## **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

For celedar plan year 2018 or fiscal plan year teagming   0.101/2019   an unitiple-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 toreign   a toreign plan   a toreign plan   a toreign plan   a toreign		al Report Identification									
A This return/report is for:    a one-participant plan   a foreign plan   a short plan year return/report (less than 12 months)    C Check box if filling under:   Form SSSB   automatic extension   DFVC program	For calendar plan y	ear 2018 or fiscal plan year begir	nning 01/01/2019		and ending 07	7/31/2019					
B This return/report is	M a dingle dimployer plan										
me tins return/report   me tins return/report   me tins return/report   me tins return/report (less than 12 months)		a one-participa	,			,					
C Check box if filing under:	<b>B</b> This return/repor	the first return/									
Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   1b Three-digit plan number (PN)   001     1c Effective date of plan   0101/2002     2a Plan sponsor's name (employer, if for a single-employer plan)   0101/2002     2a Plan sponsor's name (employer, if for a single-employer plan)   020   0101/2002     2b Employer Identification Number (EIN)   61-1382059     2c Sponsor's telephone number   270-442-4704     2d Business code (see instructions)   021111     3a Plan administrator's name and address   Same as Plan Sponsor.   3b Administrator's telephone number   270-442-4704     2d Business code (see instructions)   021111     3c Administrator's telephone number   270-442-4704     3d Administrator's name and address   Same as Plan Sponsor.   3b Administrator's telephone number   4d PN     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 as Sponsor's name, EIN, the plan name and the plan number from the last return/report as Sponsor's name, EIN, the plan name and the plan number from the last return/report as Sponsor's name, EIN, the plan name and the plan number from the last return/report.   5a   5b   0		an amended re	eturn/report X a	short plan year returr	n/report (less than 12 mo	onths)					
Part II   Basic Plan Information—enter all requested information 1a Name of plan 1a Name of plan 1b Three-digit plan number (PN)   001 1c Effective date of plan 1c 10/12/2002 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) 1c Employer Identification Number (EIN)   51-1332059 2c Sponsor's stelephone number 270-442-4704 2d Business code (see instructions) 632 LONE OAK ROAD PADUCAH, KY 42003 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  4 If the name and/or EIN of the plan sponsor or the plan name has changed since 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 at the beginning of the plan year. 5c O C Number of participants with account balances as of the end of the plan year of the plan year of participants at the beginning of the plan year.  6c O Total number of active participants at the beginning of the plan year.  6c O C Number of participants with account balances as of the end of the plan year with accound benefits that were less of the nation 100% vested to participants at the beginning of the plan year.  6c O O C Number of participants at the beginning of the plan year.  6c O O O O O O O O O O O O O O O O O O O	C Check box if filir	g under: Form 5558	□ a	utomatic extension	[	DFVC pro	ogram				
18 Name of plan TED H. JEFFERSON, DO, INC. 401(K) PROFIT SHARING PLAN  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) TED H. JEFFERSON, DO, INC.  2b Employer Identification Number (EIN) of 1392009 2c Sponsor's telephone number 270-442-4704 2d Business code (see instructions) 621111  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's telephone number 1804-24111 3c Administrator's telephone number 270-442-4704 2d Business code (see instructions) 621111  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. 4 Sponsor's name 6 Plan Name  5a Total number of participants at the beginning of the plan year 5b 0  5b Total number of participants at the end of the plan year 5b 0  c Number of participants with account balances as of the end of the plan year 5c 0  6d(1) Total number of active participants at the beginning of the plan year 5c 0  6d(2) Total number of active participants at the end of the plan year 5c 0  6d(2) Total number of active participants at the end of the plan year 5c 0  6d(2) Total number of active participants at the end of the plan year 5c 0  6d(2) Total number of active participants at the end of the plan year 5c 0  6d(2) Total number of active participants at the end of the plan year 5c 0  6d(3) Total number of active participants at the end of the plan year 5c 0  6d(3) Total number of active participants at the end of the plan year 5c 0  6d(4) Total number of active participants at the end of the plan year 5c 0  6d(4) Total number of active participants at the end of the plan year 5c 0  6d(4) Total number of active participants at the end of the plan year 5c 0  6d(4) Total number of active participants at th		special extens	ion (enter description)								
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d(1) Total number of active participants at the beginning of the plan year	_					5b		0			
d(2) Total number of active participants at the end of the plan year						5c		0			
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HERE	HERE Signat	ure of plan administrator		Date	Enter name of individu	Enter name of individual signing as plan administrator					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor											
	HERE Signat	ure of employer/plan sponsor		Date	Enter name of individu	ual signing as	s employer	or plan sponsor			

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	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 the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)		
Pa	rt III   Financial Information		T							
_7	Plan Assets and Liabilities		(a) Beginning o		_		(b) End	of Year		
<u>a</u>	Total plan assets	7a	124	49355				0		
-	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		49355		0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_		(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	17	77225						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						177225		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	142	1426580						
e	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e								
f	Administrative service providers (salaries, fees, commissions)	nmissions) 8f								
g	Other expenses									
<u>h</u>	Fotal expenses (add lines 8d, 8e, 8f, and 8g)							1426580		
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					-1249355			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j	8j							
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2G 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plar	n Chara	cteris	tic Cod	les in the insti	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 contribu 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.)	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			114000		
d						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.)					X				
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 a	s of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
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						

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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 cor (Form 5500) and line 11a below)			В	. Y	es 🗌 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 Cod ERISA?	e or section	n 302 of		. Y	es 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 instrugranting the waiver		d enter t Day		of the letter Year _	ruling
lf :	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 negative amount)	of a	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?			X Yes	. 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 control of the PBGC?			X Yes	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

## Form 5500-SF

2704426628

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 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report	t Identification Information		ructions to the Form 55	00-SF.				
For calendar plan year 2018 or f	feral plan year beginning	01/01/2019		0970570	^1.0			
	X a single-employer plan		and ending Ian (not multiemployer) (F	07/31/2 Filers checking thi				
A This return/report is for:		accordance with the form instructions,)						
B This return/report is	a one-participant plan	☐ a foreign plan						
_	the first return/report	In the final return/report						
	an amended return/report	🗓 a short plan year retu	onths)					
C Check box if filing under:	adicinate extension							
Provide the Company of the	special extension (enter descr	*			0 1100			
	ormation—enter all requested inf	formation						
<b>1a</b> Name of plan  Ted H. Jefferson.	, DO, Inc. 401(k) Pro	fit Sharing Dlar	,	<b>1b</b> Three-digit plan numbe	.r			
100 111 00110000,1,	, bo, inc. 401(k/ igo	tre onaring rial		(PN) ▶	001			
				<b>1c</b> Effective da 01/01/2				
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O			<b>2b</b> Employer to (EIN) 61-3	lentificat <b>ion N</b> umber .392059			
Ted H. Jeff@rson,	ce, country, and ZIP or foreign posts , DO, Inc.	BI CODE (IT TOREIGN, SEE INST	ructions)	<b>2c</b> Sponsor's t 270-442	elephone number			
632 Lone Oak Road	-1				de (see instructions)			
Paduçah -	KY 4200			621111				
3a Plan administrator's name and address 🗵 Same as Plan Sponsor.					3b Administrator's EIN			
3c Administrator's telephone n								
4 If the name and/or EIN of the this plan, enter the plan spo	e plan sponsor or the plan name ha prisor's name, EIN, the plan name a	ss changed since the last rand the plan time.	eturn/report filed for he last return/report.	4b EIN				
a Sponsor's name		•		4d PN				
C Plan Name								
5a Total number of participants	at the beginning of the plan year		***************************************	5a	5			
<b>b</b> Total number of participants	at the end of the plan year			5b	0			
	account balances as of the end of t			5c				
d(1) Total number of active pa		5d(1) 5d(2)	5					
d(2) Total number of active participants at the end of the plan year   Number of participants who terminated employment during the plan year with accrued benefits that were less					0			
than 100% vested	<b>5e</b> 0							
Caution: A penalty for the late or Incomplete-filling 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 HERE	/X <del> _</del>	- 9/76/19	TED H. JEFFERS	ON				
assesses 2000	idministrator // V	Date /	Enter name of individua	al signing as plan	administrator			
HERE		D-4-	F-4 7: "::	_1 _16	1			
Signature of emplo	pyer/pian sponsor na sea the instructions for Form 5500.	Date	Enter name of individua	ai signing as emp	loyer or plan sponsor			

	Form 5500-SF (2018)		Page 2							
6a	Mana all action along	_	<u> </u>							
b	Were all of the plan's assets during the plan year invested in eligil Are you claiming a walver of the annual examination and report of under 29 CFR 2520.104-46? (See Instructions on waiver eligibility		No No							
	If you answered "No" to either line 6a or line 6b, the plan can	not use F	orm 5500-SF and mus	st inste	ad us	e For		INO		
Ç	If the plan is a defined benefit plan, is it covered under the PBGC i	nsutance	program (see ERISA s	ection 4	4021)7	· [	Tes ∏No ∏Not determin	hor		
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC	premium filing for this :	plan vea	,, яг	١٠٠٠٠٠ ١	(See instruction			
Pa	it III Financial Information						. (222			
7	Plan Assets and Liabilities	J. Garage	(a) Beginning	of Voc	. 1		/L\ E_d _EV			
a	Total plan assets	7a		249,	$\overline{}$		(b) End of Year	0		
þ	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	1	,249,	355					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou		~~~		/h) Total			
а	Contributions received or receivable from:		(a) Alliqui		-		(b) Total	7.		
	(1) Employers	8a(1)				<u> </u>				
	(2) Participants	8a(2)				ity i i		43.		
	(3) Others (Including rollovers)	8a(3)				n minir 184		75		
b	Other income (loss)	8b		177,	225					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					177,	225		
þ	Benefits paid (including direct rollovers and insurance premiums	١	"-	426,	E 0 A	 		\·		
_	to provide benefits)	8d		420,	200	Territoria. Territoria				
	Administrative service providers (salaries, fees, commissions)	8e				3.27 eee				
		81				<u> </u>		<u> </u>		
	ther expenses 8g							- · ·		
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u> </u>	. 0		1,426,			
<del>-                                    </del>	Net income (loss) (subtract line 8h from line 8c)	81	HAR Tring a linguistical in in		0.000		-1,249,35			
-	Transfers to (from) the plan (see instructions)	8j			[:					
	t IV: Plan Characteristics  If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2G 2R 3D	feature co	odes from the List of Pl	lan Cha	racteri	stic Ce	odes in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	ın Chara	acteris	tic Cod	des in the instructions:			
Par	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 i	Fiduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	Include transactions	10b		х				
C	Was the plan covered by a fidelity bond?	***************************************		10c	х		114,0	000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х				
	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er person e or all of	s by an insurance the benefits under	10e		Х	400			
f	Has the plan falled to provide any benefit when due under the plan			10f		Х				
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year⊣	end.)	10p		Х				
h	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 2520.10	е гедиіге	d notice or one of the	101						

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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 a (Form 5500) and line 11a below)	and complete Sch	edule :	SB		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 ti ERISA?	ne Code or sectio	n 302 a	of		Yes X	No
	(ii res, complete line 12a of 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, se granting the waiver.	Month	d enter Da		of the let Year		_
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to l	ine 13.					
<u>b</u>	Enter the minimum required contribution for this plan year		12b				
c	Enter the amount contributed by the employer to the plan for this plan year	***************************************	12¢				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)	12d			*****	_	
	Will the minimum funding amount reported on line 12d be met by the funding deadline?					N/A	
Part '	ДЕ Plan Terminations and Transfers of Assets			<del></del>	<del></del>		
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	П	No	
	If "Yes," 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 becontrol of the PBGC?	rought under the		×	Yes	No	_
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), it which assets or liabilities were transferred.	lentify the plan(s	) to	•			
13c(1) Name of plan(s): 13c(2)				)	130	( <b>3</b> ) PN(s)	
		]					
	,	<u> </u>		$\rightarrow$			_
		_					