For	m 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089						
	rtment of the Treasury nal Revenue Service	This form is required to be file	etirement	2018						
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to				
Pension Be	enefit Guaranty Corporation	 Complete all entries in a 	Public Inspection							
Part I		Identification Information								
For calend	ar plan year 2018 or fis	scal plan year beginning 01/01/2		0	4/06/2019	de a dela le construction de la c				
A This ret	turn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac		king this box must attach a ith the form instructions.)				
B This rot	urn/report is	a one-participant plan	a foreign plan							
	um/report is	the first return/report	X the final return/report							
		an amended return/report	X a short plan year retu	urn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension	I	DFVC p	rogram				
		special extension (enter desc								
Part II		rmation—enter all requested in	formation							
1a Name	•	ARCUS, P.S.C. RETIREMENT P			1b Three	e-digit number				
VVOLINITZER	, ROWERAWF & DEM	NARCOS, P.S.C. RETIREMENT P	LAN		(PN)					
					1c Effect	tive date of plan 01/01/1987				
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.C	D. Box)		2b Employer Identification Number (EIN) 61-1098034					
,	town, state or provinc K, ROWEKAMP, & DEI	e, country, and ZIP or foreign post MARCUS, P.S.C.	al code (if foreign, see ins	structions)	, ,	nsor's telephone number 859-491-4444				
					2d Business code (see instructions)					
502 GREEN					541110					
COVINCION	N, IXT 41011									
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN				
					3c Administrator's telephone number					
4 If the r	name and/or FIN of the	plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN					
this pl	an, enter the plan spor	nsor's name, EIN, the plan name a								
a Spons c Plan N	or's name				4d PN					
	lame									
5a Total	number of participants	at the beginning of the plan year.			5a	10				
		at the end of the plan year			5b	0				
		account balances as of the end of			5c	0				
d(1) Tota	al number of active par	rticipants at the beginning of the p	lan year		5d(1) 5d(2)	9				
d(2) Total number of active participants at the end of the plan yeare Number of participants who terminated employment during the plan year with accrued benefits that were less						0				
	per of participants who 100% vested	5e	0							
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau						
SB or Sche		ner penalties set forth in the instru- nd signed by an enrolled actuary, a plete								
SIGN		valid electronic signature.	05/20/2019	STEPHEN WOLNITZE	ΞK					
HERE	Signature of plan a	dministrator	idual signing as plan administrator							
SIGN	· · ·	valid electronic signature.	Date 05/20/2019	STEPHEN WOLNITZE						
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor				
For Paperw	ork Reduction Act Notic	e, see the Instructions for Form 550	0-SF.			Form 5500-SF (2018)				

v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b											
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined										
•											
Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning ((b) End of Year				
a	Total plan assets	7a	283	26840				0			
b	Total plan liabilities	7b			_			0			
C	Net plan assets (subtract line 7b from line 7a)	7c	283	26840	_			0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	_		(b) T	otal			
а	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b		8b	1(00023							
								100023			
d											
	to provide benefits)	8d	292	26450							
e	Certain deemed and/or corrective distributions (see instructions)	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						2926863			
i	Net income (loss) (subtract line 8h from line 8c)	8i						-2826840			
j	Transfers to (from) the plan (see instructions)	8j									
Ра	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 3D	feature co	des from the List of Pla	an Char	acteris	stic Co	des in the inst	ructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	cterist	ic Cod	les in the instru	uctions:			
Pa	t V Compliance Questions										
10	During the plan year:				Yes	No		Amount			
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period				,	Anount			
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	iduciary Correction								
	Program)			10a		Х					
	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?							500000			
c	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner person	s by an insurance								
	the plan? (See instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
ç	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
 10i

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Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete rm 5500) and line 11a below)			SB			Y	es	K No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se SA?			of			Y	es	K No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			r th ay			letter ear	rulin	g
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Ente	r the minimum required contribution for this plan year		12b						
с	Ente	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?				Yes	N	0	N/	/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		No)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the				< Ye	s	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s)

Form 5500-SF	Short Form Annu	al Return/Report of Small Emplo	Vaa	OMB Nos. 1210-0110		
Department of the Treasury		Benefit Plan	yee	1210-0089		
Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	oyee 2018 058(a) of This Form is Open to Put Inspection					
(► Complete all entries in	accordance with the instructions to the Form 55	00-SF.			
For calendar plan year 2018 or fisca	dentification Informatio			C (0010		
	a single-employer plan a one-participant plan the first return/report	a multiple-employer plan (not multiemployer) a list of participating employer information in a foreign plan the final return/report	(Filers cheo accordance	6/2019 cking this box must attach with the form instructions.)		
C Check box if filing under:] an amended return/report] Form 5558	x a short plan year return/report (less than 12 n		FVC program		
Γ	special extension (enter des	cription)				
Part II Basic Plan Inform	mation enter all requeste	d information				
1a Name of plan Wolnitzek, Rowekamp			(PN)	number		
				01/1987		
2a Plan sponsor's name (employe Mailing Address (include room City or town, state or province,	2b Employer Identification Number (EIN) 61-1098034					
Wolnitzek, Rowekamp,	2c Sponsor's telephone number (859) 491-4444					
502 Greenup Street		· · · ·		ness code (see instructions) 110		
US Covington KY 41011 3a Plan administrator's name and	addroop X Some op Dian S		26.01			
od Fran auministrator's name and	address IAI Same as Plan S	ponsor		inistrator's EIN		
4 If the name and/or EIN of the p this plan, enter the plan sponsor	plan sponsor or the plan name or's name, EIN, the plan name	has changed since the last return/report filed for and the plan number from the last return/report.	4b EIN	······································		
a Sponsor's namec Plan Name			4d PN			
5a Total number of participants at	the beginning of the plan year		5a	10		
b Total number of participants at	the end of the plan year		5b	0		
		f the plan year (only defined contribution plans	5c	0		
d(1) Total number of active partici	ipants at the beginning of the p	lan year	5d(1)	9		
		ear	5d(2)	0		
 Number of participants who ten 	minated employment during th	e plan year with accrued benefits that were	5e	0		
		rn/report will be assessed unless reasonable ca	use is esta	blished.		
Under penalties of perjury and othe	r penalties set forth in the insti signed by an enrolled actuary	ructions, I declare that I have examined this return/re , as well as the electronic version of this return/report	enort includ	ing if applicable a Schodula		

sign SLADA	5-20-19	Stephen Wolnitzek
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN		
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

d

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by fraud or dishonesty?

2520.101-3.)

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

f Has the plan failed to provide any benefit when due under the plan?

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

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

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.)

g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)

X Yes No

b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepen and conditi	dent qualified public acco	ounta	nt (IQ	PA)			Yes 🔲 No		
	If you answered "No" to either line 6a or line 6b, the plan canno										
C	If the plan is a defined benefit plan, is it covered under the PBGC ir								Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from the								nstructions.)		
10000	- 10-0100-000										
P	art III Financial Information										
7	Plan Assets and Liabilities	A second	(a) Beginning c	of Yea	ar		(b) End of Ye	ar		
a	Total plan assets	. 7a	2,8	26,8	340						
b	Total plan liabilities	. 7b							0		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c	2,8	26,8	340				0		
8	Income, Expenses, and Transfers for this Plan Year	Conserve a Victoria and Annual Annual Victoria and Annual Victoria	(a) Amount				(b) Total				
а	Contributions received or receivable from:				_						
	(1) Employers	8a(1)			0						
	(2) Participants	8a(2)			0						
	(3) Others (including rollovers)	8a(3)			0						
_b	Other income (loss)	8b		00,0	23						
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	And				100,023				
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,926,450			A manufacture of the second se					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>_f</u>	Administrative service providers (salaries, fees, commissions)	8f		413							
g	Other expenses	8g				And American States of the States of the Sta					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					26,863				
i	Net income (loss) (subtract line 8h from line 8c)	8 i				(2,826,840)					
j	Transfers to (from) the plan (see instructions)	8i									
Pa	art IV Plan Characteristics	·				1000010	120112701101110111010	an so an	non-eonericane.		
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan C	hara	stariat	ic Cor	loc in the	instructions			
	2E 2F 2G 2J 2K 3D			nala	JUGHAL			instructions.			
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code:	s from the List of Plan Ch	aract	eristic	: Code	es in the i	nstructions:			
Pa	art V Compliance Questions		, <u>, , , , , , , , , , , , , , , , , , </u>								
10	During the plan year:				Yes	No	N/A	Amou	Int		
а	Was there a failure to transmit to the plan any participant contribu	tions withir	the time period			··· •					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fic	luciary Correction								
	Program)	*****	-	10a		x					
b	Were there any nonexempt transactions with any party-in-interest' reported on line 10a.)	? (Do not i	clude transactions	10b		x	A second				
c	Was the plan covered by a fidelity bond?	**************		10c	x				500,000		

х

х

x

x

х

10d

10e

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10g

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Par	VI Pension Funding Compliance								
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)								
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	1						
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			<u> </u>					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	-	iter the date	of the letter rulir Year	ng				
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 the 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)	1 120							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	• [] Yes 🗌	No 🗌 N/A					
Par	VII Plan Terminations and Transfers of Assets								
_13a	Has a resolution to terminate the plan been adopted in any plan year?	.]	X Yes	No No					
	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 brought under control of the PBGC?	r the	X Y	′es 🗌 No					
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	an(s) to							
1	Sc(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)					