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	Annual Report	: Identification Information								
For calend	ar plan year 2015 or f	iscal plan year beginning 12/01/201	5	and ending 11/3	30/2016					
A This ref	turn/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer) (Finployer information in acco	_					
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC	program				
Part II	Basic Plan Info	ormation—enter all requested inform	mation							
1a Name	of plan	PROFIT SHARING PLAN			1b Three-diging plan number (PN) ▶	oer 001				
					1c Effective of	date of plan 12/01/1987				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIR or foreign postal code (if foreign age instructions)					2b Employer (EIN)	Identification Number 61-0548818				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BURCHFIELD AND THOMAS, INC.				uctions)		stelephone number 859-231-6170				
PO BOX 117 LEXINGTON					2d Business	code (see instructions) 236200				
3a Plan a	dministrator's name a	nd address XSame as Plan Sponsor.			3b Administra	ator's EIN				
					3c Administra	ator's telephone number				
		e plan sponsor has changed since the mber from the last return/report.	last return/report filed for	or this plan, enter the	4b EIN					
a Spons	or's name				4c PN					
5a Total	number of participants	at the beginning of the plan year			5a	29				
b Total	number of participants	s at the end of the plan year			5b	29				
		account balances as of the end of the			5c	22				
d(1) Tot	al number of active pa	articipants at the beginning of the plan	year		5d(1)	26				
d(2) Tot	al number of active pa	articipants at the end of the plan year			5d(2)	25				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested										
		or incomplete filing of this return/re								
SB or Sche	, , ,	ther penalties set forth in the instructio and signed by an enrolled actuary, as vaplete.	•	•	, ,,,	• • •				
SIGN	Filed with authorized	/valid electronic signature.	06/26/2017	BUFORD BURCHFIELD)					
HERE	Signature of plan	administrator	Date	Enter name of individua	al signing as pla	an administrator				
SIGN	,									
HERE	Signature of emple	over/plan sponsor	Date	Enter name of individua	al signing as em	nplover or plan sponsor				

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

	Form 5500-SF 2015		Page 2								
b	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA)				X Ye	
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	<u> </u>	Not dete	ermined
Par	t III Financial Information		1								
	Plan Assets and Liabilities		(a) Beginning					(b) E	nd of	Year	
	Total plan assets	. 7a		1900	781	-				180	5926
	Total plan liabilities	7b		1000	704	-				100	5006
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	7c	(a) Ama-	1900	7701	+		/1-			5926
	Contributions received or receivable from:		(a) Amou	ınt				(1)) Tot	aı	
	(1) Employers	8a(1)		37	570						
	2) Participants	8a(2)		40	020						
	(3) Others (including rollovers)	8a(3)			0						
	Other income (loss)	8b		55	977					404	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								133	3567
	o provide benefits)	. 8d		228	3422						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f_	Administrative service providers (salaries, fees, commissions)	8f			0						
g	Other expenses	. 8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)										3422
	Net income (loss) (subtract line 8h from line 8c)	. 8i								-92	1855
Par	Transfers to (from) the plan (see instructions)	8j									
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions										
10	During the plan year:				Yes	No	N/A			Amoun	t
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	oluntary F	iduciary Correction	10a		X					<u>-</u>
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?										000000
d	Did the plan have a loss, whether or not reimbursed by the plan's			10c	X						300000
	by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the 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	s of year	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance				-	-					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	es X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?	,	Ye	es X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	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 ruling granting the waiver								
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)		13c(3) 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	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).								
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		

Form 5500-SF

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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).

Revenue Gode (the Gode).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Parti		t identification information								
For calend	ar plan year 2015 or	fiscal plan year beginning 12/01/20	15	and ending 11	/30/2016					
		🔀 a single-employer plan		olan (not multiemployer						
A This re	turn/report is for:	a one-participant plan	list of participating e	accordance with the	form instructions)					
B This rete	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu							
C about 1	la reger									
C Check	box if filing under:	Form 5558	automatic extension		□ DFVC program					
		special extension (enter desc	ription)							
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name	of plan				1b Three-digit					
BURCHFIEL	LD & THOMAS, INC.		plan number (PN) • 001							
			1c Effective da 12/01/1987							
		oyer, if for a single-employer plan)) D-1		2b Employer lo	lentification Number				
		om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign post		ructions)	(EIN) 61-05					
	nd Thomas, Inc.	10000110)		elephone number 59) 231-6170						
						ode (see instructions)				
PO BOX 117	748				236200					
LEXINGTON	I, KY 40577									
3a Plan ad	dministrator's name a	and address 🏿 Same as Plan Spon	sor.		3b Administrator's EIN					
						or's telephone number				
A 15:0										
		ne plan sponsor has changed since imber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN					
a Sponso	or's name				4c PN					
5a Total n	umber of participants	s at the beginning of the plan year	***************************************	***************************************	. 5a	29				
b Total n	umber of participants	s at the end of the plan year	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	5b	29				
c Numbe	er of participants with	account balances as of the end of	the plan year (defined bene	efit plans do not	5c	22				
d(1) Tota	I number of active pa	articipants at the beginning of the pla	an year		5d(1)	26				
d(2) Tota	il number of active pa	articipants at the end of the plan yea	r	******	5d(2)	25				
e Numb	er of participants that	terminated employment during the	plan year with accrued be	nefits that were less	5e	1				
		or incomplete filing of this return			use is established					
Under pena SB or Scheo	Ities of perjury and ol	ther penalties set forth in the instruc nd signed by an enrolled actuary, a	tions, I declare that I have	examined this return/re	port, including, if ap	plicable, a Schedule				
SIGN		Dunkfeld	06/26/17	Buford Burchfield						
HERE	Signature of plan a	ndyninistrator	Date	Enter name of individ	lual signing as plan	administrator				
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	lual signing as empl	over or plan sponsor				
Preparer's n		name, if applicable) and address (in			Preparer's telepho					
•	, ,	,		,						

A were all of the plan's used during the plan year invested in eligible assest? (See instructions.) Yes No No Not		Form 5500-SF 2015		Page 2									
Part	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 cann	an indepe and condi ot use Fe	ndent qualified public a tions.) orm 5500-SF and mus	accoun it inste	tant (IC	PA) Form	 1 5500.			Ye:	; []	No
7 Plan Assets and Liabilities			isarartoo	orogram (see Ermer te			L	, 100	П,,,				
Part V Pan Characteristics Pan Charact	Pa	rt III Financial Information	1 4 6 1 2	 			1						
Total plan inabilities Tb Total plan inabilities Tb Total plan sasets (subtract line 7b from line 7a) Tc 1800781 18005920		Plan Assets and Liabilities		(a) Beginnin					(b) En				
C Net plan assats (subtract line 7b from line 7a)					19007	01				- 1	80592	0	
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others, (including rollowers) Bat(1) Other income (loss) Differ income (loss) C Total income (lodis) C Total income (lodis) B (3) 0 C Total income (lodis) B (4) 0 C Total income (lodis) B (5) 0 C Total income (lodis) B (5) 0 C Total income (lodis) B (6) 0 C Total income (lodis) B (7) 0 C Total income (lodis) B (8) 0 C Total income (lodis) C (lodis) B (8) 0 C Total income (lodis) C (lodis) C (lodis) B (1) 0 C (lodis) C					40007	04		······································			00500		
8 income, Expenses, and Transfers for the Plan Year a Contribitorian received or receivable from: (b) Employers 37570	<u> </u>	Net plan assets (subtract line 7b from line 7a)	rott line ray				-			1	80592	0	
(1) Employers				(a) Amo	(a) Amount				(b)	Tota	<u> </u>		
(2) Participants	а		8a(1)	37570									
(3) Others (Including rollovers)					400	20	- 33	in ya N			āaji:		er de
D Other income (loss)			T			0							
C Total income (add lines 8e(1), 8e(2), 8e(3), and 8b)	b				559	77				Carl			17.7
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) e Certain deamed and/or corrective distributions (see instructions)					(project	5.11 %					33567	7	
e 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 Total expenses (lines expenses of the spension benefits, enter spension benefits, ent		Benefits paid (including direct rollovers and insurance premiums			2284	22							A. S.
f Administrative service providers (salaries, fees, commissions)	е		8e			0	12.		Alwih	1-11/2			
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f			0							
Total expenses (add lines 8d, 8e, 8f, and 8g)	q	Other expenses	8g										
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)						s. 411			228422		
Part IV	i	Net income (loss) (subtract line 8h from line 8c)	8i				-94			-9485	5		
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 3J 2K 3D 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 participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there ary nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). c Was the plan covered by a fidelity bond?. d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?. 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). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	j	Transfers to (from) the plan (see instructions)	8i									Ę.	1.27
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions: 2E	Par	t IV Plan Characteristics	·	, , , , , , , , , , , , , , , , , , , ,									
10 During the plan year: 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)	1		eature co	des from the List of Pla	n Char	acterist	ic Co	ies in ti	ne instru	ctions			
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)	<u> </u>		· · · · · · · · · · · · · · · · · · ·			Yes	No	N/Δ	<u> </u>	۸и	ount		
reported on line 10a.)	a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary l	iduciary Correction	10a		х			- Fil	- Iount		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.)		reported on line 10a.)			10b								
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c -	Х						3000)00
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d				10d		Х						
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	carrier, insurance service, or other organization that provides som	e or all of	the benefits under	10e		Х						_
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan	n ?		10f		Х						
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	a	Did the plan have any participant loans? (If "Yes," enter amount a	s of year o	end.)	10a		Х						
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		h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					х		70. 124 70. 124 70. 104				
j Did the plan trust incur unrelated business taxable income?	i	If 10h was answered "Yes," check the box if you either provided the	e require	d notice or one of the	10i								
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)					10i								
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)		The state of the s	<u>.</u>		1	L		·	<u> </u>				
11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40		Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions a	and cor	nplete	Sched	lule SB	(Form		Yes	Х	No
	11a												
12 is this a delified contribution plan subject to the minimum infinity requirements of acciton 412 of the occur of acciton 502 of ENGAP	12							302 of E	RISA?		Yes	Χ	No

For	m 5500-SF 2015 Page 3 - 1						
(If "Yes,	complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
granting	er of the minimum funding standard for a prior year is being amortized in this plan year, see in the waiver.	Month	enter the Day	e date of	the letter r Year	uling	
If you com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1				
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				
	the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)		12d				
e Will the	***************************************		Yes	No	N/A		
Part VII PI	an Terminations and Transfers of Assets						
13a Has a res	solution to terminate the plan been adopted in any plan year?			Ye	s 🛛 No		
If "Yes,"	enter the amount of any plan assets that reverted to the employer this year		13a				
	the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough		ontrol		Yes X	No	
	this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi- sets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1				
13c(1) Nar	ne of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part VIII T	rust Information						
14a Name of to	rust		14b Trust's EIN				
14c Name of	trustee or custodian		14d Trustee's or custodian's telephone number				
Part IX II	RS Compliance Questions						
15a is the pla	n a 401(k) plan?	***************************************	Yes	3	No		
	ow does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba:	sign- sed safe rbor ethod	ADP/ACP test		
testing me	PACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "co ethod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 ?	01(m)-	Yes	3	No		
16a Check the	box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Ra per tes	rcentage	Average benefit test		
	plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com- with any other plans under the permissive aggregation rules?		Yes	,	□No		
17a Has the pl	an been timely amended for all required tax law changes?		Yes	i	No	□ N/A	
	ast plan amendment/restatement for the required tax law changes was adopted changes and codes).	Enter the ap	oplicable	e code	(See in	structions	
advisory le	sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla etter, enter the date of that favorable letter and the letter's serial r	number				or	
17d If the plan determina	is an individually-designed plan and received a favorable determination letter from the IRS, er tion letter	ter the date of t	he plan	's last fav	orable		
	n maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) nerican Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes		No		
19 Were in-se		Yes		No			
lf "Yes," er		19					
•	ired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of who required under section 401(a)(9)?		Yes		No	□ N/A	
		-					