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

Parti	Allilual Repor	t identification information								
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12/3	31/2018					
A This ret	urn/report is for:	X a single-employer plan		lan (not multiemployer) (Fi		-				
D =:		a one-participant plan	a foreign plan							
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	t a short plan year return/report (less than 12 months)							
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC pro	gram				
		special extension (enter desc	ription)							
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name J&B INDUST	of plan	ETIREMENT SAVINGS PLAN			1b Three-oplan nu	ımber				
				<u> </u>	(PN))		001			
					1c Effectiv	e date of p 01/01/2				
		loyer, if for a single-employer plan)		:	2b Employ	er Identific	cation Number			
		om, apt., suite no. and street, or P.0 ace, country, and ZIP or foreign pos		tructions)	(EIN)	27-039				
J&B INDUST			(2c Sponso	or's telepho 859-585-2	one number 2618			
				:	2d Busines	ss code (se	ee instructions)			
P. O. BOX 33 MT. STERLIN	32 NG, KY 40353				423400					
	,									
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.	;	3b Adminis	strator's El	N			
				<u> </u>	20 Adminis	atrataria tal	lanhana numbar			
				,	3C Adminis	strator s ter	lephone number			
this pl	an, enter the plan sp	he plan sponsor or the plan name honsor's name, EIN, the plan name		the last return/report.	4b EIN	27-039	18576			
•	or's name J & B IND		\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	•	4d PN		001			
C Plan N	lameJ & B INDUSTF	RIAL, LLC 401(K) RETIREMENT SA	VINGS PLAN							
5a Total r	number of participan	ts at the beginning of the plan year.			5a		2			
		s at the end of the plan year			5b		2			
		n account balances as of the end of		•	5c		1			
d(1) Tota	al number of active p	articipants at the beginning of the p	lan year		5d(1)		2			
d(2) Tota	al number of active p	articipants at the end of the plan ye	ar		5d(2)		2			
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 incomplete filing of this retur	n/report will be assessed	l unless reasonable caus	e is establi	shed.				
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, nolete.								
SIGN		Filed with authorized/valid electronic signature. 06/20/2019 JEFFREY AMBURG				RGEY				
HERE	Signature of plan	administrator	Date	Enter name of individua	ividual signing as plan administrator					
SIGN										
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individua	al signing as	employer	or plan sponsor			

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						. X Yes No		
b								No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
С	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 th					_		(See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year	
а	Total plan assets	7a	, , , , , , , , , , , , , , , , , , , ,	65359			<u> </u>	205478	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	16	65359				205478	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	2	25000					
	(2) Participants	8a(2)	4	24000					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b		-7212					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						41788	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		1669					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1669	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						40119	
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 $$ 2J $$ 2R $$ 2T $$ 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan	n Chara	acteris	tic Coc	des 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)			10a		X			
	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			25000	
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X			
f	Has the plan failed to provide any benefit when due under the plan?					Χ			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		X			
h	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 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 Sche (Form 5500) and line 11a below)		В	Y	es 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?		:	Y	es 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, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	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?		Yes	× N	o
	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)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Pension Benefit Guaranty Corporation

Part I

Annual Report Identification Information

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

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**

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 multiple-employer plan (not multiemplo							
a one-participant plan B This return/report is	a foreign plan	a foreign plan						
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 program						
special extension (enter d	8 N T = - N T N N N T N T	** *** *** *** *** *** **** **** **** ****						
Part II Basic Plan Information—enter all requeste	d information		_					
1a Name of plan J&B Industrial, LLC 401(k) Retireme	nt Savings Plan	1b Three-digit plan number (PN) ▶ 001						
		1c Effective date of plan 01/01/2015						
2a Plan sponsor's name (employer, if for a single-employer pla Mailing address (include room, apt., suite no. and street, or	P.O. Box)	2b Employer Identification Number (EIN) 27 - 0398576						
City or town, state or province, country, and ZIP or foreign p J&B Industrial, LLC	postal code (if foreign, see instructions)	2c Sponsor's telephone number 859-585-2618	_					
P. O. Box 332		2d Business code (see instructions))					
Mt. Sterling KY 40	0353	Tax res						
3a Plan administrator's name and address X Same as Plan S	Sponsor	423400						
Same de la	, porisor.	3b Administrator's EIN						
		3c Administrator's telephone number	er					
4 If the name and/or EIN of the plan sponsor or the plan nam this plan, enter the plan sponsor's name, EIN, the plan nam	e has changed since the last return/report filed for ne and the plan number from the last return/report	4b EIN 27-0398576						
a Sponsor's name J & B Industrial, LLC C Plan Name J & B Industrial LLC 401		4d PN	_					
J & B Industrial, LLC 401	(k) Retirement Savings Plan	001						
5a Total number of participants at the beginning of the plan ye	ar	5a	2					
b Total number of participants at the end of the plan year		5b	2					
Number of participants with account balances as of the end complete this item)	of the plan year (only defined contribution plans		1					
d(1) Total number of active participants at the beginning of the	e plan year	5d(1)	2					
d(2) Total number of active participants at the end of the plan	year	5d(2)	2					
e Number of participants who terminated employment during than 100% vested	5 5e	0						
Caution: A penalty for the late or incomplete filing of this re-	urn/report will be assessed unless reasonable	cours is setablished	_					
Under penalties of perjury and other penalties set forth in the ins SB or Schedule MB completed and signed by an enrolled actuar belief, it is true, correct, and complete.	tructions. I declare that I have examined this return	pleaned including if an U. II. O. I. I.)					
SIGN HERE SUBS Desg	6 20 19 Jeffrey Amb	urgey						
HERE Signature of plan administrator	Date Enter name of ind	Enter name of individual signing as plan administrator						
SIGN HERE	6/20/19 Jeffrey Amb							
Signature of employer/plan sponsor	Date Enter name of ind	lividual signing as employer or plan sponsor	r					

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b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the you answered "No" to either line 6a or line 6b, the plan cannot lift the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use Form surance pro-	dent qualified public a ons.) m 5500-SF and mus ogram (see ERISA se	accoun st inste	tant (10 ad us	QPA) e Form 55	500. es ∏No		Yes No Yes No
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pre	emium filing for this p	lan yea	ar			(See in	structions.)
Pa	rt III Financial Information								
7_	Plan Assets and Liabilities		(a) Beginning	The second of			(b) End	of Year	
	Total plan assets	7a		165,					205,478
	Total plan liabilities	7b		10010000000	0				(
	Net plan assets (subtract line 7b from line 7a)	7c		165,	359				205,478
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	nt			(b)	Total	
u	(1) Employers	8a(1)		25,	000				
	(2) Participants	8a(2)		277.01	000				
	(3) Others (including rollovers)	8a(3)		1000-00	0				
b	Other income (loss)	8b		-7.	212				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		////	242				41,788
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				41,788
e	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		1,	669				
g	Other expenses	8g			0				-1 0
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1,669
	Net income (loss) (subtract line 8h from line 8c)	8i				40,11			
j	Transfers to (from) the plan (see instructions)	8j							10/115
Par	t IV Plan Characteristics	9 1							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 2T 3D	feature code	es from the List of Pl	an Cha	racteri	stic Codes	s in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Pla	n Chara	acteris	tic Codes	in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amarint	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fid	uciary Correction	10a	100	х		Amount	
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in	clude transactions	10b		х			
С				10c	Х				25,000
d	The same of the sa	idelity bond	that was caused	10d	Stra	х			23,000
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons l	by an insurance	10e		х			
f	Has the plan failed to provide any benefit when due under the plan			10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as		destruction and a court sense of the contract of	10g		х			
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruct	ions and 29 CFR	10h		х			
ı	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required r	otice or one of the	10i					

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Part	VI Pension Funding Compl	liance						
11	Is this a defined benefit plan subject to	o minimum funding requirements? (If "Yes," see instructions and	complete Scho	edule S	SB		Yes	☐ No
_11a	Enter the unpaid minimum required co	contributions for all years from Schedule SB (Form 5500) line 40		11a		1		
12	Is this a defined contribution plan sub ERISA?	bject to the minimum funding requirements of section 412 of the C	odo or postion	n 302 o	f	ΙE	Yes	X No
	If a waiver of the minimum funding sta granting the waiver.	12b, 12c, 12d, and 12e below, as applicable.) andard for a prior year is being amortized in this plan year, see ins	Month	l enter Da		of the le		ıling
If	you completed line 12a, complete lin	nes 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		l ———	100		
		on for this plan year		12b				
		nployer to the plan for this plan year		12c				
d	Subtract the amount in line 12c from the	the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
е	Will the minimum funding amount repo	orted on line 12d be met by the funding deadline?		П	Yes	No	П	N/A
Part					1 (225-20)	35-200		ARRIVE.
13a	Has a resolution to terminate the plan be	een adopted in any plan year?	ACCOUNTS OF THE STATE OF THE ST		☐ Yes	X	No	
		assets that reverted to the employer this year		13a	1		110	
b	Were all the plan assets distributed to	participants or beneficiaries, transferred to another plan, or brou	abt under the	13.55	Г	Yes	X N	lo
С	If, during this plan year, any assets or which assets or liabilities were transfe	liabilities were transferred from this plan to another plan(s) ident	ify the plan(s)	to	1	<u> </u>		
1	13c(1) Name of plan(s):		13c(2)	EIN(s)		130	c(3) Pi	N(s)