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

Part I	Annual Report	t identification information										
For calenda	ar plan year 2018 or f	fiscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018							
A This ret	:urn/report is for:	X a single-employer plan		er plan (not multiemployer) g employer information in a								
D		a one-participant plan a foreign plan										
B This retu	urn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year r	a short plan year return/report (less than 12 months)								
C Check I	box if filing under:	Form 5558	automatic extensi	on	DFVC progra	am						
Part II	Pacia Blan Infe	special extension (enter desc	. ,									
		ormation—enter all requested in	Tormation		46 7 11	·,						
1a Name WOLNITZEK	•	EMARCUS, P.S.C. RETIREMENT P	PLAN		1b Three-dig plan num (PN) ▶	· I						
					1c Effective	date of plan 01/01/1987						
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Royl			Identification Number						
City or	town, state or provin	ce, country, and ZIP or foreign post		instructions)	(EIN) 2c Sponsor'	61-1098034 s telephone number						
WOLNITZEK	K, ROWEKAMP, & DE	EMARCUS, P.S.C.				59-491-4444						
502 GPEENI	ID STREET				2d Business code (see instructions)							
502 GREENUP STREET COVINGTON, KY 41011					541110							
3a Dlon o	dministrator's name s	and address 🛛 Same as Plan Spo	noor		3b Administr	ator's FIN						
Ja Flalla	ullillistrators harrie a	illu address 🔼 Saille as Flail Spo	11501.		JD Administr	ator 5 Liiv						
					3c Administr	ator's telephone number						
		ne plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN							
	or's name	, , ,	·	·	4d PN							
C Plan N	lame											
5a Total r	number of participants	s at the beginning of the plan year.			. 5a	10						
		s at the end of the plan year			. 5b	10						
		account balances as of the end of			. 5c	7						
d(1) Total number of active participants at the beginning of the plan year				5d(1)	8							
` '		articipants at the end of the plan ye			. 5d(2)	9						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0						
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be asses	sed unless reasonable ca								
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a nolete										
SIGN		d/valid electronic signature.	05/16/2019	STEPHEN WOLNITZ	ΈΚ							
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as p	lan administrator						
SIGN	Filed with authorized	d/valid electronic signature.	05/16/2019	STEPHEN WOLNITZ	ZEK							
HERE	Signature of employer/plan sponsor Date Enter name of individu					idual signing as employer or plan sponsor						

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							. X Ye	s No	
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.)							X Yes	s Π No	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								, П	
С	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 plan year								uctions.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year		
а	Total plan assets	7a		84709			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2826840		
	Total plan liabilities									
С	Net plan assets (subtract line 7b from line 7a)	7c	29	84709		2826840				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total		
а	Contributions received or receivable from:	0=(4)		0522						
	(1) Employers	8a(1)		9523 33183						
	(2) Participants	8a(2)	,	33103						
	(3) Others (including rollovers)	8a(3)	-10	99643						
	Other income (loss)	8b	-1.	33043				-156937		
d	Benefits paid (including direct rollovers and insurance premiums	8c						-100001		
	to provide benefits)									
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e	Be .							
f	Administrative service providers (salaries, fees, commissions)	8f		65						
g	Other expenses	8g	8g 0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						932		
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)		8i					-157869		
J	Transfers to (from) the plan (see instructions)									
	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the inst	tructions:		
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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V									
	Program)	-	•	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			500	000	
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				
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				
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ				
g					X			1	093	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i										

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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?				Yes 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 _	er ruling					
lf y	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	13a Has a resolution to terminate the plan been adopted in any plan year?									
	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?										
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	3) PN(s)					

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 section 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

Part i Annual Repo or calendar plan year 2018 or	rt Identification Information			10/01/00			
or calendar plan year 2010 or		01/01/2018	and ending	12/31/20			
This return/report is for:	x a single-employer plan	a list of participating	plan (not multiemployer employer information in	r) (Filers checking naccordance with	this box must attach the form instructions.)		
This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/report	+				
The folding open is:							
	an amended return/report	a snort plan year ret	urn/report (less than 12	months)			
Check box if filing under:	Form 5558	automatic extension		DFVC	orogram		
	special extension (enter desc	ription)					
Part II Basic Plan In	formation enter all requested						
Name of plan	Cities an reduested	miormation		1b Three-dig	it I		
Wolnitzek, Roweka	mp & DeMarcus, P.S.C. Re	tirement Plan		plan num (PN) ►			
				1c Effective 01/01/2	date of plan		
Mailing Address (include r	oloyer, if for a single-employer plan) oom, apt., suite no, and street, or P.	O. Box)		2b Employer	Identification Number		
Unit or town, state or provi	nce, country, and ZIP or foreign pos	tal code (if foreign, see in	structions)		-1098034		
wolnitzek, Koweka	mp, & DeMarcus, P.S.C.				telephone number 191–4444		
502 Greenup Stree	t			2d Business code (see instructions) 541110			
US Covington KY 41011							
Plan administrator's name	and address X Same as Plan Sp	onsor		3b Administra	ator's EIN		
				3c Administra	ator's telephone number		
If the name and/or EIN of this plan, enter the plan so	he plan sponsor or the plan name h onsor's name, EIN, the plan name a	as changed since the last	return/report filed for	4b EIN	'		
Sponsor's name	onsors hame, Env, the plan hame a	nd the plan number from	the last return/report.	4.1.			
C Plan Name				4d PN	4		
Total number of participant	is at the beginning of the plan year	*****************************		. 5a	10		
Total number of participant	ts at the end of the plan year	********************************	***************	. 5b	10		
 Number of participants with 	account balances as of the end of	the plan year (only define	Contribution plans	5c	7		
(1) Total number of active pa	articipants at the beginning of the pla	n year	***************************************	5d(1)			
	articipants at the end of the plan yea			5d(2)	9		
Number of participants who less than 100% vested .	terminated employment during the		nefits that were	5e	0		
ution: A penalty for the late	e or incomplete filing of this retur	Olrenorf will be access	d unloca rocenable e				
der penalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary:	ctions. I declare that I have	e examined this return!	report including if	applicable a Setantilla		
IGN DEXTO		5-16-19	Stephen Wolnitz	zek			
ERE Signature of plan ad	ministrator	Date	Enter name of individu		administratos		
sign		1 000	Lance Harne of mulviot	rer aigning as plan	administrator		
IERE Signature of employ	er/plan sponsor	Date	Enter name of individu	ral signing as ama	lover or plan enoneor		
		1	i	A-3 com a a a comb	is the profit operior		

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes No			
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	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 in	nsurance p	rogram (see ERISA sec	tion 4	02117		☐ Yes	No Not determine		
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this yea	ar	,.			(See instructions.)		
P	art III Financial Information							(OCO III STI UCLOTIS.)		
7	Plan Assets and Liabilities	1 .	(a) Beginning	of Va	25	-1		(b) End of Year		
а	Total plan assets	. 7a	1			-				
b	7a 2,984,709 2,826, Total plan liabilities									
C	Net plan assets (subtract line 7b from line 7a) 7c 2,984,709							2,826,840		
8 a	Income, Expenses, and Transfers for this Plan Year		(a) Amour					(b) Total		
a	Contributions received or receivable from: (1) Employers	0-/4)								
***************************************	(2) Participants	8a(1)			523					
****	(3) Others (including rollovers)	8a(2)		33,:	1.83		-			
b	Other income (loss)	8a(3) 8b	/10	20 6	12)	-				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	(13	9,64	± 3)		· · · · · · · · · · · · · · · · · · ·			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	Handle Hills	 8	367		(156, 937)			
e	Certain deemed and/or corrective distributions (see instructions)	8e				1	· · ·			
f	Administrative service providers (salaries, fees, commissions)	8f		65						
g	Other expenses	8g			0 .					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							932		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)							(157,869)		
ل	Transfers to (from) the plan (see instructions)	8j			***************************************	1				
*	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan (Chara	cterist	ic Coc	les in the	instructions:		
	2E 2F 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cl	haract	eristic	Code	s in the i	nstructions:		
Pa	rt V Compliance Questions	*******						<u>-, '</u>		
10	During the plan year:			~*	Yes	No	N/A	Amount		
a	Was there a failure to transmit to the plan any participant contribut	ions withir	the time period	T	103	140	1000	Amount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fid	luciary Correction							
b	Program)			10a		х	İ			
IJ	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in	clude transactions							
c	Was the plan covered by a fidelity bond?	*** **********	***************************	106		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	idelity bon	d, that was caused	10c	Х.	x		500,000		
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons	by an insurance							
f	Has the plan failed to provide any benefit when due under the plan	?	******************************	10e 10f		X				
g	Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					<u> </u>				
	If this is an individual account plan, was there a blackout period? (S	es instrus	tions and 20 OFD	10g	X			1,093		
	2520.101-3.)	OU138111 OO	dons and 29 CFR	10h		x				
ĺ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	remuired	notice or one of the							
	**************************************	· +5131-577.		10i	1					

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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 (Form 5500 and line 11a below)	Schedul	e SB	Yes X] No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		1	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ection 302	**********		•
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	, and ente	er the da	ate of the letter rul	ling
b Enter the minimum required contribution for this plan year	12b	1		
c Enter the amount contributed by the employer to the plan for the plan year	120 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	<u> </u>		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		└ │ Yes [No N//	
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?		X Yes	□ No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		<u></u>	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		Yes X No	
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	n(s) to	<u>!</u>		
13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)