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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Par	t I Annual Repo	ort Identification Information	1			
For ca	alendar plan year 2018 o	or fiscal plan year beginning 01/01/	2018	and ending 1	2/31/2018	
A Th	is return/report is for:	x a single-employer plan		plan (not multiemployer) employer information in a		
D		a one-participant plan	a foreign plan			
B Thi	s return/report is	the first return/report	the final return/report	rt		
		an amended return/report	a short plan year ret	turn/report (less than 12 m	nonths)	
C Ch	neck box if filing under:	Form 5558	automatic extension	n	DFVC progra	ım
		special extension (enter desc	cription)			
Part	t II Basic Plan In	nformation—enter all requested in	nformation			
	ame of plan NRIVER ANIMAL HOSP	ITAL PSC PROFIT SHARING PLAN			1b Three-digingly plan number (PN) ▶	
					1c Effective of	date of plan 08/01/1986
		ployer, if for a single-employer plan)			2b Employer	Identification Number
	0 (room, apt., suite no. and street, or P.0 rince, country, and ZIP or foreign pos	,	nstructions)	(EIN)	61-1101640
	I RIVER ANIMAL HOSP		, ,	,		s telephone number 70-796-7228
					2d Business	code (see instructions)
P.O. BO WOOD!	OX 170 BURN, KY 42170-0170					541940
3a ₽	lan administrator's name	e and address X Same as Plan Spo	onsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
						·
4 If	the name and/or FIN of	the plan sponsor or the plan name h	has changed since the las	t return/report filed for	4b EIN	
t	his plan, enter the plan s	sponsor's name, EIN, the plan name				
	ponsor's name				4d PN	
CF	lan Name					
5a ⊺	otal number of participa	nts at the beginning of the plan year.			. 5a	13
		nts at the end of the plan year			. 5b	13
	· · · · · · · · · · · · · · · · · · ·	ith account balances as of the end of		•	. 5c	13
d(1	Total number of active	participants at the beginning of the p	olan year		5d(1)	5
•	•	participants at the end of the plan ye			5d(2)	5
		who terminated employment during th			. 5e	0
		te or incomplete filing of this retur				
SB or		I other penalties set forth in the instrud and signed by an enrolled actuary, omplete.				
SIGN		zed/valid electronic signature.	04/06/2019	J HERBERT BROWN	I, JR. DVM	
HERE	Signature of pla	n administrator	Date	Enter name of individ	dual signing as pla	an administrator
SIGN						
HERE	Signature of em	ployer/plan sponsor	Date	Enter name of individ	dual signing as en	nployer or plan sponsor

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Part III Financial Information 7 Plan Assets and Liabilities	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes N				
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	`				,					^ Ye	s No
Part III Financial Information Financial Informa	· -		•							□ Not de	termined
Part III Financial Information T Plan Assets and Liabilities Ta S656259 S S S S S S S S S								_		(See instr	
7 Plan Assets and Liabilities 7 Total plan assets				101 000	remain ming for this p	ian yea	"			(000 111311	dottoris.)
a Total plan assets	al Information	Part	ation		T						
b Total plan liabilities	abilities	7 F			(a) Beginning	of Year	•		(b) End	of Year	
C Net plan assets (subtract line 7b from line 7a)		a ⊺		. 7a	56	56259				5411426	j.
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers		b T		. 7b							
a Contributions received or receivable from: (1) Employers	ubtract line 7b from line 7a)	C N	7b from line 7a)	. 7с	56	56259				5411426	i
(2) Participants					(a) Amoun	ıt			(b)	Total	
(3) Others (including rollovers)				. 8a(1)		45039					
b Other income (loss)		(2		. 8a(2)	4	42000					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	ng rollovers)	(:	s)	. 8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8)	b c		. 8b	-29	98897					
e Certain deemed and/or corrective distributions (see instructions)	lines 8a(1), 8a(2), 8a(3), and 8b)	C T	8a(2), 8a(3), and 8b)	. 8c						-211858	i
f Administrative service providers (salaries, fees, commissions)	•		•	. 8d							
g Other expenses	nd/or corrective distributions (see instructions)	e 0	tive distributions (see instructions)	. 8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	ice providers (salaries, fees, commissions)	f A	rs (salaries, fees, commissions)	. 8f	;	32975					
h Total expenses (add lines 8d, 8e, 8f, and 8g)		g (. 8g							
Transfers to (from) the plan (see instructions)	ld lines 8d, 8e, 8f, and 8g)	h T	8e, 8f, and 8g)							32975	i
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 instruct 2E 2H 2J 2K 3D 15 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instruction of th										-244833	
Part IV Plan Characteristics	the plan (see instructions)	jΤ	ee instructions)	. 8i							
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruct	racteristics	Part	tics								
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)	s pension benefits, enter the applicable pension f	a l		n feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the ins	tructions:	
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)	s welfare benefits, enter the applicable welfare fe	b	enefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	acteris	tic Cod	les in the inst	uctions:	
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)	nce Questions	Part	stions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							Yes	No		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	CFR 2510.3-102? (See instructions and DOL's Vo	а	3-102? (See instructions and DOL's	Voluntary F	iduciary Correction	100		Y			
reported on line 10a.)		b				iva		^			
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? 10e X						10b		X			
by fraud or dishonesty?	, ,		•			10c	X			500	0000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	a loss, whether or not reimbursed by the plan's fnesty?	d	ether or not reimbursed by the plar	s fidelity bo	nd, that was caused	10d		X			
	service, or other organization that provides some		other organization that provides s	me or all of	the benefits under	10e		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	d to provide any benefit when due under the plan	f	e any benefit when due under the p	an?		10f		X			
	any participant loans? (If "Yes," enter amount as	g	pant loans? (If "Yes," enter amoun	as of year-	end.)	10g		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		h		•		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	•	i	•			10i					

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	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 section ERISA?		:	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	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	d enter t Day		of the lette Year _	r ruling
lf :	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			
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	× N	o
	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 X	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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

TO: 18592557664

Form 5500-SF

Department of the Treasury Internal Revenue Service

Ospartment 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

2018

This Form is Open to

Part I Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and onding 12/31/2018	olic Inspection					
Part I Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018						
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and onding 12/31/2018						
(m)	В					
A This return/report is for: X a single-employer plan						
a one-participant plan a foreign plan	,					
B This return/report is						
an amended return/report a short plan year return/report (less than 12 months)						
C Check box if filing under: Form 5558 automatic extension DFVC program						
special extension (enter description)						
Part II Basic Plan Information-enter all requested Information						
1a Nama of plan 1b Three-digit						
GREEN RIVER ANIMAL HOSPITAL PSC PROFIT SHARING PLAN plan number (PN) ▶	001					
1c Effective date of 08/01/198	•					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., sulte no. and street, or P.O. Box) 2b Employer Ident (EIN) 61-110	Ilfication Number					
City or town, state or province, country, and ZIP or foreign postal code (If foreign, see Instructions) GREEN RIVER ANIMAL HOSPITAL, PSC 2c Sponsor's tologous and SIP or foreign postal code (If foreign, see Instructions)	The second secon					
270-796-7 2d Business code						
P.O. BOX 170	(see manusmins)					
WOODENING AND ADDRESS OF THE PROPERTY OF THE P						
WOODBURN KY 42170-0170 541940						
3a Plan administrator's name and address Samo as Plan Sponsor. 3b Administrator's	EIN					
541,940						
3a Plan administrator's name and address Samo as Plan Sponsor. 3b Administrator's 3c Administrator's 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN						
3a Plan administrator's name and address Some as Plan Sponsor. 3b Administrator's 3c Administrator's 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.						
3a Plan administrator's name and address Some as Plan Sponsor. 3b Administrator's 3c Administrator's 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4d PN						
3a Plan administrator's name and address Some as Plan Sponsor. 3b Administrator's 3c Administrator's 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.						
3a Plan administrator's name and address Some as Plan Sponsor. 3b Administrator's 3c Administrator's 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4d PN						
3a Plan administrator's name and address Samo as Plan Sponsor. 3b Administrator's 3c Administrator's 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 3 EIN 4 EIN 4 PN C Plan Name	telephone number					
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3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan yeer	telephone number					
3a Plan administrator's name and address Samo as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year. b Total number of participants at the ond of the plan year. c Number of participants with account balances as of the and of the plan year (only defined contribution plans complete this item).	telephone number					
3a Plan administrator's name and address Samo as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year. 5 Total number of participants at the ond of the plan year. 5 Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c complete this item). 5d(1) Total number of active participants at the beginning of the plan year. 6d(2) Total number of participants who terminated employment during the plan year with accound benefits that were less than 100% vested.	13 13 13					
3a Plan administrator's name and address Samo as Plan Sponsor. 4 if the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan yeer. 5 Total number of participants at the ond of the plan yeer. 5 Number of participants with account balances as of the end of the plan yeer (only defined contribution plans complete this item). 5c complete this item). 5d(1) Total number of active participants at the beginning of the plan yeer. 5d(2) 6 Number of participants who terminated employment during the plan year with accound benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.	13 13 13 5 5					
3a Plan administrator's name and address Samo as Plan Sponsor. 3b Administrator's 3c Administrator's 4 If the name and/or EIN of the plan eponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 3 Sponsor's name 4 PN 5a Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c Complete this item). 5d(1) Total number of active participants at the end of the plan year. 5d(2) 6 Number of participants who terminated employment during the plan year with accound benefits that were less than 100% vested 5c Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A genalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A genalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.	13 13 5 5 0 cable, a Schedule					
38 Plan administrator's name and address Some as Plan Sponsor. 39 Administrator's 30 Adm	13 13 5 5 0 cable, a Schedule					
38 Plan administrator's name and address Samo as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 3 Sponsor's name 4 PN 4 PN 5 Total number of perficipants at the beginning of the plan year. 5 Total number of perficipants at the ond of the plan year. 5 Number of perficipants with account balances as of the and of the plan year (only defined contribution plans complete this item). 5 Number of perficipants at the end of the plan year. 5 Number of perficipants who terminated employment during the plan year with accound benefits that were less than 100% vested. 6 Number of perficipants who terminated employment during the plan year with accound benefits that were less than 100% vested. 6 Number of perficipants who terminated employment during the plan year with accound benefits that were less than 100% vested. 6 Number of perficipants who terminated employment during the plan year with accound benefits that were less than 100% vested. 6 Number of perficipants who terminated employment during the plan year with accound benefits that were less than 100% vested. 6 Number of perficipants who terminated employment during the plan year with accound benefits that were less than 100% vested. 6 Number of perficipants who terminated employment during the plan year with accound benefits that were less than 100% rested and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of mobile. It is true, correct, and generally a plan address reasonable cause is established. 6 Signature of plafs administratory 6 Pato Pator P	13 13 5 5 0 losble, a Schedule by knowledge and					
3a Plan administrator's name and address Samo as Plan Sponsor. 3b Administrator's 3c Administrator's 4 If the name and/or EIN of the plan sponsor or the plan name has changed elince the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 3 Sponsor's name 5 Plan Name 5 Total number of participants at the beginning of the plan year. 5 Number of participants with account belances as of the end of the plan year (only defined contribution plans complete this item). 4 Defined contribution plans 5 C Number of participants with account belances as of the end of the plan year. 5 Defined a contribution plans of the plan year. 5 Defined a contribution plans of the plan year. 5 Defined a contribution plans of the plan year. 5 Defined a contribution plans of the plan year. 6 Defined contribution plans 5 Defined a contribution plans of the plan year. 6 Defined a contribution plans of the plan year. 6 Defined contribution plans of the plan year with account benefits that were less than 100% vested 7 Defined the first plan year admined this return/report, and to the best of metallist plans the plan year and the electronic version of this return/report, and to the best of metallist plans the completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of metallist plans the plan year. 6 Defined the first plans plans the plans year. 7 Defined the first plans	13 13 5 5 0 losble, a Schedule by knowledge and					

Form 5500-SF (2018) Page 2 6a Were all of the plan's assots during the plan year invested in eligible assots? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2529.104-467 (See instructions on waiver eligibility and conditions.)..... X Yes No If you answered "No" to ofther line 63 or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plen year___ . (See Instructions.) Part III Financial Information Plan Assets and Liabilities (a) Beginning of Your (b) End of Year a Total plan assets 5,656,259 5,411,426 7a b Total plan liabilities 7b C Net plan assets (subtract line 7b from line 7a) 5,656,259 5,411,426 7c Incomo, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 2 Contributions received or receivable from: 45,039 (1) Employers 8a/1) (2) Participants... 42,000 8a(2) (3) Others (including rollovers)..... 8a(3) b Other income (loss) -298,897 85 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) -211,858 âc Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... ₿d Contain doesned end/or corrective distributions (see instructions). 80 Administrative sorvice providers (salarles, fees, commissions). 32,975 8f g Other expenses 8ជ h Total expenses (add lines 8d, 8d, 8f, end 8g) 32,975 8h Net income (loss) (subtract line 8h from line 8c) -244,833 8} Transfers to (from) the plan (see instructions)...... 8} Part IV | Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions. 2E 2H 2J 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: Yes No Amount 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 Х Program) 10a Were there any nonoxempt transactions with any party-in-interest? (Do not include transactions Χ reported on line 10e.)..... 10b C Was the plan covered by a fidelity bond? 500,000 10c Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused Х by fraud or dishonesty?..... 10d Were any fees or commissions paid to any brokers, agonts, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under Х the plan? (See instructions) 100 f Has the plan failed to provide any benefit when due under the plan? X 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) Х 10g If this is an individual account plan, was there a blackout perind? (See instructions and 29 CFR X 2520.101-3.) 10h 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

TO: 18592557664

	Form 5500-SF (2018)		Pago 3-					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum ful (Form 5500) and fine 11a below)	nding requiroments? (if "Yo	es," soo instructions an	d complete Sch	edula S	B.		Yes No
11a	Enter the unpaid minimum required contributions for	r all years from Schedule :	SB (Form 5500) line 40	1	118			
12	Is this a defined contribution plan subject to the mir ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d,	nimum funding requirement and 12e below, as applica	its of section 412 of the	Code or section	n 302 o		1 -	Yes 🛭 No
	If a waiver of the minimum funding standard for a pr granting the waiver.	ior year is being amortized	In this plan yoor, see i	. Month	enter Da		of the let Year	
	you completed line 12a, complete lines 3, 9, and 1	0 of Schadule MB (Form	5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan	year			12b			
C	Enter the amount contributed by the employer to the	plan for this plan year .			12c	1		
d	Subtract the amount in line 12¢ from the amount in linegative amount)	ine 12b. Enter the result 6	abler a minus sign to the	e left of a	12d			
8	Will the minimum funding amount reported on line 1	2d be met by the funding o	leadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers o	f Assets						***
13a	Has a resolution to terminate the plan been adopted in a	any pian year?				Yes	X	No
	if "Yes," enter the amount of any plan assets that re	verted to the employor this	year	***************************************	13a		·	
b	Were all the plan assets distributed to participants o control of the PBGC?	r beneficiarios, transferred	to another plan, or bro	continuoder the		Yes X No		
C	If, during this plan year, any assets or liabilities were which assets or liabilities were transferred.	transferred from this plan	to another plan(s), ide	ntify the plan(s)	to	1	***************************************	·
1	3c(1) Name of plan(s):			13c(2)	EIN(s)		13c(3) PN(s)
	_				,			
								·
					·····			
 								
								·