## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 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** 

A This return/report is or:    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 non-e-participant plan   a toreign plan number (pPN)   a toreign plan number   a t			dentification information								
A This return/report is for:    a one-participant plan   a foreign plan   a short plan year return/report (less than 12 months)    C C Check box if filing under:   Form 5558   automatic extension   DFVC program   DFVC program   DRNA L SKAGGS & PARTNERS, PLLC 401K PLAN	For calendar pla	n year 2018 or fisc	al plan year beginning 01/01/2	2018		and ending 12	2/31/2	018			
B This return/report is	A This return/r	eport is for:	a single-employer plan								
In the Institution of Part (Part III)   The Institution of Part III   Basic Plan Information   Institution   Ins			a one-participant plan			,			,		
C Check box if filing under:	<b>B</b> This return/re	port is	the first return/report	the final return/report							
Special extension (enter description)   Special extension (enter description)			an amended return/report	as	short plan year return	/report (less than 12 m	onths)	)			
Part II   Basic Plan Information—enter all requested information   1a Name of plan   1a Name of plan   1b Three-digit   plan number (PN)	C Check box if	filing under:	Form 5558	au	itomatic extension		DF	VC program			
18    Name of plan			' '	. ,							
18    Name of plan	Part II Ba	sic Plan Inforr	nation-enter all requested in	formation	on						
DIANA L. SKAGGS & PARTNERS, PLLC 401K PLAN   Plan number (PN)							1b	Three-digit			
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 ZIP or foreign postal code (if foreign, see instructions) DIANA L. SKAGGS & PARTNERS, PLLC  2c Sponsor's telephone number 502-562-0050  2d Business code (see instructions)  2d Business code (see instructions)  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's telephone number 502-562-0050  2d Business code (see instructions) 541110  3c Administrator's telephone number 623 WEST MAIN STREET LOUISVILLE, KY 40202  3a Plan administrator's name and address Same as Plan Sponsor.  4b If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 3c Administrator's telephone number 6c Plan Name  4d PN  4d PN  5a Total number of participants at the beginning of the plan year 6c Plan Name  5a Total number of participants at the beginning of the plan year 7c Plan Name  5a Total number of participants at the beginning of the plan year 7c Number of participants with account balances as of the end of the plan year 7c Plan Name street of participants at the beginning of the plan year 7d Plan Name street of participants with account balances as of the end of the plan year 7d Plan Name street of participants with the most participants at the beginning of the plan year 7d Plan Name street of participants with terminated employment during the plan year 8d Plan Name street of participants who terminated employment during the plan year 8d Plan Name street of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.  6d Plan Name street of participants at the end of the plan year with accrued benefits that were less than 100% vested.  6d Plan Name street of participants at the end of the plan year with accrued benefits that were less to the number of participants who terminated employment during the plan year with accrued benef			PLLC 401K PLAN					plan number	001		
2a   Plan sponsor's name (employer, if for a single-employer plan)   Mailing address (include room, apt., suite on and street, or P.O. Box)							1c	` '	f plan		
Mailing address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  DIANA L. SKAGGS & PARTNERS, PLLC  20 Sponsor's telephone number 502-562-0050 2d Business code (see instructions) 541110  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 year  5b Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  d(1) Total number of participants at the beginning of the plan year  6 Number of participants with account balances as of the end of the plan year with accrued benefits that were less than 100% vested.  6 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.  6 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.  6 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, II applicable, a Schedule Sor Oschedule Mb completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and tellef, it is true. correct, and complete.  6 Signature of plan administrator  6 Date Enter name of individual signing as plan administrator	<b>30</b> Diamana										
DIANA L. SKAGGS & PARTNERS, PLLC  26 Sponsor's telephone number 562-562-0050  2d Business code (see instructions)  541110  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's EIN  3c Administrator's telephone number of this plan, enter 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 6  b Total number of participants at the beginning of the plan year 5b 6  b Total number of participants at the end of the plan year 5c 7b 6c 7b	Mailing add	ress (include room,	apt., suite no. and street, or P.C								
Soz-562-0050   2d Business code (see instructions)   623 WEST MAIN STREET   100	•			tal code	(if foreign, see instru	uctions)	2c	Sponsor's telen	hone number		
3a Plan administrator's name and address ☑ Same as Plan Sponsor.  3b Administrator's EIN  3c Administrator's telephone number  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. 5b 6  b Total number of participants at the end of the plan year. 5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  4d PN  5a Total number of active participants at the beginning of the plan year. 5c 5  d(1) Total number of active participants at the beginning of the plan year. 5d(2) 5 5  e Number of participants who terminated employment during the plan year with accrued 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.  Under penalties of perjuy and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.  Signature of plan administrator  Date  Enter name of individual signing as plan administrator	DIANA L. SKAGG	S & PARTNERS, F	'LLC				•				
3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's telephone number  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  c Plan Name  5a Total number of participants at the beginning of the plan year	000 14/507 144 151	OTDEET					2d Business code (see instructions)				
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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						30	Administrator S	leiephone number			
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5a Total number of participants at the beginning of the plan year			, , , ,				4d PN				
b Total number of participants at the end of the plan year	·										
b Total number of participants at the end of the plan year	Fo. Total number of monticinants at the horizoita of the plan year						5:	a	6		
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  d(1) Total number of active participants at the beginning of the plan year						-					
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Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.  SIGN HERE  Filed with authorized/valid electronic signature.  Date  DIANA SKAGGS  Enter name of individual signing as plan administrator  SIGN HERE	than 100% vested							0			
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.  SIGN HERE  Filed with authorized/valid electronic signature.  Date  DIANA SKAGGS  Enter name of individual signing as plan administrator  SIGN HERE											
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Signature of plan administrator  Date  Enter name of individual signing as plan administrator  SIGN HERF	SIGN File				04/10/2019	DIANA SKAGGS	AGGS				
HERE	HERE Sig	nature of plan adr	ministrator		Date	Enter name of individ	f individual signing as plan administrator				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor											
	HERE Sig	nature of employe	er/plan sponsor		Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor		

Form 5500-SF (2018) Page **2** 

If you answered "No" to either line 6a 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)?									_		
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								s   No	
Part III   Financial Information   Financial Informa	С	•							□ Not de	termined	
Part III Financial Information 7 Plan Assets and Liabilities 7 7a 4 20183 322565 8 Total plan assets 5 20 Plan Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
7 Plan Assets and Liabilities	Pa	rt III   Financial Information									
a Total plan assets		•		(a) Reginning (	of Year			(b) End	l of Year		
b Total plan liabilities			7a	` '				(5) 2110			
C Net plan assets (subtract line 7b from line 7a)		•									
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers				42	120183				382555		
a Contributions received or receivable from: (i) Employers (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				(a) Amoun	ıt		(b) Total				
(2) Participants	а			(3)							
(3) Others (including rollovers)		(1) Employers	8a(1)	,	15818						
b Other income (loss)		(2) Participants	8a(2)		30779	_					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			8a(3)			_					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				-1	18287						
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 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 (add lines expenses 8h Total expenses (add lines 8d, 8e, 8f, and 8g] 8h Total expenses (add lines 8h (sad lines 150) 8h Total expenses (add lines 8h (legs) (see instructions) 8d Total expenses (add lines 8h (legs) (see			8c				28310			1	
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  i Net income (loss) (subtract line 8h from line 8c) 8i  y Transfers to (from) the plan (see instructions) 8j  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 2F 2G 2J 2K 2T 3B 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) 10a X  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X  c Was the plan covered by a fidelity bond? 10c X 70  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 X  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.) 10g X  p 10d X	a		8d	(	65788						
g Other expenses	е	·									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		150						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	g	Other expenses	8g								
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)							65938	3	
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:  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 any 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?  10	i		8i						-37628	3	
Part IV   Plan Characteristics	j	Transfers to (from) the plan (see instructions)	8i								
Second Part V   Compliance Questions	Pai	rt IV Plan Characteristics									
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 any 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.)  100	9a		feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	structions:		
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 any 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.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	acteris	tic Cod	des in the inst	ructions:		
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)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		0 1 7				Yes	No		Amount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction			10a		X				
C Was the plan covered by a fidelity bond?	b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions									
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		· · · · · · · · · · · · · · · · · · ·				· ·					
by fraud or dishonesty?					10C	^			/(	0000	
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		by fraud or dishonesty?			10d		X				
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 some or all of the benefits under			10e	X				477	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	f Has the plan failed to provide any benefit when due under the plan?			10f		X				
2520.101-3.)	g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g	X			43	3326	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h	· · · · · · · · · · · · · · · · · · ·			10h		X				
exceptions to providing the notice applied under 29 CFR 2520.101-3	i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10i						

Form 5500-SF (2018)	Page <b>3-</b> 1
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Part	VI Pension Funding Compliance							
11	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)							
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?		f	Yes 🛛 N	Ю			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	<b>a</b> 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 y	ou 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	s 🔀 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 X No				
<b>C</b> If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
13c(1) Name of plan(s): 13c(2)				<b>13c(3)</b> PN(s)				