Foi	rm 5500-SF	Short Form Annual Return/Report of Small Empl Benefit Plan				(0MB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee I				etirement	2014			
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (ERIS Reve	Internal		orm is Open to				
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.							c Inspection		
Part I		dentification Information							
For calend	lar plan year 2014 or fis			0	/30/2015				
	turn/report is for: urn/report is	c a one-participant plan a the first return/report th	of participating employ foreign plan ne final return/report	an (not multiemployer) /er information in accor n/report (less than 12 m	dance with t	-			
-			utomotio ovtonoion			=VC progra	~		
C Check	box if filing under:								
		special extension (enter description)							
Part II	Basic Plan Infor	mation—enter all requested information	ion						
1a Name JEFFREY S	of plan 6. HOFER, PSC PROFI	F SHARING PLAN			(PN)	number	002 plan		
						07/01/	(1992		
	ponsor's name and add HOFER, PSC	Iress; include room or suite number (em	ployer, if for a single-	employer plan)	2b Empl (EIN)		ication Number 07513		
					2c Sponsor's telephone number				
2533 LARKIN LEXINGTON	N ROAD, SUITE 200 I. KY 40503	2816 VEACH R OWENSBORO			270-684-1145 2d Business code (see instructions)				
	,		,		621111				
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor.			3b Administrator's EIN				
		plan sponsor has changed since the las ber from the last return/report.	st return/report filed fo	or this plan, enter the	4b EIN				
	or's name				4c PN				
5a Total	number of participants a	at the beginning of the plan year			5a		10		
b Total	number of participants a	at the end of the plan year			5b				
		ccount balances as of the end of the pla			5c		10		
d(1) Tot	al number of active part	icipants at the beginning of the plan yea	ar		5d(1)				
d(2) Tot	tal number of active par	ticipants at the end of the plan year			5d(2)		10		
e Numbe	er of participants that ten	minated employment during the plan ye	ear with accrued bene	fits that were	5e				
Caution: A Under pen SB or Sche	A penalty for the late on alties of perjury and oth edule MB completed an true, correct, and comp	r incomplete filing of this return/repo er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete.	rt will be assessed of I declare that I have	unless reasonable cat examined this return/re	port, includir	ng, if applica			
	Filed with authorized/v	rized/valid electronic signature.							
HERE	Signature of plan ac	Iministrator	ual signing a	as plan adm	inistrator				
SIGN HERE									
	Signature of employ	ver/plan sponsor ame, if applicable) and address (include	Date	Enter name of individ			r or plan sponsor number (optional)		
		and OMB Control Numbers, see the instru					form 5500-SF (2014)		

	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	If you answered "No" to either line 6a or line 6b, the plan canne		,						
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No	Not deter	mined
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End c	f Year	
а	Total plan assets	7a	47595					49594	21
b	Total plan liabilities	7b							
с	Net plan assets (subtract line 7b from line 7a)	7c	47595	522			4959421		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To			tal	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)							
	(2) Participants	8a(2)			_				
<u> </u>	(3) Others (including rollovers)	8a(3)	1000	000	_				
	Other income (loss)	8b	1998	99	_				
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			1998	99
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	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							
i	i Net income (loss) (subtract line 8h from line 8c)								99
j	Transfers to (from) the plan (see instructions)								
Par	Part IV Plan Characteristics								
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								
<u> </u>	2E 2G 2R								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructio	ns:	
Par	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut					~			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10a		X			
	on line 10a.)			10b		Х			
с 	Was the plan covered by a fidelity bond?			10c	Х				500000
d	or dishonesty?			10d		Х			
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.)			10e		х			
f						Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10f 10q		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			Ū		х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the			10h		X			
Dort	exceptions to providing the notice applied under 29 CFR 2520.101-3								
11	Is this a defined benefit plan subject to minimum funding requirem								X No
11a	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fro					 11a		Tes	∧ NU
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								

Page 3 - 1

If 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 onegative amount)	of a	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?		· 🗆 ۲	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 u of the PBGC?	control		Yes 🗙 No				
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s):	3c(2) El	IN(s)	13c(3) PN(s)				
Part VIII Trust Information (optional)							
14a Name of trust			14b Trust's EIN				

	Drm 5500-SF	Short Form		urn/Report of Small nefit Plan	Empl	oyee	OMB	Nos. 1210-0110 1210-0089		
	Department of Labor			ler sections 104 and 4065 74 (ERISA), and sections		2014				
Employee Benefits Security Administration of the Internal Revenue Code (the Code).							This Form is Open to Public Inspection			
Pensio	on Benefit Guaranty Corporation	dentification Infor		e with the instructions to	o the Fo	orm 5500-SF.	to Public	Inspection		
L	endar plan year 2014 or fi		07/01	/2014	and er	adina 0	6/30/20	15		
	is return/report is for:	X a single-employer		multiple-employer plan (not						
	is return/report is eck box if filing under:	of participating employer information in accordance with the form instructions) a one-participant 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) Form 5558 automatic extension provide special extension (enter description)								
Part	II Basic Plan Info	rmation - enter all req	uested informat	ion						
	me of plan				1b	Three-digit	Three-digit plan number (PN) 🛌			
JEF	FREY S. HOFER	, PSC PROFIT	SHARING	PLAN	4			002		
					1c	Effective date				
2a Pla	n sponsor's name and addres	ss: include room or suite nu	mber (employer i	f for single-employer plan)	2b	Employer Iden	1/1992	ber (FINI)		
	FREY S. HOFER				2c		007513	. ,		
253	3 LARKIN ROAD	, SUITE 200			1	-684 - 11		1		
	INGTON	KY 40!	503		2d	Business code 6211	e (see instruct	ions)		
	In administrator's name ar		s Plan Sponsor.		3b					
					3с	Administrator	s telephone n	umber		
A	b/ miki cul	****			41-		····			
	e name and/or EIN of the n, enter the name, EIN, and				s 4b	EIN				
•	ponsor's name	a the plan humber nom t	ne last return/re	port.	4c	PN				
5a Ta	otal number of participants	s at the beginning of the	plan year		5a			10		
	otal number of participants				5 b					
	umber of participants with		the end of the p	olan year (defined	-			1.0		
	enefit plans do not comple	/			5c			10		
	 Total number of active p Total number of active p 				5d(1) 5d(2)			10		
	umber of participants that					/		<u>+ v</u>		
	enefits that were less than	100%		-	5e					
Cauti Under Sched	on: A penalty for the late penalties of perjury and of ule SB or Schedule MB co wledge and belief, it is tru	or incomplete filing of ther penalties set forth in mpleted and signed by a	this return/repo the instructions an enrolled actu	ort will be assessed unle s, I declare that I have exa ary, as well as the electro	ess reas mined t nic vers	onable cause his return/repo ion of this retur	is establishe rt, including, if n/report, and	d. applicable, a to the best of		
SIGN			4/15/16							
HERE	Signature of plan admir	nistrator	Date	Enter name of ind	Enter name of individual signing as plan administrator					
SIGN										
HERE	Signature of employer/	plan sponsor	Date	Enter name of ind	ividual s	signing as empl	over or plan s	ponsor		
Prepa	rer's name (including firm	name, if applicable) and	address (include	e room or suite number) («	optional) Preparer's tel	ephone numb	er (optional)		
For Pa 418571 10-13-14	perwork Reduction Act N	Notice and OMB Contro	l Numbers, see	e the instructions for For	m 5500)-SF.	Form	5500-SF (2014) v.140124		

14110415 736725 HOFERPS-JP 2014.05090 JEFFREY S. HOFER, PSC HOFERPS1

b Are you claiming a waver of the annual scannination and report of an independent qualified public accountant (QPA) undep 2G PE 250-1447 (See instructions on vaver eightly and conditions 1	6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes		
If you answered 'No'' to either line 6 aro line 6b, the plan cannot use Form 5500-SF and must instand use Form 5500. C If the plan is a denine benefitian is a located and/or the PBQC ingrance program (see ENSA section 42017) Year No Not determined Path Assets and Liabilities Ta 4759522 4959421 C India plan liabilities Ta 4759522 4959421 C Inter for incevelved or received or receiv	b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant									
C It is plan is a defined bandit plan, is it correctly and/or the PBGC insurance program (see FBISA action 4021)? Ves Not Not determined Peart III Timenical Information (a) Beginning of Year (b) End of Year it of a lobia assets it of a lobia it of a lobia assets it of a lobia it of a lob		(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							Yes	🗌 No	
[Part III] Financial Information 7 Plan Assets and Labilities 1 6 Total plan assets 1 6 Total plan assets 1 7 C 4759522 4959421 7 C 4759522 4959421 8 Income, Expanse, and Transfers for the Plan Year (a)Amount (b) Total 3 Contributions received or receivable from: 6 (a)Amount (b) Total 2) Participants 5642 (c) (c) (c) (c) (c) Dutar income data) 8 6 199899 STATEMENT 1 (c) <											
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets To 4759522 4959421 b Total plan assets To 4759522 4959421 c Net plan assets (b) End of Year (c) Amount (b) Total a Total plan assets (b) End of Year (c) Amount (b) Total a Contributions received or receivable from: (c) Amount (c) Total (d) Chres (including rollowers) Bed(1) (c) Total (c) Total (d) Chres (including rollowers) Bed(1) (c) Total income (fast) Bed 199899 STATEMENT 1 b Other income (fast) Bed 199899 STATEMENT 1 Bed 199899 c Total income (fast) Bed 199899 STATEMENT 1 Bed 199899 199899 g Other sequences Bed 199899 STATEMENT 1 Bed 199899 199899 199899 199899 199899 199899 199899 199899 199899 199899 199899 1789899 1789899 1998999			e ERISA se	ction 4021)	?	<u> Y</u>	'es	No	Not de	termined	
a Total plan assets Ta 4759522 4959421 b Total plan labilities To 4759522 4959421 c Net plan assets (subtract line 7b from line 7a) To 4759522 4959421 8 income. Expanses, and Transfers for this Plan Year (a)Amount (b) Total 8 controllutions received or received or receivable from: (b) Total (c) Participants 5822 (c) (c) (c) Charlis including rollowers) 5833 (c) (c) 0 Other including rollowers 5843 (c) (c) 0 Cartal income (add lines 3art). 3ar2). 48(3), and 8(b) 8e 1.99899 (c) 4 Go Total income (add lines 3art). 48(2), and 8(b) 8e (c) (c) 4 Add including direct rollowers and insurance premiums to provide (c) (c) (c) 6 Go Ther expenses 6g (c) (c) (c) (c) 7 Total expenses 6g (c) (c) (c) (c) (c) (c) (c) 9 If the final provides pension benefits, entor the applicable pension feature codes from the List of Plan Charact	Pa	rt III Financial Information									
D Total plan labilities The The The C Net plan assets (subtract line 7b from line 7b) The Year The Year The Year B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total C Output: Bat 20 (c) Participants Bat 20 (c) During including clickware) Bat 20 (c) Participants Bat 20 (c) Output: Comme forse) Bat 20 (c) Participants Bat 20 (c) Output: Comme forse) Bat 20 (c) Participants Bat 20 (c) Output: Comme forse) Bat 20 (c) Participants Bat 20 (c) Output: Comme forse) Bat 20 (c) Participants Bat 20 (c) Total income ideal mes 8a(1) Bat 20 Bat 20 (c) Participants Bat 20 (c) Output: Comme forse) Bat 40 (c) Participants Bat 20 (c) Output: Commercipants Bat 40 (c) Participants Bat 20 (c) Output: Commercipants Bat 40 (c) Participants Bat 20 (c) Output: Distipants Distipants <td>7</td> <td>Plan Assets and Liabilities</td> <td></td> <td>(a) Beg</td> <td></td> <td></td> <td></td> <td>(b) E</td> <td></td> <td></td>	7	Plan Assets and Liabilities		(a) Beg				(b) E			
C Net plan assets (subtract line 7b from line 7a) Tc 4759522 4959421 3 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 3 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 4 Contributions received or receivable from: (b) Total (b) Total (c) Participants Bet(2) (c) (c) (c) (c) Deters income faced Bet(2) (c) (c) (c) (c) Containcome faced lines 8a(1), 8a(2), 8a(3), and 8b) Bet 199899 STATEMENT 1 6 Containcome faced lines 8a(1), 8a(2), 8a(3), and 8b) Bet 199899 (c) 7 Candinative service provides (sabards, fones, commissions) Bet (c) (c) 9 Transfers to from the plan (bage instructions) Bet (c) (c) 9 Transfers to from the plan (bage instructions) Bit 199899 (c) 9 Transfers to from the plan (bage instructions) Bit (c) (c) 9 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristicc Codes in the instructions: <td><u>a</u></td> <td>Total plan assets</td> <td>7a</td> <td></td> <td colspan="4">4759522</td> <td><u>49</u></td> <td>59421</td>	<u>a</u>	Total plan assets	7a		4759522				<u>49</u>	59421	
8 Income. Expenses. and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 84(1) (c) Participants 84(2) (c) Participants 84(2) 84(2) (c) Participants 84(2) (c) During including rolevers) 84(2) 80 199899 STATEMENT 1 C Total income ideal imes 84(1), 84(2), 84(3), and 80) 80 199899 STATEMENT 1 C Total income ideal imes 84(1), 84(2), 84(3), and 80) 80 199899 State income ideal imes 84(1), 84(2), 84(3), and 80) 80 199899 C Inter accornective growders (saturbutions (see instructions) 8e 9d 9d 100 199899 C Inter accornective growders (saturbutions) 8d 919989 100 199899 1 Nat income loss) (subtract inte 8h rom ine 8c) 8i 199899 100 1 Nat income loss) (subtract inte 8h rom ine 8c) 8i 199899 100 2 2 2 2 2 2 2 3 100 100 100 100 100 100 100 100 100 <td< td=""><td>_<u>b</u></td><td>Total plan liabilities</td><td>7b</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	_ <u>b</u>	Total plan liabilities	7b								
a Contributions received or receivable from: Ba(1) (1) Employers Ba(1) (2) Participants Ba(2) (3) Others (including rolevers) Ba(2) (3) Others (including rolevers) Ba(3) (4) Contain income (dost) (note: (asi), aa(2), aa(3), and (b) Ba (5) Others (note: (asi), aa(2), aa(3), and (b) Ba (5) Contain income (asi) (note: (asi), aa(2), aa(3), and (b) Ba (5) Contain income (asi) (asi), aa(3), and (b) Ba (6) Contain income (asi) (asi), aa(3), and (b) Ba (7) Contain income (asi) (asi), aa(3), and (b) Ba (6) Contain income (asi) (asi), aa(3), and (b) Ba (7) Contain income (asi) (asi), aa(3), and (b) Ba (7) Administrue service provides (salarias, exe, commission) Bi (7) Administrue service provides pension benefits, enter the applicable verifare feature codes from the List of Plan Characteristic Codes in the instructions: (2) Carry I Compliance Questions 10a (1) Dot provides verifare ather t	<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		4759522				<u>49</u>	59421	
(1) Employers Ba(1) (2) Participants Ba(2) (3) Other income (loss) Ba(2), add(2), add(8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Total		
(2) Participants Bat2 (3) Others (including rolevers) Bat3 (b) Other income (des) Bb (c) Total income (des) Bc (c) Total expenses Ba	а	Contributions received or receivable from:									
(3) Others (including rollovers) Ba(3) b Other income (add lines 84/1); 84/2); 84(3), and 8b) 8b 199899 STATEMENT 1 C Total income (add lines 84/1); 84/2); 84(3), and 8b) 8c 199899 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 199899 d Cher expenses 8d 9 g Other expenses 8g 9 h Total expenses 8g 9 g Other expenses 8g 9 h Total expenses 8g 9 g Other expenses 8g 9 Part IV Plan Characteristics 9 g If the pin provides penses 8i 199899 Transfers to (from the plan (see instructions) 8i 199899 J If the pin provides penses 9 10 10 g If the pin provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2 Part IV Compliance Questions 10a X D During the plan year. Yes No Amount a Was there a failure to transmit to the plan any participant contribuions within the time period des		(1) Employers	8a(1)								
b Other income (ass) ab 199899 STATEMENT 1 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ac 199899 Benefits pad (including direct rollovers and insurance permiums to provide benefits) ac 199899 C Certain deemed and/or corrective distributions (see instructions). 8e 199899 f Administrative service providers (salaries, fees, commissions) 8f 199899 g Other expenses 8g 199899 f Administrative service providers (salaries, fees, commissions) 8f 199899 g Inter compenses (add lines 8d, 8e, 8f, and 8g) 8f 199899 Transfers to (from) the plain fees instructions) 8f 199899 Part IV Plan Characteristics Plan Plan Characteristic Codes in the instructions: 2E 2 G 2 R If the plan provides weffare benefits, enter the applicable weifare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10a X 10 During the plan year: Yes No Amount a Was there any nonexempt transactions with any party-ininterest? (Do not include transactions reporded on into 10a) 10b			8a(2)								
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 199899 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 199899 e Certain deemed and/or corrective distributions (see instructions) 8e 6d f Administrative service providers (salaries, fees, commissions) 8f 9d f Administrative service providers (salaries, fees, commissions) 8f 9d f Administrative service providers (salaries, fees, commissions) 8f 9d f Total expenses (add lines 8d, 8e, 8f, and 8g) 8a 199899 i Net income (sols) lustrative line 8h rom line 8c) 8i 199899 f Transfers to (from) the plan (see instructions) 8i 1998999 g if the plan provides pension benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions: Part VI Compliance Questions 10 20 ming the plan year: Yes No Amount a Was there a failer to arise and DOL's Voluntary Fiduciary Correction Program) 10a X 50 00000 d Did the plan have a task, whether or not termbursed by the plan's fidelity bo		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) Bd e Certain deemed and/or corrective distributions (see instructions) Bd f Administrative service providers (salaries, fees, commissions) Bd g Other expenses Bd h Total expenses (add lines 8d, 8e, 8f, and 8g) Bi i Transfers to (from) the plan (see instructions) Bi g Transfers to (from) the plan (see instructions) Bi g Transfers to (from) the plan (see instructions) Bi g I the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: g 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 Luring the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3102? (See instructions and DOL's Voluntary Fiducian' Correction Program). 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on lite 10a.) 10b X c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonest?? 10d X <	_ <u>b</u> _	Other income (loss)	8b		1	<u>998</u>	99				
Bed © Certain deemed and/or corrective distributions (see instructions) Bed C Administrative service providers (salaries, fees, commissions) Br G Other expenses Br I Total expenses (add lines 8d, 8e, 8f, and 8g) Br I Total expenses (add lines 8d, 8e, 8f, and 8g) Br I Total expenses (add lines 8d, 8e, 8f, and 8g) Br I Total expenses (add lines 8d, 8e, 8f, and 8g) Br I Transfers to (from the plan (see instructions) Bi 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 instructions: 2E 2G 2R Image: Compliance Questions 10 During the plan year: Yes a Was there a failure to transmit to the plan any participant contributions within the time period described Transactions reported on line 10a) 10 During the plan year: Yes a Was there a failure to transmit to the plan any participant contributions within the time period described Transactions reported on line 10a) 10 During the plan year: Yes a Was there a synchesed to any brokers, agents, or other persons by an insurance C 10 Add the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that Yes was caused by fraud or dishonestry? Yes Yes	<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	<u>.99899</u>	
e Cartain deemed and/or corrective distributions (see instructions) Be f Administrative service providers (salaries, fees, commissions) Bf g Other expenses Bg h Total expenses (add lines 8d, 8e, 8f, and 8g) Bh i Net income (loss) (subtract line 8h from line 8c) Bi j Transfers to (from) the plan (see instructions) Bi j Transfers to (from) the plan (see instructions) Bi j The plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: j EAR V Compliance Questions 10 During the plan year: a a Was there a failure to transmit to the plan any participant contributions within the time period described in 26 CFR 2510.3-102 (See instructions and DOL's Voluntary Fiduciary Correction Program.) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). C X 5000000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 5000000 d Did the plan have any participant toan? Workers, agents, or	d	Benefits paid (including direct rollovers and insurance premiums to provide									
Image: style service providers (salaries, fees, commissions) Image: style		benefits)	8d							<u>na an</u> a'	
g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (utbrack line 8h fm ine 8c) 8i Part IV Plan Dharacteristics 8i 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2R b If the plan provides pension 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: 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.). 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). 10b X c Was the plan covered by a fidelity bond? 10c X 5000000 d Did the plan have a loss, whether or not reimbursed by the plan 5 fidelity bond, that was caused by fraud or dishonest?? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service,	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1 1 Pat income (loss) (subtract line 8h from line 8c) 8i 1 199899 I ransfers to (from the pain see instructions) 8i 1 199899 Part IV Plan Characteristics 8i 1 199899 9a If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2R No Amount 10 During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 11 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 Flduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include 10b X c Was there any onexempt transactions with any party-in-interest? (Do not include 10d X c Was there any nonexempt transactions with any party-in-interest? (Do not include 10d X c Was there any nonexe	f	Administrative service providers (salaries, fees, commissions)	8f								
i Net income (loss) (subtract line 8h from line 8c) 8i 1998999 i Transfers to (from) the plan (see instructions) 8i 1998 Part IV Plan Characteristic Codes in the instructions: 2E 2G 2R b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2R 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: Amount Amount Amount a Was there a allure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DCL's Voluntary Fiduciary Correction Program)	g	Other expenses	8g								
i Transfers to (from) the plan (see instructions) 8i 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 instructions: 2E 2.G 2.R 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 Yes 10 During the plan any earticipant contributions within the time period described in 29 CFR 2510.3-102; See instructions and DOL's Voluntary Fiduciary Correction Program.). 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10c X 5000000 c Was the plan covered by a fidelity bond? 10c X 5000000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesity? 10d X 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.) 10d X f Has the plan failed to provide any benefit when due under the plan? 10	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
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 instructions: 2E 2G 2R 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: a Was there a failure to transmit to the plan any part/part contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	i	Net income (loss) (subtract line 8h from line 8c)	8i	<u>, s s s</u> ter					1	99899	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2R 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 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)	j		8j								
a Was there a failure to transmit to the plan any participant contributions within the time period described 100 100 X b Ware there any nonexempt transactions with any party-in-interest? (Do not include 100 X 5000000 c Was the plan covered by a fidelity bond? 100 X 5000000 d Uid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that 100 X 5000000 d Uid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that 100 X 5000000 d Was the plan for the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that 100 X 5000000 d Ware 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 100 X 9 e Were any fees or commissions paid to any benefit when due under the plan? 10f X 9 10f X 9 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X	-										
in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 5000000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 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.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 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 X Part VI Pension Funding Compliance 11a 12 12 14a beline 11a below) 11a 12 <td< td=""><td></td><td></td><td></td><td></td><td>т —</td><td>Yes</td><td>No</td><td>AA</td><td>mount</td><td></td></td<>					т —	Yes	No	AA	mount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 500000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 500000 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.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (ff "Yes," enter amount as of year end.) 10g X 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 10h X Part VI Pension Funding Compliance 11a 11a 11a 11 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	а										
transactions reported on line 10a.) 10b X C Was the plan covered by a fidelity bond? 10c X 500000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that 10c X 500000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that 10d X 500000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that 10d X 500000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that 10d X 500000 d Was caused by fraud or dishonesty? 10d X 10d X 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 10de X f Has the plan failed to provide any benefit when due under the plan? 10f X 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X f Has the plan failed to provide any benefit when due under the plan? 10f X I I foh was answ	la			ram.)	<u>10a</u>		X				
c Was the plan covered by a fidelity bond? 10c X 500000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that 10d X 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.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X 9 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101.3.) 10h X 10k 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 10h X 10i X 10k X 10k	a		clude								
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that 10d X 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.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 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 answerd "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 X Part VI Pension Funding Compliance 10i X 10i X 11 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 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter It is waiver of the minimum funding standard for a prior year is					1		X				
was caused by fraud or dishonesty? 10d X 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.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). 10h X g 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 X Part VI Pension Funding Compliance 10i X 11a 11 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 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X if a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter <td></td> <td></td> <td></td> <td></td> <td>10c</td> <td></td> <td></td> <td></td> <td>5</td> <td>00000</td>					10c				5	00000	
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.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 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 X Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complet Schedule SB (Form 5500) and line 11a below) Yes X No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	a		d, that								
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 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 10h X Part VI Pension Funding Compliance 10i X 10i X 11 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 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Inter the date of the letter a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter					10d						
the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 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 10h X Part VI Pension Funding Compliance I Yes X No 11a Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete I1a I1a 12 Is this a defined contribution for current year from Schedule SB (Form 5500) line 39 I1a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No 11a I1a I1a I1a I1a I1a I1a I1a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No	e										
f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 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 X Part VI Pension Funding Compliance Ioi X 11 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) Yes X No 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) I I a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter		the plan? (See instructions)					v				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 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 10h X Part VI Pension Funding Compliance 10i X 11 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) Yes X No 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No a defined contribution grant requirements of section 412 of the code or section 302 of ERISA? Yes X No a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter					T						
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 X Part VI Pension Funding Compliance 10i X 11 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) Yes X 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter					1						
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 X Part VI Pension Funding Compliance 10i X 11 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) Yes X 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter					10g				An		
 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 Part VI Pension Funding Compliance 11 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 contribution for current year from Schedule SB (Form 5500) line 39 11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter 		and 20 CER 2520 101 2)			105		v				
of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i X Part VI Pension Funding Compliance Yes X 11 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) Yes X No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Image: see instructions, and enter the date of the letter a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter	i				10n				· · · · · · · · · · · · · · · · · · ·	<u></u> 	
Part VI Pension Funding Compliance 11 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) Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X 16 "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Image: Complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Image: Complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter	•			rone	40:		v				
 11 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 contribution for current year from Schedule SB (Form 5500) line 39 11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 14 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter 	Pa				101					<u> </u>	
Schedule SB (Form 5500) and line 11a below) Yes X No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Image: Complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Image: Complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter	harring in second		(00 * 000	instruction	a and		loto				
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter	••		165, 566	instruction	is anu	comp	iere		Vac		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter	112		ile SR (Er	vrm 5500)	line 20		11-	······	162		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter								Δ2	Var	X No	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter					1 360110	11 002 1		<u></u>	100		
	a			lan year	see ine	tructio	uns an	d enter the	date of	the letter	

418572 10-13-14

3 14110415 736725 HOFERPS-JP 2014.05090 JEFFREY S. HOFER, PSC HOFERPS1

5500 Electronic Filing Authorization

Plan Name: Jeffrey S. Hofer, PSC Profit Sharing Plan

EIN/PN: 61-1007513/002

Plan Year: 7/1/2014 – 6/30/2015

I hereby authorize Psimer & Associates, Inc. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed the Form 5500 for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator sign date

Plan-Sponsor sign date