y	es 🛛 No
а	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	l enter t Day		of the letter Year	ruling
jf ·	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			
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 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?		Yes	X 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 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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)