| | rm 5500-SF | Short Form Annual Return/Report of Small Emplo Benefit Plan | | | | OMB Nos. 1210-0110 1210-0089 | | |
|-------------------------|---|--|------------------------------|----------------------------|------------------|--|--|--|
| Inte D | Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Employee Employee Benefits Security Administration Revenue Code (the Code). | | | | | 2017 This Form is Open to | | |
| Pension B | enefit Guaranty Corporation | Public Contraction | | | | | | |
| Part I | | dentification Information | | | | | | |
| For calend | lar plan year 2017 or fisc | | | | 2/31/2017 | ing this hav must attach a | | |
| A This re | turn/report is for: | X a single-employer plan | | employer information in ac | | ing this box must attach a ith the form instructions.) | | |
| B This ret | urn/report is | the first return/report | the final return/report | | | | | |
| | | an amended return/report | · · · | urn/report (less than 12 m | onths) | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | , ∏ DFVC p | rogram | | |
| | | special extension (enter descri | | | | logram | | |
| Part II | Basic Plan Infor | mation—enter all requested inf | | | | | | |
| 1a Name | | | | | 1b Three | | | |
| BESTEN & | DIERUF 401(K) PLAN | | | | plan (PN) | number 001 | | |
| | | | | | . , | tive date of plan 01/01/2016 | | |
| Mailin | g address (include room | er, if for a single-employer plan) , apt., suite no. and street, or P.O | | | 2b Empl (EIN) | oyer Identification Number 45-3048812 | | |
| | r town, state or province DIERUF, PLLC | , country, and ZIP or foreign posta | al code (if foreign, see ins | structions) | 2c Spor | nsor's telephone number 859-254-4427 | | |
| 190 MARKE LEXINGTON | | | | | 2d Busir | ness code (see instructions) 541211 | | |
| 3a Plan a | administrator's name and | d address X Same as Plan Spon | ISOF. | | 3b Admi | nistrator's EIN | | |
| | | | | | 0 | | | |
| | | | | | 3C Admi | nistrator's telephone number | | |
| | | plan sponsor or the plan name ha | | | 4b EIN | | | |
| • | sor's name | sor's name, EIN, the plan name a | nd the plan number from | the last return/report. | 4d PN | | | |
| | | | | | ļ, | | | |
| | | at the beginning of the plan year | | | 5a | 19 | | |
| | | at the end of the plan year ccount balances as of the end of t | | | 5b | 13 | | |
| | | ccount balances as of the end of t | | • | 5c | 10 | | |
| d(1) Tot | tal number of active part | icipants at the beginning of the pla | an year | | 5d(1) | 18 | | |
| | | icipants at the end of the plan yea | | | 5d(2) | 6 | | |
| than | 100% vested | erminated employment during the | | | 5e | 0 | | |
| Under pen SB or Sche | alties of perjury and othe edule MB completed and | r incomplete filing of this return er penalties set forth in the instruc d signed by an enrolled actuary, a | tions, I declare that I hav | e examined this return/re | port, includi | ng, if applicable, a Schedule | | |
| belief, it is SIGN | true, correct, and compl Filed with authorized/v | ete. alid electronic signature. | 07/20/2018 | ANDREW DIERUF | | | | |
| HERE | Signature of plan ad | | Date | Enter name of individ | ual signing : | as plan administrator | | |
| SIGN | | | 5410 | | sa signing (| as plan dominiorator | | |
| HERE | Signature of employ | er/plan sponsor | Date | Enter name of individ | ual signina a | as employer or plan sponsor | | |
| For Paperw | | , see the Instructions for Form 5500 | | | | Form 5500-SF (2017) v.170203 | | |

| | Were all of the plan's assets during the plan year invested in eligib | | · , | | | | | 🗙 Y | es No |
|-----|---|------------|---------------------------|----------------|----------|---------|----------------|-------------|-------------|
| b | Are you claiming a waiver of the annual examination and report of a | • | | | | , | | V V | es No |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | | | | | | | | |
| с | If the plan is a defined benefit plan, is it covered under the PBGC in | | | | | | _ | Not d | etermined |
| • | If "Yes" is checked, enter the My PAA confirmation number from th | | | | | | | | tructions.) |
| | | | 3 | , | | | | _ (| , |
| Pa | rt III Financial Information | | | | <u> </u> | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning o | of Year | | | (b) Er | nd of Year | |
| а | Total plan assets | 7a | 4 | 42781 | | | | 8068 | 5 |
| b | Total plan liabilities | 7b | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 4 | 42781 | | | | 8068 | 5 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | t | | | (b |) Total | |
| а | Contributions received or receivable from: | 0-(4) | | 45574 | | | | | |
| | (1) Employers | 8a(1) | | 15571 23847 | | | | | |
| | (2) Participants | 8a(2) | 4 | 23647 | - | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0204 | | | | | |
| | Other income (loss) | 8b | | 9391 | - | | | 1000 | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 4880 | 19 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 9429 | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 1476 | | | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 1090 | 5 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 3790 | 4 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$ | feature co | odes from the List of Pla | an Cha | racteri | stic Co | des in the ir | structions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature coo | des from the List of Pla | n Chara | acterist | ic Cod | les in the ins | structions: | |
| | | | | | | | | | |
| Par | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| а | 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) | | | 10a | | х | | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | х | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | | Х | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | х | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions) | | | 100 | × | | | | 404 |

| 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 | X | | 464 |
|---|--|-----|---|---|-----|
| 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 of year-end.) | 10g | | Х | |
| 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 | | | |

Page 3- 1

| Part | VIP | ension Funding Compliance | | | | | | |
|------|----------|---|-------|---------------|--------|-----------|------|--------|
| 11 | | a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below) | Sche | edule S | SB | | Ye | s 🗌 No |
| 11a | Enter | the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | | | |
| 12 | ERISA | a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? | ctior | n 302 c | of | [| Ye | s X No |
| а | lf a wa | iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver | and | enter _ Da | | of the le | | uling |
| If y | you coi | npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | |
| b | Enter th | e minimum required contribution for this plan year | | 12b | | | | |
| С | Enter th | e 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 left of a ve amount) | | 12d | | | | |
| е | Will th | e minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | | N/A |
| Part | VII F | Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has a | resolution to terminate the plan been adopted in any plan year? | | | Ye | s X | No | |
| | lf "Yes | ," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | |
| b | | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC? | | | | Yes | X | No |
| С | | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.) | n(s) | to | | | | |
| 1 | 3c(1) N | lame of plan(s): 13 | c(2) | EIN(s) |) | 13 | c(3) | PN(s) |
| | | | | | | | | |

| Form 5500-SF | Short Form Ann | ual Return/Report Benefit Plan | t of Small Employee | 9 | OMB Nos. 1210-0110 1210-0089 |
|---|--|---|--|---|--|
| Department of the Treasury Internal Revenue Service | This form is required to be fi | | 4065 of the Employee Retirem | ent | 2017 |
| Department of Labor Employee Benefits Security Administration | Income Security Act of 197 | | 57(b) and 6058(a) of the Intern | al This | Form is Open to blic Inspection |
| Pension Benefit Guaranty Corporatio | Complete all entries il | | ructions to the Form 5500-SI | F | bild inspection |
| | rt Identification Informatio | | | | |
| or calendar plan year 2017 or | r fiscal plan year beginning | 01/01/2017 | | 12/31/201 | |
| A This return/report is for: | X a single-employer plan | | lan (not multiemployer) (Filers nployer information in accorda | | |
|) This wetween the second is | a one-participant plan | | | | |
| 3 This return/report is | the first return/report | the final return/report | | | |
| | an amended return/report | a short plan year retu | m/report (less than 12 months) |) | |
| Check box if filing under: | Form 5558 | automatic extension | | VC program | |
| | special extension (enter des | | | vo program | |
| Part II Basic Plan In | formation—enter all requested | | | | |
| a Name of plan | enter all requested | | 1b | Three-digit | |
| esten & Dieruf 401 | (k) Plan | | | plan number | 001 |
| Jooon a Dioiai 101 | | | 10 | (PN) 🕨 | |
| | | | | Effective date 1/01/201 | |
| a Plan sponsor's name (emp | ployer, if for a single-employer plan |) | | | ntification Number |
| Mailing address (include re | oom, apt., suite no. and street, or P | .O. Box) | | (EIN) 45-30 | |
| Besten & Dieruf, P | ince, country, and ZIP or foreign po PLLC | stal code (if foreign, see insi | 20 | Sponsor's tele | ephone number 427 |
| .90 Market Street | | | | | e (see instructions) |
| JU Harket bereet | | | | 41211 | |
| | | | | 41211 | |
| Jexington | KY 40507 | | 5 | 41211 | |
| Lexington 3a Plan administrator's name | 2000A | onsor. | | Administrator | s EIN |
| | KY 40507 and address X Same as Plan Sp | onsor. | 3b | Administrator' | |
| | 2000A | ionsor. | 3b | Administrator' | |
| | 2000A | onsor. | 3b | Administrator' | |
| 3a Plan administrator's name4 If the name and/or EIN of | and address X Same as Plan Sp | has changed since the last r | 3b 3c return/report filed for 4b | Administrator' Administrator' | |
| 3a Plan administrator's name 4 If the name and/or EIN of this plan, enter the plan s | and address X Same as Plan Sp | has changed since the last r | 3b 3c eturn/report filed for he last return/report. | Administrator' Administrator' EIN | |
| Ba Plan administrator's name If the name and/or EIN of | and address X Same as Plan Sp | has changed since the last r | 3b 3c return/report filed for 4b | Administrator' Administrator' EIN | |
| Plan administrator's name If the name and/or EIN of this plan, enter the plan s Sponsor's name Plan Name | and address X Same as Plan Sp | has changed since the last r and the plan number from t | eturn/report filed for he last return/report. 4d | Administrator' Administrator' EIN PN | s telephone number |
| Plan administrator's name If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name Total number of participar | and address X Same as Plan Sp the plan sponsor or the plan name ponsor's name, EIN, the plan name | has changed since the last r and the plan number from t | eturn/report filed for he last return/report. 4d | Administrator' Administrator' EIN PN | s telephone number |
| Plan administrator's name If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name Total number of participar b Total number of participants wi | and address X Same as Plan Sp the plan sponsor or the plan name ponsor's name, EIN, the plan name nts at the beginning of the plan year th account balances as of the end of | has changed since the last r and the plan number from t r | eturn/report filed for he last return/report. 4d 5d contribution plans | Administrator' Administrator' EIN PN a | s telephone number |
| Plan administrator's name If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name Total number of participar b Total number of participants wir complete this item) | and address X Same as Plan Sp the plan sponsor or the plan name ponsor's name, EIN, the plan name nts at the beginning of the plan year nts at the end of the plan year th account balances as of the end of | has changed since the last r and the plan number from t r of the plan year (only defined | 3b 3c 3c 4b 4b 4d 5i 5i 1 contribution plans | Administrator' Administrator' EIN PN a b C | s telephone number |
| Plan administrator's name If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name Total number of participar b Total number of participants wi complete this item) d(1) Total number of active | and address X Same as Plan Sp the plan sponsor or the plan name ponsor's name, EIN, the plan name nts at the beginning of the plan year th account balances as of the end of participants at the beginning of the | has changed since the last r and the plan number from t r of the plan year (only defined plan year | 3b 3c eturn/report filed for he last return/report. 4d 5d 5d 5d | Administrator' Administrator' EIN PN a b c (1) | s telephone number |
| 3a Plan administrator's name 4 If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participar b Total number of participants wi complete this item) | and address X Same as Plan Sp the plan sponsor or the plan name ponsor's name, EIN, the plan name nts at the beginning of the plan year th account balances as of the end of participants at the beginning of the participants at the end of the plan y tho terminated employment during the | has changed since the last r e and the plan number from t r of the plan year (only defined plan year he plan year with accrued be | 3b 3c 3c 3c 3c 3c 4b 4d 5c 5c | Administrator' Administrator' EIN PN a b c (1) (2) | s EIN s telephone number 1 1 1 |
| Ba Plan administrator's name If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name Da Total number of participart b Total number of participants wi complete this item) | and address X Same as Plan Sp the plan sponsor or the plan name ponsor's name, EIN, the plan name nts at the beginning of the plan year nts at the end of the plan year th account balances as of the end of participants at the beginning of the participants at the end of the plan y tho terminated employment during t | has changed since the last r e and the plan number from t r of the plan year (only defined plan year he plan year with accrued be urn/report will be assessed | 3b 3c 4b 4d 5c 5c | Administrator' Administrator' EIN PN a b c (1) (2) e established. | s telephone number |
| Plan administrator's name If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name Total number of participar b Total number of participants wi complete this item) d(1) Total number of active for active for a complete this item) d(2) Total number of active for active for a complete this item) d(2) Total number of active for a complete this item) d(2) Total number of active for a complete this item) d(2) Total number of active for a complete this item) d(2) Total number of active for a complete the later for a complete the later for a complete the later for the l | and address X Same as Plan Sp the plan sponsor or the plan name ponsor's name, EIN, the plan name nts at the beginning of the plan year th account balances as of the end of participants at the beginning of the participants at the end of the plan y tho terminated employment during the other penalties set forth in the instr and signed by an enrolled actuary | has changed since the last r and the plan number from t of the plan year (only defined plan year he plan year with accrued be irn/report will be assessed uctions, I declare that I have | 3b 3c 4d 5d 5d | Administrator' Administrator' EIN PN a b c (1) (2) e established. ncluding, if app | s telephone number |
| Plan administrator's name If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name a Total number of participar b Total number of participants wi complete this item) d(1) Total number of active d(2) Total number of active e Number of participants wi than 100% vested caution: A penalty for the lat Juder penalties of perjury and B or Schedule MB completed belief, it is true, correct, and completed for the lat an another of the lat the second s | and address X Same as Plan Sp the plan sponsor or the plan name ponsor's name, EIN, the plan name nts at the beginning of the plan year th account balances as of the end of participants at the beginning of the participants at the end of the plan y tho terminated employment during the other penalties set forth in the instr and signed by an enrolled actuary | has changed since the last r and the plan number from t of the plan year (only defined plan year he plan year with accrued be irn/report will be assessed uctions, I declare that I have , as well as the electronic ve | 3b 3c 4d 5d 5d | Administrator' Administrator' EIN PN a b c (1) (2) e established. ncluding, if app | s telephone number |
| Plan administrator's name If the name and/or EIN of this plan, enter the plan s Sponsor's name Plan Name Total number of participart Total number of participants wir complete this item) d(1) Total number of active d(2) Total number of active function: A penalty for the lat Junder penalties of perjury and Junder penalties of perjury and consistent of the second consistent of | the plan sponsor or the plan name ponsor's name, EIN, the plan name ponsor's name, EIN, the plan name ints at the beginning of the plan year th account balances as of the end of participants at the beginning of the participants at the beginning of the participants at the end of the plan y ho terminated employment during the te or incomplete filing of this return other penalties set forth in the instr a and signed by an enrolled actuary, amplete | has changed since the last r and the plan number from t of the plan year (only defined plan year he plan year with accrued be irn/report will be assessed uctions, I declare that I have , as well as the electronic ve | 3b 3c 4d 5d 5d | Administrator' Administrator' EIN PN a b C (1) (2) e established. ncluding, if app to the best of i | s telephone number |
| Plan administrator's name If the name and/or EIN of this plan, enter the plan s a Sponsor's name Plan Name Total number of participart Total number of participarts wi complete this item) | the plan sponsor or the plan name ponsor's name, EIN, the plan name ponsor's name, EIN, the plan name ints at the beginning of the plan year th account balances as of the end of participants at the beginning of the participants at the beginning of the participants at the end of the plan y ho terminated employment during the te or incomplete filing of this return other penalties set forth in the instr a and signed by an enrolled actuary, amplete | has changed since the last r and the plan number from t of the plan year (only defined plan year he plan year with accrued be irn/report will be assessed uctions, I declare that I have , as well as the electronic ve | 3b 3c 4d 5d 5d | Administrator' Administrator' EIN PN a b C (1) (2) e established. ncluding, if app to the best of i | s telephone number |
| Plan administrator's name If the name and/or EIN of this plan, enter the plan s a Sponsor's name Plan Name Total number of participart Total number of participants wi complete this item) d(1) Total number of active d(2) Total number of active e Number of participants w than 100% vested Caution: A penalty for the lat Jnder penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and construction of the structure of plan SIGN HERE | the plan sponsor or the plan name ponsor's name, EIN, the plan name ponsor's name, EIN, the plan name ints at the beginning of the plan year th account balances as of the end of participants at the beginning of the participants at the beginning of the participants at the end of the plan y ho terminated employment during the te or incomplete filing of this return other penalties set forth in the instr a and signed by an enrolled actuary, amplete | has changed since the last r and the plan number from t of the plan year (only defined plan year he plan year with accrued be irn/report will be assessed uctions, I declare that I have , as well as the electronic ve | 3b 3c 4d 5d 5d | Administrator' Administrator' EIN PN a b c (1) (2) e established. ncluding, if app to the best of in gning as plan a | s telephone number |

| •• | | (2011) | , |
|----|---|--------|---|
| | v | 170203 | 2 |

Form 5500-SF 2017

| Page | 2 |
|------|---|
| | _ |

| 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | | |
|---|---|----|-----------------------|-----------|------------------------------------|--|--|
| С | If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th | | | | Not determined (See instructions.) | | |
| Pa | rt III Financial Information | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End o | of Year | | |
| а | Total plan assets | 7a | 42,781 | | 80,685 | | |
| b | Total plan liabilities | 7b | | <u></u> | | | |

| b т с N | Total plan assets Total plan liabilities | 7b | | |
|-------------------|---|-------|------------|-----------|
| | | 10 | | |
| b | Net plan assets (subtract line 7b from line 7a) | 7c | 42,781 | 80,685 |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| a (| Contributions received or receivable from: (1) Employers | 8a(1) | 15,571 | |
| (| (2) Participants | 8a(2) | 23,847 | |
| (| (3) Others (including rollovers) | 8a(3) | | |
| bc | Other income (loss) | 8b | 9,391 | |
| ст | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 48,809 |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 9,429 | |
| e (| Certain deemed and/or corrective distributions (see instructions) | 8e | | |
| f A | Administrative service providers (salaries, fees, commissions) | . 8f | 1,476 | |
| gc | Other expenses | 8g | | |
| hт | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 10,905 |
| i N | Net income (loss) (subtract line 8h from line 8c) | 8i | | 37,904 |
| j T | Transfers to (from) the plan (see instructions) | 8j | | |
| Part | t IV Plan Characteristics | 2 | | |

| 9a | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: |
|----|---|
| | 2E 2F 2G 2J 2K 2T 3D |

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| Par | V Compliance Questions | | | | |
|-----|--|-----|-----|----|--------|
| 10 | During the plan year: | | Yes | No | Amount |
| а | 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 | | Х | |
| С | Was the plan covered by a fidelity bond? | 10c | | Х | |
| 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 | | х | |
| 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 | | 464 |
| 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 of year-end.) | 10g | | Х | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | 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 | 10i | | | |

Form 5500-SF 2017

Page **3-**

| Part | VI Pension Funding Compliance | | | | |
|------|---|---------------|-----|-----------------------|---------|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below) | | | Y€ | es 🗌 No |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 11a | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio ERISA? | | f | | es 🛛 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 granting the waiver | l enter Da | | of the letter Year | ruling |
| 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 | | | |
| С | Enter the amount contributed by the employer to the plan for this plan year | 12c | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | 1 | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No | N/A |
| Part | VII Plan Terminations and Transfers of Assets | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | Yes | X No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | [|] Yes 🛛 | No |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) |) to | | | |
| 1 | 13c(1) Name of plan(s): 13c(2) | EIN(s) | | 13c(3) | PN(s) |
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