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	lar plan year 2018 or fi	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018		
A This re	turn/report is for:	a single-employer plan		olan (not multiemployer) (mployer information in ac	_		
_		a one-participant plan	a foreign plan				
B This ret	urn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	ım	
		special extension (enter descr					
Part II	Basic Plan Info	ormation—enter all requested inf	ormation				
1a Name	of plan	PROFIT SHARING PLAN			1b Three-digi plan numb (PN) ▶		
					1c Effective of	date of plan 01/01/1999	
2a Plan s	ponsor's name (emplo	oyer, if for a single-employer plan)			2b Employer	Identification Number	
		om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign post		structions)	(EIN) 61-0996628		
-	COMPANIES	, , , , , , , , , , , , , , , , , , ,		,	2c Sponsor's telephone number 859-253-0000		
					2d Business	code (see instructions)	
250 WEST MAIN STREET, STE 3000 LEXINGTON, KY 40507-1722					531310		
3a Plan a	idministrator's name a	nd address 🏻 Same as Plan Spor	nsor.		3b Administra	ator's EIN	
					3c Administra	ator's telephone number	
4 If the	name and/or EIN of th	e plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN		
	lan, enter the plan spo sor's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN		
C Plan N					TO FIN		
_		s at the beginning of the plan year			5a	32	
		at the end of the plan year			5b	34	
		account balances as of the end of		· ·	5c	26	
d(1) Tot	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	29	
` '	· ·	articipants at the end of the plan year			5d(2)	31	
		terminated employment during the			5e	0	
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable cau			
SB or Sche		ther penalties set forth in the instructed and signed by an enrolled actuary, and the signed by an enrolled actuary.					
SIGN	Filed with authorized	I/valid electronic signature.	10/14/2019	CHRIS FRALIX			
HERE	Signature of plan a		Date	Enter name of individ	ual signing as pla	an administrator	
SIGN HERE	Filed with authorized	d/valid electronic signature.	10/14/2019	CHRIS FRALIX			
TIERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as em	nployer or plan sponsor	

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b 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.)	No Not determined
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 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) Total plan liabilities (b) Total plan liabilities (c) Total plan liabilities (d) Total plan assets (subtract line 7b from line 7a) (e) Total plan assets (subtract line 7b from line 7a) (f) Employers (h) Employer	No Not determined
Part III Financial Information Financial Information Part III Financial Information	
Part III Financial Information 7 Plan Assets and Liabilities	(See instructions.)
7 Plan Assets and Liabilities (a) Beginning of Year (b) a Total plan assets 7 Ta 1947142 b Total plan liabilities 7 Tb 7 Total plan liabilities 7 Tb 7 Total plan liabilities 7 Tb 7 Total plan assets (subtract line 7b from line 7a) 7 Tc 1947142 8 Income, Expenses, and Transfers for this Plan Year (a) Amount 7 Total Expenses (and Transfers for this Plan Year 8 Total plan year 8 Total plan year (a) Amount 8 Total plan year 9 Total year 9 Total plan year 9 Total year 9 Total plan year 9 Total year 9 Total plan year 9 Total y	
7 Plan Assets and Liabilities (a) Beginning of Year (b) a Total plan assets 7 Ta 1947142 b Total plan liabilities 7 Tb 7 Total plan liabilities 7 Tb 7 Total plan liabilities 7 Tb 7 Total plan assets (subtract line 7b from line 7a) 7 Tc 1947142 8 Income, Expenses, and Transfers for this Plan Year (a) Amount 7 Total Expenses (and Transfers for this Plan Year 8 Total plan year 8 Total plan year (a) Amount 8 Total plan year 9 Total year 9 Total plan year 9 Total year 9 Total plan year 9 Total year 9 Total plan year 9 Total y	
a Total plan assets) End of Year
b Total plan liabilities	1934934
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	
a Contributions received or receivable from: (1) Employers 8a(1) 56966 (2) Participants 8a(2) 102837 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b -144066 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 19971 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 7974 g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h	1934934
(1) Employers 8a(1) 56966 (2) Participants 8a(2) 102837 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b -144066 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 19971 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 7974 g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h	(b) Total
(2) Participants	
(3) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	15737
to provide benefits)	13737
f Administrative service providers (salaries, fees, commissions) 8f 7974 g Other expenses	
g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c)	27945
	-12208
j Transfers to (from) the plan (see instructions)	
Part IV Plan Characteristics	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the 2E 2F 2G 2J 2K 2T 3D	ne instructions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the	instructions:
Part V Compliance Questions	
10 During the plan year: Yes No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction	
Program)	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
C Was the plan covered by a fidelity bond?	1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
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.)	
f Has the plan failed to provide any benefit when due under the plan?	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	37252
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
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	

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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

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**

Pa	art I	Annual Report	Ide	entification Information	1		1 1 10/0	1/004	0	
For	calendar	plan year 2018 or f	scal	plan year beginning 01/01/20			and ending 12/3			
A	This retu	rn/report is for:	X	a single-employer plan	∐a mu list	ultiple-employer plan of participating emplo	(not multiemployer) (Foundation in accordance)	ilers corda	checking this to nce with the fo	oox must attach a orm instructions.)
_				a one-participant plan	a fo	reign plan				
ВТ	This retur	is return/report is the first return/report the final return/report								
				an amended return/report	ash	ort plan year return/r	eport (less than 12 mo	onths)	
С	Check bo	ox if filing under:	X	Form 5558		omatic extension		DF	VC program	
				special extension (enter desc						
Pa	art II	Basic Plan Info	orm	nation—enter all requested in	nformation	1		46	T	
	Name o	•	PR	OFIT SHARING PLAN				10	Three-digit plan number (PN) ▶	001
								1c	Effective date 01/01/1999	e of plan
2a	Mailing	address (include roo	om.	r, if for a single-employer plan) apt., suite no. and street, or P.	O. Box)			2b	Employer Ide (EIN) 61-099	ntification Number 6628
The	City or	town, state or provin	ce, d	country, and ZIP or foreign pos	stal code (if foreign, see instruc	ctions)	2c		lephone number 9) 253-0000
								2d	(le (see instructions)
250	WEST M	AIN STREET, STE	3000	0					531310	
LEX	INGTON	, KY 40507-1722/								
			and a	address X Same as Plan Sp	onsor.			3b	Administrator	's EIN
								3с	Administrator	's telephone number
4	If the n	ame and/or EIN of t	he p	lan sponsor or the plan name	has chang	ged since the last ret	turn/report filed for	4b	EIN	
		an, enter the plan sp or's name	ons	or's name, EIN, the plan name	and the p	bian number from the	e last return/report.	4d	PN	
	Plan N									
52	Total r	number of participan	ts at	the beginning of the plan year	r			. !	5a	32
				the end of the plan year					5b	34
C	Numbe	er of participants wit	h ac	count balances as of the end of	of the plan	year (only defined o	contribution plans	1	5c	26
				cipants at the beginning of the				-	d(1)	29
	d(2) Tota	al number of active	partio	cipants at the end of the plan y	year			. 50	d(2)	31
	than	100% vested		erminated employment during t					5e	0
Ca	nution: A	panalty for the lat	o or	incomplete filing of this retu	urn/repor	t will be assessed u	inless reasonable ca	use i	s established	nolicable a Schedule
SE	3 or Sche	alties of perjury and edule MB completed true, correct, and co	and	er penalties set forth in the instit I signed by an enrolled actuary ete.	ructions, I , as well a	as the electronic vers	sion of this return/repo	rt, an	d to the best o	f my knowledge and
1880-15	GN						D. Woodford Webb, J	Jr.		
Н	ERE	Signature of plan	adr	ministrator		Date	Enter name of individ			administrator
	GN	sun	~	- Jas		10/14/19	Chris Fran			
322200	ERE	Signature of emp	loye	er/plan sponsor	E00 SE	Date	Enter name of individ	dual s	signing as emp	loyer or plan sponsor Form 5500-SF (2018)
Fo	or Paperw	ork Reduction Act No	tice,	see the Instructions for Form 55	JUU-3F.					v 171027

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2	а	а	е	2

D	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 as If you answered "No" to either line 6a or line 6b, the plan cannot be under the plan c	an independ and conditio	lent qualified public acons.)	counta	nt (IQF	PA)	X Yes N
_	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA sec	tion 40	21)?	\ Ye	s No Not determined
٠	If "Yes" is checked, enter the My PAA confirmation number from the						
Do	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of	f Year			(b) End of Year
<u> </u>		7a		947142	2		1934934
	Total plan assets	7b					11
	Net plan assets (subtract line 7b from line 7a)	7c	1	947142	2		1934934
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount		\top		(b) Total
8 a			(a) Fallount				
а	(1) Employers	8a(1)	*	56966	3		
	(2) Participants	8a(2)		10283	7		
	(3) Others (including rollovers)	8a(3)			0		以外,其实是是一个人
b	Other income (loss)	8b		-14406	6	4.5	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					15737
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1997			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f		797	4		
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					27945
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					-12208
j	Transfers to (from) the plan (see instructions)	8j					
Pa	art IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D						
b	If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Plar	n Chara	cterist	ic Codes	in the instructions:
Pa	art V Compliance Questions						
70					Yes	No	Amount
	During the plan year: a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a			Amount
	During the plan year: Was there a failure to transmit to the plan any participant contribution.	Voluntary F	iduciary Correction	10a		No	Amount
	During the plan year: a Was there a failure to transmit to the plan any participant contribe described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	Voluntary F	iduciary Correction			No X	Amount 10000
	During the plan year: a Was there a failure to transmit to the plan any participant contribed described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond?	st? (Do not i	include transactions and, that was caused	10b	Yes	No X	
	During the plan year: a Was there a failure to transmit to the plan any participant contribed described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) C Was the plan covered by a fidelity bond?	st? (Do not i	include transactions and, that was caused s by an insurance the benefits under	10b 10c	Yes	No X	
	During the plan year: a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interes reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so	st? (Do not i	include transactions and, that was caused s by an insurance the benefits under	10b 10c 10d	Yes	No X X X	
	During the plan year: a Was there a failure to transmit to the plan any participant contribed described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	st? (Do not i	include transactions and, that was caused s by an insurance the benefits under	10b 10c 10d	Yes	No X X X X	
	During the plan year: a Was there a failure to transmit to the plan any participant contribed described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	st? (Do not in the personal man?	include transactions Include transactions	10b 10c 10d 10e 10f	Yes	No X X X X	10000

Page	3-	1
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Part			
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)	edule S	SB 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 section FRISA?	n 302 of	f 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, and granting the waiver.	d enter t Day	the date of the letter ruling y Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
	Enter the minimum required contribution for this plan year	12b	
	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	
) EIN(s)	13c(3) PN(s)