## 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** 

Part I	Annual Report	t identification information	1							
For calend	dar plan year 2018 or f	fiscal plan year beginning 01/01/2	2018		and ending 12	2/31/201	8			
<b>A</b> This re	A This return/report is for:  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 one-participant plan	a fo		,					
<b>B</b> This ret	turn/report is	the first return/report	the							
		an amended return/report	a sh	nort plan year return	/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	aut	omatic extension		DFV	C program			
		special extension (enter descri	. ,							
Part II	Basic Plan Info	ormation—enter all requested in	nformation	n						
1a Name						1b ⊤	hree-digit			
	•	PROFIT SHARING PLAN				pl	an number	001		
						1c E	ffective date o	f plan 1/1993		
Mailin	ng address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		lif forcing and instru	untion a)			fication Number 318427		
-	ERS LAW FIRM, PSC	ice, country, and ZIP or foreign post	ital code (	(ii foreign, see instit	actions)	<b>2c</b> S	ponsor's telep			
						<b>2d</b> B	usiness code (	see instructions)		
	ELL STREET						5411	10		
COVINGTO	N, KY 41011-3052									
<b>3a</b> Plan administrator's name and address ⊠ Same as Plan Sponsor.						<b>3b</b> Administrator's EIN				
				<b>3c</b> Administrator's telephone number						
4 If the	name and/or EIN of th	as plan approar or the plan name h	an ahana	and since the last re	turn/rapart filed for	4b =	INI			
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a				4b EIN				
•	sor's name					4d PN				
C Plan I	Name									
<b>5a</b> Total	number of participants	s at the beginning of the plan year				5a		8		
<b>b</b> Total	number of participants	s at the end of the plan year				5b		7		
		account balances as of the end of				5c		7		
complete this item)					5d(1)	)	5			
d(2) Total number of active participants at the end of the plan year				5d(2)	)	5				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e		0		
Caution:	A penalty for the late	or incomplete filing of this return	rn/report	will be assessed u	unless reasonable cau	use is es	stablished.			
SB or Sch		other penalties set forth in the instruction and signed by an enrolled actuary, a collete								
SIGN		d/valid electronic signature.	(	06/27/2019	ROBERT E. SANDER	RS				
HERE	Signature of plan	administrator		Date	Enter name of individ	vidual signing as plan administrator				
SIGN										
HERE	Signature of empl	oyer/plan sponsor		Date	Enter name of individ	ual signi	ng as employe	er or plan sponsor		

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

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								s No	
р	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.)								s 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.									
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not dete										
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instr	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		27993				923644		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	23	27993		923644				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)		1144						
	(2) Participants	8a(2)		66462						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	-	56585						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						11021		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14	04570						
е	Certain deemed and/or corrective distributions (see instructions)	·								
f	Administrative service providers (salaries, fees, commissions)	ninistrative service providers (salaries, fees, commissions) 8f 10800								
g	ner expenses									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1415370		
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i						-1404349		
<u>j</u>	Transfers to (from) the plan (see instructions)									
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D									
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 ins	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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a	X			40	108	
b		t? (Do not	include transactions	10b		X		40	100	
				10c	X			300	000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused				X		300	000		
e	by fraud or dishonesty?					X				
f	f Has the plan failed to provide any benefit when due under the plan? 10f					X				
	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Χ				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

Form 5500-SF (2018)	Page <b>3-</b> 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)			Yes 🛚 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 se ERISA?		of	Yes X No					
	(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?		Ye	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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to							
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(s)					

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor 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

		t identification information			30/01/	0010			
For calend	dar plan year 2018 or		01/01/2018	and ending	12/31/	Unit person to a construction of the construct			
A This re	eturn/report is for:	X a single-employer plan	list of participating em	an (not multiemployer) (Fil oployer information in acco	lers checking the ordance with the	is box must attach a e form instructions.)			
		a one-participant plan	a foreign plan						
<b>B</b> This ret	turn/report is	the first return/report	the final return/report						
an amended return/report a short plan year return/report (less than 12 months)									
C Chook	box if filing under:			П	DEVC	-			
C Check	box if filling drider.	Form 5558	automatic extension	L	DFVC prograi	П			
	T	special extension (enter descript							
Part II		ormation—enter all requested infon	mation		1h Theodale				
1a Name	_ ·				1b Three-digition plan numb				
The Sa	nders Law Fi	rm, PSC Profit Sharing	Plan		(PN)	001			
					1c Effective d 01/01/				
		oyer, if for a single-employer plan)			2b Employer	dentification Number			
Mailing	g address (include ro	om, apt., suite no. and street, or P.O. E	Box)	ruotiona)	(EIN)31-	1318427			
The Sa	rtown, state of provin nders Law Fir	ce, country, and ZIP or foreign postal m, PSC	code (il foreign, see insti	uctions)		telephone number 91-3000			
					2d Business o	ode (see instructions)			
1017 R	ussell Street	:							
Covington KY 41011-3052						541110			
3a Plan a	administrator's name a	and address 🛛 Same as Plan Sponso	or.		<b>3b</b> Administra	tor's EIN			
4 If the t	name and/or EIN of th	ne plan sponsor or the plan name has onsor's name, EIN, the plan name and	changed since the last re		4b EIN				
	or's name	onson's name, Env, the plan name and	r the plan number nom t	ic particulty/opera	<b>4d</b> PN				
53 Total	number et participant	s at the beginning of the plan year			5a	8			
	·				5b	7			
		s at the end of the plan year account balances as of the end of the							
					5c	7			
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the plan	year		5d(1)	5			
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan year.	***************************************		5d(2)	5			
e Numb	per of participants who	terminated employment during the p	lan year with accrued be	nefits that were less	5e	0			
Caution: A	penalty for the late	or incomplete filing of this return/re	eport will be assessed	unless reasonable caus	e is establishe	ed.			
SB or Sche	alties of perjury and o edule MB completed a true, correct, and corr	ther penalties set forth in the instruction and signed by an enrolled actuary, as a aplete.	ons, I declare that I have well as the electronic ver	examined this return/report, a	ort, including, if and to the best	applicable, a Schedule of my knowledge and			
SIGN	MA	2 Othin	6/27/19	Robert E. Sande	ers				
HERE	Signature of plan	administrator	Date	Enter name of individua		n administrator			
SIGN									
SIGN HERE	Signature of emplo	war/nlan enancar	Date	Enter name of individua	ıl sianina əs əm	nlover or plan sponsor			
	Signature of emplo	Dyenpian Sponsor	Date	L PUTEL HALLE OF HIGHING	i olgiling as ell	ipicyci oi piair aponaul			

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ac	1e	_

	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be seen to the plan be seen to the plan cannot be seen to the plan cannot be seen to the plan cannot be seen to the plan be seen to t	an indepen and conditi	dent qualified public a	account	tant (IC	QPA)	X Yes No
С	If "Yes" is checked, enter the My PAA confirmation number from the	nsurance pr	ogram (see ERISA se	ection 4	1021)?		Yes No Not determined
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning	of Year	. ]		(b) End of Year
а	Total plan assets	7a		327,			923,644
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	2,	327,	993		923,644
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total
_a	Contributions received or receivable from: (1) Employers	8a(1)			144		
	(2) Participants	8a(2)		66,	462		
	(3) Others (including rollovers)	8a(3)			_		
b	Other income (loss)	8b		-56,	585		end Tours - en fantig
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					11,021
d —	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,	404,	570		
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		10,	800		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						1,415,370
_i_	Net income (loss) (subtract line 8h from line 8c)	8i			hiji		-1,404,349
j	Transfers to (from) the plan (see instructions)	8j					Marian Santa
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature cod	es from the List of PI	an Cha	racteri	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara	acteris	tic Code	es in the instructions:
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fid	fuciary Correction	10a	Х		40,108
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		х	
С	Was the plan covered by a fidelity bond?		***************************************	10c	Х		300,000
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		х	
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		х	
f	Has the plan failed to provide any benefit when due under the plan	Has the plan failed to provide any benefit when due under the plan?				Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-en	d.)	10g		Х	
	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i			

		Form 5500-SF (2018) Page	3-					
Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see inst rm 5500) and line 11a below)					Ye	es 🛚 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5	500) line 40		11a			
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section SA?  "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			n 302 of		Ye	es 🛚 No
а		waiver of the minimum funding standard for a prior year is being amortized in this plar nting the waiver.			d enter t Day		he letter Year_	ruling
lf		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and				,		
b	Ente	r the minimum required contribution for this plan year	***************************************		12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minuative amount)			12d			0.
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 "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		re all the plan assets distributed to participants or beneficiaries, transferred to another trol of the PBGC?					Yes 🛚	No
С	,	uring this plan year, any assets or liabilities were transferred from this plan to another ch assets or liabilities were transferred. (See instructions.)	plan(s), ide	ntify the plan(s	) to			

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):