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complete this item) JC 0 d(1) Total number of active participants at the beginning of the plan year 5d(1) 0 d(2) Total number of active participants at the end of the plan year 5d(2) 0 e 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/report will be assessed unless reasonable cause is established. 0 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 Filed with authorized/valid electronic signature. 07/31/2019 RICHARD MILES HERE Signature of plan administrator Date Enter name of individual signing as plan administrator						5b	0				
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e 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/report will be assessed unless reasonable cause is established. 0 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. 07/31/2019 RICHARD MILES Signature of plan administrator Date Enter name of individual signing as plan administrator	d(1) Tota	al number of active parti	icipants at the beginning of the pla	an year		5d(1)	0				
than 100% vested Jee Jee Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 Filed with authorized/valid electronic signature. 07/31/2019 RICHARD MILES Signature of plan administrator Date Enter name of individual signing as plan administrator	• •		E CARACTER CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR C	5d(2)	0						
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 Filed with authorized/valid electronic signature. 07/31/2019 RICHARD MILES Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Inter name of individual signing as plan administrator						5e	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. 07/31/2019 RICHARD MILES Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Signature of plan administrator Image: Signature of plan administrator	Caution: A	penalty for the late or	r incomplete filing of this return	/report will be assessed	unless reasonable cau						
SIGN HERE Filed with authorized/valid electronic signature. 07/31/2019 RICHARD MILES Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Signature of plan administrator Date Image: Signature of plan administrator	SB or Sche	edule MB completed and	d signed by an enrolled actuary, a								
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Comparison of the second seco				07/31/2019	RICHARD MILES						
SIGN HERE		Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan administrator				
HERE	SIGN										
	HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing a	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 Yes 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 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. Yes No								
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 (See instructions.)								
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	602202	0				
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	602202	0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	171					
	(2) Participants	8a(2)	172					
	(3) Others (including rollovers)	8a(3)	0					
b		8b	28469					

b Other income (loss)	8b	28469							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				28812				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	629783							
e Certain deemed and/or corrective distributions (see instructions)	8e	0							
f Administrative service providers (salaries, fees, commissions)	8f	1231							
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)									
i Net income (loss) (subtract line 8h from line 8c)	8i				-602202				
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 3H 2T	feature co	des from the List of Plan Char	acteris	stic Co	odes 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: Yes No Amount									

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		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
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		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		202
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			

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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	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a							
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se SA?			of 			Y	es 🔉	K No	
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			r th ay			letter ear	rulin	g	
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
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 minus sign to the left of a ative amount)		12d							
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/	/A	
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)		
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0	
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the				< Ye	es 🗌	No		
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to							
1	13c(1) Name of plan(s): 13c(2) E					EIN(s)			13c(3) PN(

	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089							
	rtment of the Treasury rnal Revenue Service	This form is required to be file				2018					
	epartment of Labor lenefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).				This Form is Open to					
Pension B	enefit Guaranty Corporation	▶ Complete all entries in	accordance with the instr	ructions to the Form 5	500-SF.	Public Inspection					
Part I		entification Information									
For calend	ar plan year 2018 or fisc	al plan year beginning 01/01/20		and ending 12/3							
A This re	turn/report is for:	X a single-employer plan	list of participating en		2	king this box must attach a rith the form instructions.)					
B This act		a one-participant plan	a foreign plan								
D This ret	urn/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 Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram					
		special extension (enter desc	1 /								
Part II	Basic Plan Inform	mation—enter all requested in	formation								
1a Name					1b Thre						
DOGWOOD	HOMES OF KENTUCK	Y, LLC 401K PLAN			(PN)	number 001					
			1c Effec	tive date of plan 1/2002							
		r, if for a single-employer plan) apt., suite no. and street, or P.C) Box)		2b Empl	oyer Identification Number					
City or		country, and ZIP or foreign post	,	ructions)	· · · · ·	31-1513454 nsor's telephone number					
					(502) 231-0441 2d Business code (see instructions)						
PO BOX 409	9				236110						
	IGTON, KY 40047 dministrator's name and	address 🗙 Same as Plan Spo	nsor.		3b Administrator's EIN						
					3c Administrator's telephone number						
		olan sponsor or the plan name h or's name, EIN, the plan name a			4b EIN						
	or's name			ne last returnineport.	4d PN						
C Plan N	lame										
5a Total	number of participants at	t the beginning of the plan year.			. 5a	24					
b Total	number of participants at	t the end of the plan year			. 5b	0					
		count balances as of the end of			5c	0					
d(1) Tot	al number of active partie	cipants at the beginning of the p	lan year		5d(1)	0					
		cipants at the end of the plan ye			5d(2)	0					
	per of participants who te 100% vested		5e	0							
Caution: A	A penalty for the late or	incomplete filing of this return	n/report will be assessed	unless reasonable ca							
SB or Sche	alties of perjury and othe edule MB completed and true, correct, and comple	r penalties set forth in the instru signed by an enrolled actuary, a ste	ctions, I declare that I have as well as the electronic ve	examined this return/re rsion of this return/repor	port, includi t, and to the	ng, if applicable, a Schedule e best of my knowledge and					
SIGN	1/0/1	la	7-31-19	Richard Miles							
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	lual signing	as plan administrator					
SIGN											
HERE	Signature of employe		Date	Enter name of individ	lual signing	as employer or plan sponsor					
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v.171027

	Were all of the plan's assets during the plan year invested in eligib		. ,					X Yes	No 🗌	
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ions.)					X Yes	No 🗌	
_	If you answered "No" to either line 6a or line 6b, the plan cann							Π		
C	If the plan is a defined benefit plan, is it covered under the PBGC in								ermined	
	If "Yes" is checked, enter the My PAA confirmation number from th	ie PBGC pi	remium tiling for this p	ian yeai	r		-	(See Instru	ictions.)	
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Enc	d of Year		
а	Total plan assets	7a		60220)2				0	
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		60220	12				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		17	1					
	(2) Participants	8a(2)		17	'2					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		2846	9					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						288	12	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		62978	3					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		1231						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						631014		
i	Net income (loss) (subtract line 8h from line 8c)	8i		,		-602202			02	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	· · · · ·								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 3H 2T	feature co	des from the List of PI	an Chai	racteri	stic Co	des in the ins	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	tic Coc	les in the inst	ructions:		
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	/oluntary F	iduciary Correction			x				
	Program)			10a						
U 	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		х				
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ner persons	s by an insurance		x				202	
	the plan? (See instructions.)			10e					202	
f	f 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 a	-		10g		х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х				

10i

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

Form 5500-SF (2018)

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Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c rm 5500) and line 11a below)					s 🗙 No		
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA?	ode or sectior	າ 302 ອ		Yes	s 🗙 No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a 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								
If _	you (completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
b	Ente	r the minimum required contribution for this plan year		12b					
C	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 minus sign to the ative amount)	left of a	12d					
e	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?			X Yes	🗌 No			
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a			0		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X Yes	No		
C		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	ify the plan(s)	to					
1	13c(1) Name of plan(s): 13c(2) E					13c(3) F	PN(s)		