-	rm 5500-SF	Short Form Annua							
D	Pepartment of Labor Benefits Security Administration	This form is required to be filed Income Security Act of 1974		057(b) and 6058(a) of the	This Form is Open to				
	enefit Guaranty Corporation	tructions to the Form 55	00-SF.	Publi	c Inspection				
Part I		Identification Information							
For calend	lar plan year 2018 or fis	scal plan year beginning 05/01/20			/31/2018	da a data hara			
A This re	eturn/report is for:	blan (not multiemployer) (F mployer information in acc		-					
B This ret	urn/report is	the first return/report	the final return/report						
		urn/report (less than 12 mc	onths)						
C Check	box if filing under:	٦	DFVC p	rogram					
		Form 5558	dutomatic extension	L		- 3			
Part II	Basic Plan Info	rmation—enter all requested info							
1a Name		I			1b Three				
ISAIAH HOU	USE RETIREMENT PL	AN			plan (PN)	number	001		
				-	()	tive date of	plan		
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	. Box)		2b Empl (EIN)	oyer Identifi	cation Number		
City of ISAIAH HOL		e, country, and ZIP or foreign posta	al code (if foreign, see ins	structions)	2c Sponsor's telephone number				
				-	2d Business code (see instructions)				
2084 MAIN S WILLISBUR	STREET G, KY 40078					62142	20		
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spon	sor.		3b Admi	nistrator's E	IN		
					3c Admi	nistrator's te	elephone number		
		e plan sponsor or the plan name ha	5	•	4b EIN				
•	lan, enter the plan spo sor's name	nsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN				
c Plan N	Name								
5a Total	number of participants	at the beginning of the plan year			5a		99		
		at the end of the plan year			5b		105		
							105		
d(1) Total number of active participants at the beginning of the plan year							99		
d(2) Total number of active participants at the end of the plan year							89		
 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca 							0		
		or incomplete filing of this return her penalties set forth in the instruc					able, a Schedule		
SB or Sch		nd signed by an enrolled actuary, as							
SIGN HERE	Filed with authorized	/valid electronic signature.	09/04/2019	MARK LAPALME					
HERE	Signature of plan a	dministrator	Date	Enter name of individu	al signing a	as plan adm	inistrator		
SIGN HERE									
	Signature of emplo	over/plan sponsor se, see the Instructions for Form 5500-	Date	Enter name of individu	al signing		r or plan sponsor orm 5500-SF (2018)		
For Faperw		e, see the manufulons for Form 3500-	-or .			FC	v.171027		

-	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
с	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes								
-	If "Yes" is checked, enter the My PAA confirmation number from th							Not determined . (See instructions.)	
_	-	1	5 1	,				. (,	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	of Year	
а	Total plan assets	7a		0				77468	
b	Total plan liabilities	Fotal plan liabilities 7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		0				77468	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	otal	
а	Contributions received or receivable from:	80(1)	,	4496					
	(1) Employers	8a(1)		10486					
	(2) Participants	8a(2)		+0+00					
	(3) Others (including rollovers)	8a(3)		-6570	-				
<u>b</u>	Other income (loss)	8b		-0370	-			78412	
d d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						70412	
u	to provide benefits)	8d		844					
е	Certain deemed and/or corrective distributions (see instructions)								
f	Administrative service providers (salaries, fees, commissions)		100						
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						944	
i	Net income (loss) (subtract line 8h from line 8c)	8i						77468	
j	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics	, .							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Char	acteris	stic Co	des in the inst	ructions:	
	2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plar	n Chara	cterist	ic Cod	les in the instru	uctions:	
_									
Par							1		
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)	•	•	10a		Х			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions					V			
	reported on line 10a.)					Х			
C	C Was the plan covered by a fidelity bond?							15000	
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			
e	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.).				x			1090	
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		Х			
	If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	· • 9					

2520.101-3.)

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

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10h

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Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X 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? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
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 ative amount)		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?			Ye	s X	No	
	lf "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 plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		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.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	EIN(s)		130	c(3) PN	۱(s)	

		-	-									
Form 5500-SF Short Form Annual Return/Report of Small Emp								oye	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee										ent		2018
De	and 6058(a) of the	Interr	nal	ble E	orm is Open to							
	mefits Socurity Administration	-	Revenu					lic Inspection				
	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form											
Part I	Annual Report	Identification Information scal plan year beginning 05/01/20	1					and ending 12/3	1/201	ġ.		
	a plan year 2010 01 h	-		diale	molos		lon /r				is bo	y must attach a
A This retu	A This retum/report is for: A This retum/report is for: A a single-employer plan a multiple-employer plan (not multiemploy list of participating employer information i a foreign plan								ccorda	nce with the	e for	n instructions.)
B This retu	m/manart la			naigir p	an							
	inineportis	X the first return/report	the final return/report									
		an amended retum/report	a sh	ort plar	n year	return	m/rep	port (less than 12 m	onths)		
C Check b	oox if filing under:	X Form 5558		omatic	ovtone	lon				VC program	n	
	•	H	-	unauc	OXIONS	2011				vo program		
Part II	Pagia Blan Infe	special extension (enter desc										
1a Name		prmation-enter all requested in	normauon	1					1h	Three-digit		
	JSE RETIREMENT P	LAN	`							plan numb		
10/11/11/100										(PN) 🕨		001
									1c	Effective d		f plan
20.0		······································							01	05/01/201	-	faction blood as
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	O. Box)						20	(EIN) 26-29		fication Number
City or	town, state or province	ce, country, and ZIP or foreign post		if foreig	n, see	instr	tructio	ons)	2c			hone number
Isaiah House	e, Inc.											375-9200
					2d Business code (see instructions)							
2084 Main S	treet									621420		
Milliohum K	× 40078											
Willisburg, K		nd address 🗙 Same as Plan Spo	nsor.						3b	Administra	ors	EIN
									3c	Administra	tor's	telephone number
4 If the n	amo and/or EIN of th	e plan sponsor or the plan name h	as chang	ed sind	e the	last re	return	report filed for	4h	EIN		
this pla	an, enter the plan spo	onsor's name, EIN, the plan name a	and the pl	lan nur	nber fr	rom th	the la	st return/report.		2		
a Sponso	or's name	-*							4d	PN		
C Plan N	ame											
									<u> </u>			
		at the beginning of the plan year.							5			99
		at the end of the plan year							5	a		105
C Numbe	er of participants with	account balances as of the end of	the plan	year (c	only de	rined	d con	indution plans	5	c		105
		nticipants at the beginning of the pl								(1)		99
									<u> </u>			89
 d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less 												
than 1	100% vested								1	e		0
Caution: A	penalty for the late	or incomplete filing of this return	n/report	will be	asses	ssed	1 unie	ess reasonable ca	use is	establish	ed.	
SB or Sche	Ities of perjury and ot dule MB completed a rue, correct, and com	her penalties set forth in the instruct nd signed by an enrolled actuary, a plate	as well as	s the el	ectron	ic ver	ersion	n of this return/repo	rt, and	to the best	of m	icable, a Schedule ly knowledge and
SIGN		TYDAD		91	4 1	9	Ma	ark LaPalme				
HERE	Signature	1 de Julion		Date			-	nter name of individ	lug ei	onina es els	00.00	ministrator
	Signature of plan a	ioministrator		Dale			+=			gring as pla	00,110	
SIGN							+					
	Signature of emplo	yer/plan sponsor		Date			E	nter name of individ	dual si	gning as en		er or plan sponsor Form 5500-SF (2018)
For Paperwo 2019-09-03T15 30		ce, see the Instructions for Form 5500	u-3r.									v.171027

Form 5500-SF (2018)

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					01 - 2						
D	Were all of the plan's assets during the plan year Invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?										
	If "Yes" is checked, enter the My PAA confirmation number from the										
		01000		an yea	" <u> </u>	_	, (566 mail colons.)				
_ Pa	Plan Assets and Liabilities										
<u></u>	Plan Assets and Liabilities		(a) Beginning	of Year	_		(b) End of Year				
	Total plan assets	7a			0		77468				
	Total plan liabilities	7b					77468				
8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c			0						
	Contributions received or receivable from:		(a) Amour	nt			(b) Total				
	(1) Employers	8a(1)		4449	6						
	(2) Participants	8a(2)		4048	36						
	(3) Others (including rollovers)	8a(3)									
_b	Other income (loss)	8b		-657	0						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					78412				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		84	4						
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		10	0						
_	Other expenses	8g			_						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					944				
	Net Income (loss) (subtract line 8h from line 8c)	81			_		77468				
<u> </u>	Transfers to (from) the plan (see instructions)	8j									
_	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 2T 3D										
ь	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the instructions:				
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
	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 F	iduciary Correction	10a		x					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x					
	Was the plan covered by a fidelity bond?			10c	x		15000				
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					
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.)						1090				
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 a	s of year-e	end.)	10g	-C	XV	1 2.4				
_	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	uctions and 29 CFR	10h	ر د	'x	CALL .				
i	2520.101-3.)										

Page **3-** 1

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (Form 5500) and line 11a below)			Yes	X 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?	on 302 o	f	Yes	X No
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	nd enter Day		of the letter rul Year	ing
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	X 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 th control of the PBGC?	e		Yes X N	0
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.)	s) to			
1	13c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN	l(s)