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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Allitual Nepolt	Identification Information								
For calend	For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015									
A This re	turn/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)							
	·	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	nonths)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC	program				
	<u></u>	special extension (enter desc	• •							
Part II		rmation—enter all requested ir	formation							
1a Name BRENDA J.	•	PROFIT SHARING PLAN			1b Three-digit plan numb (PN) ▶					
					1c Effective d	ate of plan 01/01/2003				
Mailing	g address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.0			2b Employer Identification Number (EIN) 61-1400382					
	r town, state or province AN JOBSON, DO, PLL	e, country, and ZIP or foreign pos C	tal code (if foreign, see ins	structions)	2c Sponsor's telephone number 606-678-8883					
						code (see instructions)				
298 BOGLE STREET, SUITE A SOMERSET, KY 42503						621111				
	,					021111				
3a Plan administrator's name and address XSame as Plan Sponsor.				3b Administrator's EIN						
					3c Administra	tor's telephone number				
		plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN					
name	e, EIN, and the plan num	plan sponsor has changed since ober from the last return/report.	the last return/report filed	for this plan, enter the						
name a Spons	e, EIN, and the plan num sor's name	nber from the last return/report.			4c PN	3				
a Spons 5a Total	e, EIN, and the plan numbor's name number of participants	at the beginning of the plan year.			4c PN	3 0				
a Spons 5a Total b Total c Numb	e, EIN, and the plan nun cor's name number of participants number of participants per of participants with a	at the beginning of the plan year. at the end of the plan year account balances as of the end of	the plan year (defined be	nefit plans do not	4c PN 5a 5b	0				
name a Spons 5a Total b Total c Numb	e, EIN, and the plan numbor's name number of participants and number of participants are of participants with a plete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of	the plan year (defined be	nefit plans do not	4c PN 5a 5b 5c	0				
name a Spons 5a Total b Total c Numb comp d(1) Tot	e, EIN, and the plan number of participants number of participants of participants with a plete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end ofticipants at the beginning of the p	the plan year (defined be	nefit plans do not	4c PN 5a 5b 5c 5d(1)	0				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl	e, EIN, and the plan number of participants or of participants of participants with a plete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of ticipants at the beginning of the plan year ticipants at the end of the plan year.	the plan year (defined bei	nefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2)	0 0 0 0				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than	e, EIN, and the plan number of participants or of participants of participants with a plete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of the plan year ticipants at the beginning of the plan year ticipants at the end of the plan year.	the plan year (defined beauling the plan year	nefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	0 0 0 0				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A	e, EIN, and the plan number of participants or of participants of participants of participants of participants with a detect this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of the plan year ticipants at the beginning of the plan year ticipants at the end of the plan year.	the plan year (defined beaution of the plan year	nefit plans do not enefits that were less	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establishe	0 0 0 0				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche	e, EIN, and the plan number of participants or of participants of participants of participants of participants of participants with a detect this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of the plan year ticipants at the beginning of the plan year ticipants at the end of the plan year ticipants at the end of the plan year management during the prince penalties set forth in the instructed signed by an enrolled actuary,	the plan year (defined beautions) lan yearep plan year with accrued beautions, I declare that I have	enefits that were less d unless reasonable caee examined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establishe	0 0 0 0 0 0 d. applicable, a Schedule				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche	e, EIN, and the plan number of participants number of participants with a plete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of the plan year ticipants at the beginning of the plan year ticipants at the end of the plan year ticipants at the end of the plan year management during the prince penalties set forth in the instructed signed by an enrolled actuary,	the plan year (defined beautions) lan yearep plan year with accrued beautions, I declare that I have	enefits that were less d unless reasonable caee examined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establishe eport, including, if art, and to the best of the second sec	0 0 0 0 0 0 d. applicable, a Schedule				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche belief, it is	e, EIN, and the plan number of participants number of participants with a plete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of ticipants at the beginning of the plan year ticipants at the end of the plan year. The property of the plan year ticipants at the end of the plan year ticipants at the beginning of the plan year.	the plan year (defined beautions) lan year	enefit plans do not enefits that were less d unless reasonable ca e examined this return/re ersion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if a crt, and to the best services of the s	0 0 0 0 0 d. applicable, a Schedule of my knowledge and				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN	e, EIN, and the plan number of participants on the participants of participants of participants of participants with a plete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of ticipants at the beginning of the plan year ticipants at the end of the plan year. The property of the plan year ticipants at the end of the plan year ticipants at the beginning of the plan year.	the plan year (defined beautions) lan year	enefit plans do not enefits that were less d unless reasonable ca e examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if a crt, and to the best services of the s	0 0 0 0 0 d. applicable, a Schedule of my knowledge and				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants on the participants of participants of participants with a plete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of ticipants at the beginning of the plan year ticipants at the end of the plan year ticipants at the end of the plan year erminated employment during the princomplete filing of this returner penalties set forth in the instruct signed by an enrolled actuary, elete. In a control of the plan year incomplete filing of this returner penalties set forth in the instruction of the plan year incomplete set in the plan year	the plan year (defined beautions) Ian year	enefit plans do not enefits that were less d unless reasonable ca e examined this return/repor BRENDA JEAN JOBS Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if a rt, and to the best of the significant signing as plant and signing as emulated as a signing as a signing as emulated as a signing as a signing as a signing as a signing as a	0 0 0 0 0 0 0 d. applicable, a Schedule of my knowledge and n administrator				
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants on the participants of participants of participants with a plete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of ticipants at the beginning of the plan year ticipants at the end of the plan year ticipants at the beginning of the plan year ticipants at the beginning of the plan year ticipants at the beginning of the plan year.	the plan year (defined beautions) Ian year	enefit plans do not enefits that were less d unless reasonable ca e examined this return/repor BRENDA JEAN JOBS Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if a rt, and to the best of the service of t	0 0 0 0 0 0 0 d. applicable, a Schedule of my knowledge and n administrator				

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes [No No
C 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 No	lot determi	ned
Part III Financial Information					-				
7 Plan Assets and Liabilities		(a) Beginning					(b) End of		
a Total plan assets	7a		872	2718				C)
b Total plan liabilities	7b		070	740					
C Net plan assets (subtract line 7b from line 7a)	7c			2718	-				0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) Tot	al	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		22	2949					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							22949	<u>}</u>
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		890	0636					
Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	. 8f		5	5031					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							895667	7
i Net income (loss) (subtract line 8h from line 8c)	8i							-872718	3
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D 2T 2A 2K	feature coo	des from the List of Pl	an Cha	racteris	stic Co	des in th	e instruction	ons:	
B If the plan provides welfare benefits, enter the applicable welfare for	catura code	os from the List of Pla	n Char	actoriet	ic Coc	loc in the	instruction	ne:	
in the plan provides wellare benefits, effect the applicable wellare in	eature coue	es nom the List of Fia	ii Cilai	acterist	ic Coc	162 111 1116	HISTIUCTIO	15.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A	-	Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary Fi	duciary Correction	10a		X				
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?			10c	Х				C	90000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				30000
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount a					X				
h If this is an individual account plan, was there a blackout period?		,	10g		^				
2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			,	1	<u> </u>	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
11a Enter the unpaid minimum required contribution for all years from						11a		<u> </u>	
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he 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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	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)		13c(3) F	PN(s)
Part		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian				s or custodi	an's
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
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)?		ha	sed safe arbor ethod	ADF test	P/ACP
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No			
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage 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		No	
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from the IRS, entire termination letter from the IRS, entire termination		the plai	 n's last fa	vorable	
18	Is the I	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	5	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

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0089

2015

Employee Benefits Security Administration	Revenue Code (the Code). This Form is Open to								
Pension Benefit Gueranty Corporation	► Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I Annual Report Id	lentification Information								
For calendar plan year 2015 or fisca		01/01/2015	and ending 12	2/31/2015					
A This return/report is for:	ecking this box must attach a with the form instructions)								
B This return/report is	the first return/report	eturn/report X the final return/report							
,	an amended return/report	=	r/report (less than 12 months)						
C Check box if filling under:	Form 5558	automatic extension	DFVC program						
	special extension (enter descrip	ption)	_	· -					
Part II Basic Plan Inform	nation—enter all requested info	ormation		130 - 1100 - 100 -					
1a Name of plan Brenda J. Jobson, D.O	ee-digit n number 001								
				fective date of plan L/01/2003					
	apt., suite no. and street, or P.O.		2b Em	ployer Identification Number N) 61-1400382					
Brenda Jean Jobson,	country, and ZIP or foreign posta DO, PLLC	r code (ii foreign, see mani	ZC Sp	onsar's telephone number 6 ~ 6 7 8 ~ 8 8 8 3					
298 Bogle Street, Su	2d Bus	2d Business code (see instructions) 621111							
Somerset	KY 42503								
3a Plan administrator's name and	address XSame as Plan Sponso	or.	3b Adr	ninistrator's EIN					
4 If the name and/or EIN of the p	lan sponsor has changed since the	ne last return/report filed fo	or this plan, enter the 4b EIN	1					
a Sponsor's name	or morn the last (etonishebort)		4c PN						
5a Total number of participants at	the beginning of the plan year		5a	3					
b Total number of participants at	the end of the plan year		5b	0					
	count balances as of the end of the			0					
d(1) Total number of active partic			[Ö					
d(2) Total number of active partic				0					
e Number of participants that ter than 100% vested		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0					
Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and	Incomplete filing of this return, r penalties set forth in the instruct signed by an enrolled actuary, as	report will be assessed in the second in the	unless reasonable cause is est examined this return/report, inclu-	ding, if applicable, a Schedule					
belief, it is true correct and comple	4		Brenda Jean Jobson,	D.O.					
HERE Signature of plan adr	Enter name of individual signing	as plan administrator							
SIGN A	<u></u>	Brenda Jean Jobson, D.O.							
HERE Signature of employe	er/plan sponsor	Date 1/12/14	Enter name of Individual signing	g es employer or plan sponsor 's telephone number					
Preparer's name (including/ਤਿਆਂ nar	ne, mappiicabie) and address (ini	drae Looui oi saife Uniube) Proporti	a telephone numbor					
	and OMD Control Numbers continu			Form 5500-SF (2015)					

	Form 5500-SF 2015		Page 2						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6s or line 6b, the plan cann	ิยก indepe ยกd cond not แรง Fa	endent qualified public ltions.) orm 5500-SF and mu:	accoun	tant (IC	2PA)	n 5500		Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	program (see ERISA s	ection -	4021)?		Yeş	No Not de	etermined
	rt III Financial Information	1:				,		·····	
7_	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End of Yea	r
<u>a</u>	Total plan assets	. 7a		Ę	727]	. 8			Ö
<u>_b</u>	Total plan liabilities								
	Net plan assets (subtract line 7b from line 7a)	7c		ξ	7271	.8			0
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	<u> </u>	(a) Amo	unt				(b) Total	
	(1) Employers	8a(1)				0:			
	(2) Participants	8a(2)				ol ···	•	grant and the grant	4
	(3) Others (including rollovers)	Ba(3)						aras established	and the second
<u> </u>	Other Income (loss)	86			2294	.9		ognosti i seri	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	The second secon						22949
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8	9063	6		mengana Carana Indi Carana India	and the second
е	Certain deemed and/or corrective distributions (see instructions)	89				_		Appropriate to the second	
f	Administrative service providers (salaries, fees, commissions)	8f			503	1		The state of the state of	Train or i
<u>g</u>	Other expenses	8g				1.		Control of substitute of the s	6
<u>h</u>	Total expenses (add lines 6d, 8e, 8f, and 8g)	8h							895667
	Net income (loss) (subtract line 8h from line 8c)	8i	p. September	1.	· · · · · · · · · · · · · · · · · · ·				-872718
	Transfers to (from) the plan (see instructions)	8}	"""			1. 1		The second second second	
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D 2T 2A 2K	feature co	des from the List of Pl	an Cha	racteri:	stic Co	odes in	the instructions:	
В	If the plan provides welfare benefits, enter the applicable welfare to	ature coc	les from the List of Pla	n Chara	cterist	le Coc	des in th	ne instructions:	1011
Pari	V Compliance Questions								
10	During the plan year:				Yes	No	N/A		
	Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period		165	140	1310	Amou	nt
	described in 29 CFR 2510.3-1027 (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		×			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	Include transactions	10Ь		х			
C				10c	Х		***************************************		90000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
8	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the plan			10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	and.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		ж		Programme to the progra	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i					1
<u>i</u> _	Did the plan trust incur unrelated business taxable income?			10]					
Part									
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "	Yes," see instructions :	and con	nplete	Sched	lule SB	(Form Y	es 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	requireme	ents of section 412 of t	he Cod	e or se	ction (302 of E	RIŞA? 📗 Y	'es X No

	Form 5500-SF 2015 Page 3 -				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the walver	enter th	ie date of f	the letter n	uling
<u>lf</u>	you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 6500), and skip to line 13,			1691	
<u>b</u>	Enter the minimum required contribution for this plan year	12b			
<u>c</u>	Enter the amount contributed by the employer to the plan for this plan year				
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	1		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	† -	Yes [No [7 N/A
Part	VII Plan Terminations and Transfers of Assets	<u>- I </u>		1	1471
13a	Has a resolution to terminate the plan been adopted in any plan year?	1	X Yes	s T No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	T	<u>, П мр</u>	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the				
	of the PBGC?		<u> X</u>	Yes 🗌	No
-	which assets or liabilities were transferred. (See instructions.))			
	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information				
14a	Name of trust	146 т	rust's EIN	1	
14c	Name of trustee or custodian		Trustee's telephone		an's
Part	IX IRS Compliance Questions				
15a	is the plan a 401(k) plan?	Ye	 S	No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	∏ ba ha	esign- ased safe arbor ethod	ADF test	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas, Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Ye	5	∏ No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b);	11)	atlo ercentage st		erage nefit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Ye	5	□No	
	Has the plan been timely amended for all required tax law changes?	Yet	5	No	□ N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).	applicab	rie code _	(See ir	nstructions
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter. and the letter's serial number	t to a fa	vorable IR	S opinion	Dr
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the plan	i's last favo	orable	
	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Martana Islands or the U.S. Virgin Islands)?	Yes		No	·
19	Were in-service distributions made during the plan year?	Yes	3	☐ No	
	If "Yes," enter amount	19			
	Were required minimum distributions made to 5% owners who have attained age 70 % (regardless of whether or not retired), as required under section 401(a)(9)?	Yes	5	No	□ N/A
			. –	_	