## 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

		entification information							
For calendar plan	ear 2018 or fisca	ll plan year beginning 01/01/	/2018		and ending 12	2/31/2	2018		
A This return/repo	ort is for:	a single-employer plan			in (not multiemployer) ( ployer information in ac		-		
		a one-participant plan		foreign plan				,	
B This return/repo	rt is	the first return/report	the	e final return/report					
		an amended return/report	a s	short plan year return	/report (less than 12 m	onths	3)		
C Check box if fili	ng under:	Form 5558	au	itomatic extension		D	FVC program		
		special extension (enter desc	. ,						
Part II Basi	c Plan Inform	nation—enter all requested ir	nformatio	on					
1a Name of plan						1b	Three-digit		
•	TION MANAGEME	ENT, INC. 401(K) PLAN					plan number	001	
						1c	Effective date o	•	
								1/2016	
Mailing addres	s (include room, a	r, if for a single-employer plan) apt., suite no. and street, or P.		It to relieve to a location	(')	2b	Employer Identi (EIN) 84-10	fication Number 698194	
S & D CONSTRUCT		country, and ZIP or foreign pos ENT, INC.	stai code	(ir foreign, see instri	uctions)	<b>2c</b> Sponsor's telephone number 859-226-0083			
						2d	Business code (		
252 NORTH UPPER							2362	200	
LEXINGTON, KY 40	307								
3a Plan administr	ator's name and a	address X Same as Plan Spo	neor			3h	Administrator's	FIN	
Ja i ian administr	ator s riarrie ariu a	address Moaine as rian opc	JI 1301 .				Administrator 3	_III <b>V</b>	
						3c Administrator's telephone number			
		an sponsor or the plan name h				4b	EIN		
this plan, ente <b>a</b> Sponsor's nan		or's name, EIN, the plan name	and the	plan number from th	e last return/report.	4d PN			
C Plan Name									
5a Total number	of participants at	the beginning of the plan year					ia	31	
		the end of the plan year				5	b	29	
		count balances as of the end of				5	ic	29	
<b>d(1)</b> Total numb	er of active partic	ipants at the beginning of the p	olan year	r			(1)	30	
		ipants at the end of the plan ye				5d	(2)	7	
than 100% ve	ested	minated employment during th					ie	0	
Caution: A penalt	y for the late or i	incomplete filing of this retur	rn/repor	t will be assessed i	unless reasonable cau	use is	s established.		
Under penalties of SB or Schedule MI belief, it is true, cor	3 completed and	penalties set forth in the instrusigned by an enrolled actuary, te	uctions, I as well a	declare that I have as the electronic vers	examined this return/re sion of this return/repor	port, i t, and	including, if applic I to the best of my	cable, a Schedule y knowledge and	
				10/10/2019	D. SEAN EDWARDS				
HERE									
HERE Signa	ture of plan adm			Date	Enter name of individ	ual si	gning as plan adr	ministrator	
HERE Signa						ual si	gning as plan adr	ministrator	
Signa SIGN HERE		ninistrator							

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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.).							X Yes ☐ No X Yes ☐ No	
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	of Year	
а	Total plan assets	7a	18	39333				216842	
b	Total plan liabilities	7b							
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7с	18	39333				216842	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Γotal	
a	Contributions received or receivable from: (1) Employers	8a(1)	(	66915					
	(2) Participants	8a(2)		2800					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		16763					
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						52952	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	24830					
е	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	613						
g	Other expenses	8g			_				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						25443	
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						27509	
	Transfers to (from) the plan (see instructions)	8j							
Pa	t 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 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 Plan	n Chara	acterist	ic Cod	les in the insti	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 reported on line 10a.)	? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	Χ			20000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X		2000	
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			
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		Χ			
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 (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	<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 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		Identification Information						
For calenda	r plan year 2018 or f	iscal plan year beginning 01/01/20		and ending 12/31/2018				
A This retu	urn/report is for:	X a single-employer plan		n (not multiemployer) (Filers o ployer information in accordar	_			
<b>B</b> This retu	rn/renort is	a one-participant plan	a foreign plan					
D This retu	III/ICPOIT 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 b	ox if filing under:	<ul><li>X Form 5558</li><li>☐ special extension (enter des</li></ul>	automatic extension	DF	VC program			
	Desir Disselect							
Part II		ormation—enter all requested i	information	46	<del>-</del>			
1a Name of S & D CONS	•	EMENT, INC. 401(k) PLAN			Three-digit plan number (PN) • 001			
					Effective date of plan 01/01/2016			
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	.O. Box)		<b>2b</b> Employer Identification Number (EIN) 84-1698194			
-	town, state or provinc ruction Management,	ce, country, and ZIP or foreign pos Inc.	stal code (if foreign, see instru	actions) 2c	Sponsor's telephone nun (859) 226-0083			
050 North H					2d Business code (see instructions) 236200			
252 North Up	pper St							
Lexington, K	Y 40507							
3a Plan ad	dministrator's name a	and address 🏻 Same as Plan Sp	onsor.	3b	Administrator's EIN			
				3c	Administrator's telephone	number		
		ne plan sponsor or the plan name			EIN			
•		onsor's name, EIN, the plan name	e and the plan number from th		<b>4d</b> PN			
<b>a</b> Sponso				44	PN			
<b>5a</b> Total r	number of participant	s at the beginning of the plan year	r			31		
<b>b</b> Total r	number of participant	s at the end of the plan year		5	b	29		
	4 (1 14 )	n account balances as of the end o			С	29		
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the	plan year	5d	(1)	30		
<b>d(2)</b> Tota	al number of active p	articipants at the end of the plan y	/ear	5d	(2)	7		
		o terminated employment during t		1 0	e	0		
Caution: A	penalty for the late	or incomplete filing of this retu	urn/report will be assessed	unless reasonable cause is	established.			
SB or Sche	alties of perjury and o dule MB completed a rue, correct, and con		ructions, I declare that I have	examined this return/report, i sion of this return/report, and	ncluding, if applicable, a S to the best of my knowled	3chedule dge and		
SIGN	D. Sea	in Edwards	10/10/2019	D. Sean Edwards				
HERE	Signature of plan	administrator	Date	Enter name of individual sig	gning as plan administrato	or		
SIGN								
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individual sign	gning as employer or plar	sponsor		

P	ad	е	2

b	Were all of the plan's assets during the plan year invested in eligib		,					. X Yes	No
~	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	and condi	tions.)					. X Yes	] No
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_	○	nined
	If "Yes" is checked, enter the My PAA confirmation number from the	-	- ·		•	ш		. (See instructi	
Pa	rt III   Financial Information			•					
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) En	d of Year	
<u></u> а	Total plan assets	7a		18933	3			216842	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		18933	3			216842	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		6691	5	14,6193	11.00	delevir de al al del	19.42
	(2) Participants	8a(2)		280	0		1000		hild Si
	(3) Others (including rollovers)	8a(3)					1.31	na kalaksijas	165
b	Other income (loss)	8b		-1676	3			talkarin bayak Merilini	1600
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Minis.	. 6 (3)			52952	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2483	0				ini di Masi
е	Certain deemed and/or corrective distributions (see instructions)	8e			des	的表彰。	, we take	STANTO WAY	
f	Administrative service providers (salaries, fees, commissions)	8f		613				ALCHE SELECT	
g	Other expenses	. 8g						Note of Gill May	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	<b>"我这一个人的</b>					25443	
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i			13.7			27509	
j	Transfers to (from) the plan (see instructions)	- 8i		* * * * * * * * * * * * * * * * * * * *			10.000		45,15
Pa	rt IV Plan Characteristics	,							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Code	es in the ir	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare t	feature co	des from the List of Plan	n Chara	cterist	ic Code:	s in the ins	structions:	
F	If the plan provides welfare benefits, enter the applicable welfare to the compliance Questions	feature cod	des from the List of Plan	n Chara	acterist	ic Code	s in the ins	structions:	
		feature cod	des from the List of Plan	n Chara	Yes	ic Code	s in the ins	structions: Amount	
Pa	t V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's No. 100.2007).	utions with	in the time period Fiduciary Correction				s in the ins		
Pa 10	t V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribu	utions with Voluntary l	in the time period Fiduciary Correction include transactions	10a		No	s in the ins		
Pa 10	t V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	utions with Voluntary I	in the time period Fiduciary Correction include transactions	10a 10b		No X	s in the ins		20000
Pa 10	t V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?	utions with Voluntary t? (Do not	in the time period Fiduciary Correction include transactions	10a	Yes	No X	s in the ins		20000
Pa 10	t V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?	t? (Do not s fidelity bother person	in the time period Fiduciary Correction include transactions ond, that was caused as by an insurance of the benefits under	10a 10b 10c	Yes	No X	s in the ins		20000
Pa 10	t V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	t? (Do not	in the time period Fiduciary Correction include transactions ond, that was caused as by an insurance f the benefits under	10a 10b 10c 10d	Yes	No X X X	s in the ins		20000
Pa 10	t V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Yerogram)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plantage of the plan failed to provide any benefit when due under the plantage of the plantage	t? (Do not	in the time period Fiduciary Correction include transactions ond, that was caused ons by an insurance of the benefits under	10a 10b 10c 10d 10e 10f	Yes	No X X X X	s in the ins		20000
10 t	t V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plantage of the plan failed to provide any benefit when due under the plantage of the plantage	t? (Do not her person an?	in the time period Fiduciary Correction include transactions ond, that was caused his by an insurance of the benefits under end.)	10a 10b 10c 10d	Yes	No X X X X X X	ilo Arri alima		20000

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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)			В	Yes 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 s ERISA?	ection	302 o	f 	Yes 🛛	No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	, and	enter t Day		of the letter ruling Year	
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			
e	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?	r 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 p which assets or liabilities were transferred. (See instructions.)	an(s)	to			
1	13c(1) Name of plan(s):	3c(2)	EIN(s)		<b>13c(3)</b> PN(s)	