## 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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection** 

Pen	sion Benefit Guaranty Corporation	▶ Complete all entries in	accordance with the instructions to the Form 5	500-SF.		
Par		Identification Information	1			
For ca	alendar plan year 2015 or fis	scal plan year beginning 01/01/2	20 <u>15</u> and ending 13	2/31/2015		
<b>A</b> Th	nis return/report is for:	a single-employer plan  a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_	
<b>B</b> Thi	s return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)		
C C	neck box if filing under:	Form 5558	automatic extension		DFVC prog	ram
Dom	t II Dania Dian Info		1 /			
	lame of plan	rmation—enter all requested in		pla (Pl	ree-digit n number N) •	•
N C	lailing address (include roon		D. Box) tal code (if foreign, see instructions)	(EI	ployer Identi N) 61-1	1/1993 fication Number 230349 hone number
IORIT	IERN KENTUCKT DERMAT	OLOGY, PSC				41-6207
	HANCELLOR DR VIEW HILLS, KY 41017			2d Bus	siness code (	see instructions)
<b>3a</b> ₽	lan administrator's name an	d address XSame as Plan Spon	sor.		ministrator's I	EIN elephone number
r		plan sponsor has changed since nber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN		
5a ⊺	otal number of participants	at the beginning of the plan year.		5a		20
	·			5b		17
C N	Number of participants with a	account balances as of the end of	the plan year (defined benefit plans do not	5c		17
d(1	) Total number of active par	ticipants at the beginning of the p	lan year	5d(1)		19
•	•	,	ar	5d(2)		15
е	Number of participants that than 100% vested	terminated employment during the	e plan year with accrued benefits that were less	5e		0
			n/report will be assessed unless reasonable ca			
			ctions, I declare that I have examined this return/re			

belief, it is true, correct, and complete. Filed with authorized/valid electronic signature. 05/31/2016 WILLIAM B. HOPPENJANS **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Enter name of individual signing as employer or plan sponsor

Signature of employer/plan sponsor Date Preparer's name (including firm name, if applicable) and address (include room or suite number )

Preparer's telephone number

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes No
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No N	ot determined
Part III Financial Information	1							
7 Plan Assets and Liabilities		(a) Beginning					(b) End of	
a Total plan assets	. 7a		2879	397				2749158
b Total plan liabilities	. 7b		2879	207				2749158
Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year	. 7с	(a) Amou		1391			(b) Tota	
a Contributions received or receivable from:		(a) Amou	anı				(b) 101	<u> </u>
(1) Employers	. 8a(1)		99	505				
(2) Participants	. 8a(2)		82	2414				
(3) Others (including rollovers)	` '							
<b>b</b> Other income (loss)			-67	'136				44.4700
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      d Benefits paid (including direct rollovers and insurance premiums	. 8c							114783
to provide benefits)	. 8d		225	723				
e Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)	. 8f		19	299				
g Other expenses	. 8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							245022
i Net income (loss) (subtract line 8h from line 8c)								-130239
j Transfers to (from) the plan (see instructions)	· 8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 2T 3D	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instructio	ns:
B If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instruction	s:
Part V Compliance Questions								
10 During the plan year:			1	Yes	No	N/A	Α	mount
Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary Fi	duciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?				Х				400000
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	^				400000
by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e	X				7532
f Has the plan failed to provide any benefit when due under the pla					Х			7002
			10f		-			
<ul><li>g Did the plan have any participant loans? (If "Yes," enter amount a</li><li>h If this is an individual account plan, was there a blackout period?</li></ul>	•	,	10g		X			
2520.101-3.)	•		10h		X			
i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i					
j Did the plan trust incur unrelated business taxable income?	_ <del>_</del> _		10j					
Part VI Pension Funding Compliance				•				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X No
11a Enter the unpaid minimum required contribution for all years from						11a		
12 Is this a defined contribution plan subject to the minimum funding						302 of El	RISA?	Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial		telephone number			
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

....

OMB Nos. 1210-0110 1210-0089

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Ponsion 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.

2015

This Form is Open to Public Inspection

Part I	<b>Annual Report</b>		ОП					
For calenda		iscal plan year beginning	01/01/2015	and ending	12/31/2015			
A This est	rn/report is for:		yer) (Filers checking this box must attach a in accordance with the form instructions)					
A maien	mineport is for.	a one-participant plan	a foreign plan		TOOLIGE WELL THE TOTAL	ott dottottby		
<b>B</b> This retu	rn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return/r	report (less than 12 mon	ths)			
C Check b	ox if filing under:	Form 5558	automatic extension		DFVC program	1		
		special extension (enter de			:			
Part II		ormation—enter all requested	l information					
		ermatology, PSC 401	(k)		D Three-digit plan number (PN) ▶	001		
50	<u>.</u>				C Effective date of pl 01/01/1993	an		
Mailing	address (include roo	oyer, if for a single-employer pla om. apt., suite no, and street, or	P.O. Box)		<b>2b</b> Employer Identifica (EIN) 61-1230			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Northern Kentucky Dermatology, PSC					<b>2c</b> Sponsor's telephor (859) 341-6			
				2	2d Business code (sec			
2701 Ch	encellor Dr				9% 1111			
Crestvi	ew Hills	and address XSame as Plan Sp		41017	Bb Administrator's EIN			
4 If the n		ne plan sponsor has changed sir	oce the last return/report filed for	this plan enter the	1b EIN			
name,	EIN, and the plan nu	umber from the last return/report	and the traction of the					
				1.4	¥C PN	1.0		
	umber of barticibants	a at the beginning of the plan ve	21		1c PN 5a	20		
D I DIMI !		s at the beginning of the plan year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		20		
C Numbe	umber of participants	s at the end of the plan year	of the plan year (defined benefi	it plans do not	5a			
C Numbe comple	umber of participants er of participants with ete this item)	s at the end of the plan year account balances as of the end	d of the plan year (defined benefi	it plans do not	5a 5b	17		
c Number completed (1) Total	umber of participants or of participants with sete this item)	s at the end of the plan year account balances as of the end articipants at the beginning of th	of the plan year (defined benefi	it plans do not	5a 5b 5c	17 17		
c Number completed d(1) Total d(2) Total e Number	umber of participants with er of participants with ete this item)	is at the end of the plan year  n account balances as of the end articipants at the beginning of the participants at the end of the plan at terminated employment during	of the plan year (defined benefice plan year	it plans do not	5a 5b 5c 5d(1)	17 17 19		
c Number complete d(1) Total d(2) Total e Number than 2	umber of participants with ete this item) Il number of active participants that number of active participants that 100% vested the participants the participants that 100% vested the participants the participants that 100% vested the participants the participant	is at the end of the plan year	of the plan year (defined benefit e plan year	efits that were less	5a 5b 5c 5d(1) 5d(2) 5e e is established.	17 17 19 15		
c Number completed (1) Total (2) Total (2) Total (2) Total (3) Total (4) Tot	umber of participants of participants of participants with at a this item) at number of active participants that the constant of participants that the constant of participants the constant of perjury and constant of perjur	as at the end of the plan year	of the plan year (defined benefit e plan year year the plan year with accrued benefit eturn/report will be assessed u	efits that were less mless reasonable caus examined this return/report,	5a 5b 5c 5d(1) 5d(2) 5e e is established. ert, including, if applicate and to the best of my kinds.	17 17 19 15 0		
d(1) Tota d(2) Tota e Numb than ' Caution: A Under pena S8 or Sche belief, it is t	umber of participants with ete this item) Il number of active participants that number of active participants that 100% vested penalty for the late	as at the end of the plan year	of the plan year (defined benefit e plan year year the plan year with accrued benefit eturn/report will be assessed u	efits that were less	5a 5b 5c 5d(1) 5d(2) 5e e is established. ert, including, if applicate and to the best of my kinds.	17 17 19 15 0		
c Number completed (1) Total (2) Total (2) Total (2) Total (3) Total (4) Tot	umber of participants of participants of participants with all number of active participants that number of active participants that number of participants that number of participants that number of period active of period active of period number of participants number of active	as at the end of the plan year	of the plan year (defined benefit e plan year year the plan year with accrued benefit eturn/report will be assessed u	efits that were less mless reasonable caus examined this return/report,	5a 5b 5c 5d(1) 5d(2) 5e a is established int, including, if applicate and to the best of my known penjans	17 19 15 0 le, a Schedule nowledge and		
d(1) Tota d(2) Tota e Numb than Caution: A Under pena SS or Sche hellef, it is t SIGN HERE	umber of participants of participants of participants with at number of active participants that number of active participants that number of participants of particip	as at the end of the plan year	of the plan year (defined benefit e plan year	efits that were less Inless reasonable caus Examined this return/report Interned the return/return/report Interned the return/retur	5a 5b 5c 5d(1) 5d(2) 5e a is established int, including, if applicate and to the best of my known penjans	17 19 15 0 le, a Schedule nowledge and		
d(1) Tota d(2) Tota e Numb than ' Caution: A Under pena S8 or Sche belief, it is t	umber of participants of participants of participants with eter this item).  I number of active participants that number of active per of participants that number of active penalty for the late of the penalty for the late of the correct, and con with the correct and con with the late of penalty for the late of the correct, and con with the late of the correct and con with the late of the	s at the end of the plan year	of the plan year (defined benefit e plan year  year  the plan year with accrued benefit turn/report will be assessed upstructions, I declare that I have early, as well as the electronic versions.	efits that were less  Inless reasonable caus  Ixamined this return/report, in the caus  William B. Hop  Enter name of individual	5a 5b 5c 5d(1) 5d(2) 5e e is established. In, including, if applicate and to the best of my known penjans at signing as plan admin	17 19 15 0 le, a Schedule nowledge and		
c Number completed (1) Total (2) Total (2) Total (2) Total (3) Total (4) Tot	umber of participants with ete this item) If number of active participants that number of active participants that number of active participants that number of the lateral number of perjury and could be correct, and con	as at the end of the plan year	of the plan year (defined benefit e plan year	efits that were less inless reasonable caus ixamined this return/report, in it william B. Hop Enter name of individual	5a 5b 5c 5d(1) 5d(2) 5e e is established. In, including, if applicate and to the best of my known penjans at signing as plan admin	17 19 15 0 le, a Schedule nowledge and nistrator		
d(1) Total d(2) Total e Numberthan Caution: A Under pena SB or Sche helief, it is t SIGN HERE	umber of participants with ete this item) If number of active participants that number of active participants that number of active participants that number of the lateral number of perjury and could be correct, and con	at the end of the plan year	of the plan year (defined benefit e plan year	efits that were less inless reasonable caus ixamined this return/report, in it william B. Hop Enter name of individual	5a 5b 5c 5d(1) 5d(2) 5e e is established. int, including, if applicate and to the best of my known penjans all signing as plan admir	17 19 15 0 le, a Schedule nowledge and nistrator		

Form 5500-SF 2015		Page 2		4			
6a Were all of the plan's assets during the plan year invested in eligib b 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 cannot be a second to the plan cannot be a	an independe and condition tot use Form	ent qualified public ac s.) 5500-SF and must	countar instead	nt (IQ⊩ Iuse F	orm (	5500.	X Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance prog	gram (see ERISA sec	tion 40	21)?		Yes UN	lo Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Year	207		<u>(b</u>	) End of Year 2,749,158
a Total plan assets	. 7a		.,012	, 331	-		
b Total plan liabilities	. 7b		020	202	1		2,749,158
C Net plan assets (subtract line 7b from line 7a)	. 7c		,879	, 397	-		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt		1		(b) Total
Contributions received or receivable from: (1) Employers	8a(1)		99	,505			
(2) Participants	8a(2)		82	,414			
(3) Others (including rollovers)	. 8a(3)						
b Other income (loss)	8b		-67	,136	3		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						114,78
d Benefits paid (including direct rollovers and insurance premiums			205	,723			
to provide benefits)	., 8d		6.4	1914			
e Certain deemed and/or corrective distributions (see instructions)			7.0	,299	<del>-</del>		
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g				-		245,02
h Total expenses (add lines 8d, 8e, 8f, and 8g)					+		-130,23
j Net income (loss) (subtract line 8h from line 8c)	1 1			<u> </u>			
j Transfers to (from) the plan (see instructions)  Part IV Plan Characteristics	- 8j						
B If the plan provides welfare benefits, enter the applicable welfare	feature code	s from the List of Pla	n Chara	icterist	ic Coc	les in the	instructions:
Part V   Compliance Questions				Yes	No	N/A	Amount
During the plan year:      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)      Were there any nonexempt transactions with any party-in-interest.	Voluntary Fig st? (Do not in	clude transactions	10a 10b		Х		
reported on line 10a.)	10			-			400,00
C Was the plan covered by a fidelity bond?			10c	X	-	<del>                                     </del>	400,00
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?      Were any fees or commissions paid to any brokers, agents, or commissions.	other persons	by an insurance	10d	1	Х		
carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of t	ne penents ander	10e	X			
f Has the plan failed to provide any benefit when due under the p	lan?	3 3 / 2 / 2 / 2 / 3 / 3 / 3 / 3 / 3 / 3 /	10f	<b>—</b>	X		
g Did the plan have any participant loans? (If "Yes," enter amount	t as of year e	nd.)	10g	<u> </u>	X	-	
h If this is an individual account plan, was there a blackout period 2520.101-3.)			10h		Х		
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	the required	notice or one of the	] 10i	1			
	101-3			1	+		
j Did the plan trust incur unrelated business taxable income?	101-3		10j				
j Did the plan trust incur unrelated business taxable income?	101-3		10j				
	ements? (If ")	/es," see instructions	10j				Form Yes X N

FOV	NIO.	:859	7/11	0540

		Form 5500-SF 2015 Page <b>3 -</b>					
	(If "Y	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	,				
-	if a w grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver	Month	ente:		of the letter ro	ling
1f	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.,	1001	
b	Enter	he minimum required contribution for this plan year	,	12	þ		
C	Enter t	ne amount contributed by the employer to the plan for this plan year	<i>,</i> ,	12	С		
d	Subtr	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)	left of a	12	d		
_ е		e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [	N/A
'art	VII	Plan Terminations and Transfers of Assets				3300000	
13a	Has a	resolution to terminate the plan been adopted in any plan year?				es 🛭 No	
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year		13	9		
b	Were of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brown PBGC?	ght under the co	ontro	l	Yes 🛚	No
	which	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	'			
1	36(1)	lame of plan(s):	13c(2)	EIN(	3)	13c(3) l	PN(s)
Part	VIII	Trust Information					50 W.0050 W60
14a i	Name :	of trust		141	<b>)</b> Trust's E	IN	
14c	Name	of trustee or custodian		14		's or custodi ne number	an's
Part	!X	IRS Compliance Questions					
15a	Is the	pian a 401(k) plan?			Yes	No	
		" how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and my contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- based safe harbor method	e 🗍 ADF test	
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 (ii))?	Q1(m)-		Yes	∏ No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		Ratio percentag test		erage nefit test
16b	Does t	he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com in with any other plans under the permissive aggregation rules?	bining	□	Yes	∏ No	
17a	Has th	e plan been timely amended for all required tax law changes?			Yes	∏ No	□ N/A
	for tax	the last plan amendment/restatement for the required tax law changes was adopted				(See ins	
	adviso	len sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plant letter, enter the date of that favorable letter and the letter's serial number of the letter's serial number of the letter's serial number of the letter and the letter's serial number of the letter's serial number of the letter and the letter's serial number of the letter of the let	mber		<u>.</u>		or
	detern	olan is an individually-designed plan and received a favorable determination letter from the IRS, e hination letter					
	made)	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 , American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	Islands)?		Yes	∐No	
19	Were	n-service distributions made during the plan year?	,,-,,-,		Yes	∐ No	
		," enter amount.		15	)	11-11	
20	Were	equired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w	hether or not		Yes	∏ No	□ N/A