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 | | Identification Information | 1 | | | | | | | |
|---|-------------------------------|--|------------------------------|--|------------------------------------|---------------------------------------|--|--|--|--|
| For calend | dar plan year 2018 or fis | scal plan year beginning 01/01/2 | 2018 | and ending 12 | 2/31/2018 | | | | | |
| A This re | eturn/report is for: | a single-employer plan | | plan (not multiemployer) (employer information in ac | | | | | | |
| | | a one-participant plan | a foreign plan | | | | | | | |
| B This ret | turn/report is | X the first return/report | the final return/repor | t | | | | | | |
| | | an amended return/report | a short plan year ret | urn/report (less than 12 m | onths) | | | | | |
| C Check | box if filing under: | X Form 5558 | automatic extension | 1 | DFVC prog | ıram | | | | |
| | _ | special extension (enter desc | | | | | | | | |
| Part II | Basic Plan Info | rmation —enter all requested in | nformation | | | • | | | | |
| 1a Name SALES LAV | of plan W OFFICE CASH BALA | ANCE PLAN | | | 1b Three-d plan null (PN) ▶ | mber | | | | |
| | | | | | 1c Effective | e date of plan 01/01/2018 | | | | |
| | | oyer, if for a single-employer plan) | O. P) | | | er Identification Number | | | | |
| | | m, apt., suite no. and street, or P.0 e, country, and ZIP or foreign pos | | structions) | (EIN) | 82-2765123 | | | | |
| - | V OFFICE, PLLC | , , , | 3 / | , | 2c Sponso | or's telephone number 502-753-1562 | | | | |
| | | | | | 2d Busines | s code (see instructions) | | | | |
| 9300 SHELE STE 215 | BYVILLE RD. | | | | | 541110 | | | | |
| | E, KY 40222 | | | | | | | | | |
| 3a Plan administrator's name and address ⊠ Same as Plan Sponsor. | | | | | | trator's EIN | | | | |
| | | | | | | 3c Administrator's telephone number | | | | |
| | | | | | Administrator's telephone number | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | e plan sponsor or the plan name h | | | 4b EIN | | | | | |
| | sor's name | • | · | · | 4d PN | | | | | |
| C Plan I | Name | | | | | | | | | |
| 5a Total | number of participants | at the beginning of the plan year. | | | 5a | 1 | | | | |
| _ | | at the end of the plan year | | | 5b | 1 | | | | |
| C Numb | per of participants with | account balances as of the end of | f the plan year (only define | ed contribution plans | 5c | | | | | |
| | , | rticipants at the beginning of the p | | | 5d(1) | 1 | | | | |
| d(2) To | tal number of active pa | articipants at the end of the plan ye | ear | | 5d(2) | 1 | | | | |
| | | terminated employment during th | | | 5e 0 | | | | | |
| Caution: | A penalty for the late | or incomplete filing of this retur | n/report will be assesse | d unless reasonable cau | | | | | | |
| SB or Sch | | her penalties set forth in the instru nd signed by an enrolled actuary, plete. | | | | | | | | |
| SIGN | Filed with authorized | /valid electronic signature. | 10/14/2019 | KEN SALES | | | | | | |
| HERE | Signature of plan a | dministrator | Date | Enter name of individ | ual signing as | plan administrator | | | | |
| SIGN | | | | | | | | | | |
| HERE | Signature of emplo | oyer/plan sponsor | Date | Enter name of individ | ual signing as | employer 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.) 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 in If "Yes" is checked, enter the My PAA confirmation number from the | surance p | orogram (see ERISA se | ection 4 | 021)? | | Yes X | Not determined | | | |
| Pa | rt III Financial Information | | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Year | | | (b) E | nd of Year | | | |
| <u>a</u> | Total plan assets | 7a | | 0 | | | | 294000 | | | |
| b | Total plan liabilities | 7b | | | | | | | | | |
| <u> </u> | Net plan assets (subtract line 7b from line 7a) | 7c | | 0 | | | | 294000 | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | | (| b) Total | | | |
| a | Contributions received or receivable from: (1) Employers | 8a(1) | 29 | | | | | | | | |
| | (2) Participants | 8a(2) | | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | | |
| b | Other income (loss) | 8b | | | | | | | | | |
| <u> </u> | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 294000 | | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | | |
| g | Other expenses | 8g | | | | | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 0 | | | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | m line 8c) | | | | | | 294000 | | | |
| <u>j</u> | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| Pa | t IV Plan Characteristics | | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 1B $$ 1C $$ 3B | feature co | odes from the List of Plant | an Cha | racteri | stic Co | odes in the | instructions: | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | des from the List of Pla | n Char | acteris | tic Cod | des in the ir | nstructions: | | | |
| 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 | Fiduciary Correction | 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 | | Х | | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's 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.) | | | | | | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | X | | | | | |
| 9 | Did the plan have any participant loans? (If "Yes," enter amount a | s of year- | end.) | 10g | | X | | | | | |
| h | h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | | | | | | | | |
| 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 3- 1 | |
|----------------------|------------------|--|
| FUIII 3300-3F (2016) | raye J - | |

| Part | VI Pension Funding Compliance | | | | | | | | | | |
|--|--|------------|----------|-----|----------|--|--|--|--|--|--|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below) | | В | 🗶 ` | Yes No | | | | | | |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 11a | | | 7716 | | | | | | |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | | | | |
| а | 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 Day Year | | | | | | | | | | |
| 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 | × | lo | | | | | | |
| | 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? | | Yes 🛛 No | | | | | | | | |
| 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 | 13c(1) Name of plan(s): 13c(2) |) EIN(s) 1 | | | B) PN(s) | | | | | | |
| | | | | | | | | | | | |

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee

This Form is Open to Public

Inspection

OMB No. 1210-0110

2018

Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

| File as an attachment to Form | 5500 or 5500-SF. | | | |
|--|------------------------------------|---------------|-------------------|------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 | and ending | 12/31/2 | 2018 | |
| Round off amounts to nearest dollar. | | | | |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason | nable cause is established | | | |
| A Name of plan | B Three-dig | it | | |
| SALES LAW OFFICE CASH BALANCE PLAN | plan num | ber (PN) | • | 002 |
| | | | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF | D Employer | dentification | on Number (E | INI) |
| SALES LAW OFFICE. PLLC | Employer | 82-27651 | | -1111) |
| | | 02-27001 | 23 | |
| E Type of plan: ☐ Single ☐ Multiple-A ☐ Multiple-B F Prior year plane | an size: X 100 or fewer | 101-500 |) More th | an 500 |
| Part I Basic Information | | | | |
| 1 Enter the valuation date: Month 12 Day 31 Year 2 | 018 | | | |
| 2 Assets: | | | | |
| a Market value | | 2a | | 0 |
| b Actuarial value | | 2b | | 0 |
| 3 Funding target/participant count breakdown | (1) Number of participants | | d Funding rget | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | . 0 | | 0 | (|
| b For terminated vested participants | 0 | | 0 | (|
| C For active participants | | | 0 | (|
| d Total | | | 0 | |
| | | | U | (|
| (-) | | | | |
| a Funding target disregarding prescribed at-risk assumptions | | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for pla at-risk status for fewer than five consecutive years and disregarding loading factor | | 4b | | |
| 5 Effective interest rate | | | | 3.92 % |
| 6 Target normal cost | | 6 | | 293903 |
| Statement by Enrolled Actuary | | · · · · | | |
| To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements ar accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into acc | | | | |
| combination, offer my best estimate of anticipated experience under the plan. | count the expenence of the plan ar | d reasonable | expectations, and | a such other assumptions, in |
| SIGN | | | | |
| HERE | | | 10/14/201 | 9 |
| Signature of actuary | | | Date | |
| J. CLINTON WALL | | | 17-05644 | ļ. |
| Type or print name of actuary | | Most rec | ent enrollmer | nt number |
| TRINITY PENSION CONSULTANTS | | | 330-668-37 | 47 |
| Firm name | Tel | ephone nu | mber (includ | ing area code) |
| 202 MONTROSE WEST AVE. STE. 310 | | • | , | , |
| COPLEY, OH 44321 | | | | |
| Address of the firm | | | | |
| | | | | |
| If the actuary has not fully reflected any regulation or ruling promulgated under the statute ir instructions | n completing this schedule | , check the | box and see | e [] |

| Page | 2 - | 1 |
|------|-----|---|
|------|-----|---|

| Schedule SB (Form 5500) 2018 | Page 2 - 1 |
|------------------------------|-------------------|
| | |

| Pa | art II | Begin | ning of Year | Carryov | er and Prefunding Ba | lances | | | | | | | |
|---|--|-------------------------|---|-----------------------------|---|-----------------------------|-------------|-------------------------|-------|--------------|------------------------------|-----------|--|
| | | | | | | | (a) C | arryover balance |) | (b) P | refundir | g balance | |
| 7 | | • | 0 , , | | able adjustments (line 13 fro | | | | | | | | |
| 8 | | | • | • | nding requirement (line 35 fr | | | | | | | | |
| 9 | Amount i | emaining | g (line 7 minus line | 8) | | | | | 0 | | | 0 | |
| 10 | Interest of | ກ line 9 ເ | using prior year's | actual retu | rn of% | | | | | | | | |
| 11 | Prior yea | r's exces | s contributions to | be added | to prefunding balance: | | | | | | | | |
| | a Preser | it value o | f excess contribut | ions (line 3 | 38a from prior year) | | | | | | | | |
| | b(1) Into Sch | erest on t nedule SE | he excess, if any, B, using prior year | of line 38a 's effective | a over line 38b from prior yea interest rate of9 | ar % | | | | | | 0 | |
| b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | | | | | | | | | | | | |
| C Total available at beginning of current plan year to add to prefunding balance | | | | | | | | | | | 0 | | |
| d Portion of (c) to be added to prefunding balance | | | | | | | | | | | 0 | | |
| 12 | Other red | ductions i | n balances due to | elections | or deemed elections | | | | 0 | | | 0 | |
| | 3 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | | | | | | | | | | 0 | | |
| | Part III Funding Percentages | | | | | | | | | | | | |
| | | _ | | | | | | | | | 14 | 100.00% | |
| | | | | | | | | | 15 | 97.37% | | | |
| | Prior yea | r's fundir | ng percentage for | purposes o | of determining whether carry | over/prefundir | ng balance | es may be used t | | | 16 | 100.00% | |
| 17 | | | | | less than 70 percent of the f | | | | | | 17 | % | |
| Р | art IV | Con | tributions an | d Liquid | ity Shortfalls | | | | | | | | |
| 18 | | | | | ar by employer(s) and emplo | - | | | | | | | |
| (1) | (a) Date MM-DD-Y | | (b) Amount p employer | - | (c) Amount paid by employees | (a) Da' (MM-DD-) | | (b) Amount p employe | • | (с | (c) Amount paid by employees | | |
| 0 | 9/12/2019 |) | | 119000 | 0 | | | | | | | | |
| 0 | 9/13/2019 |) | | 175000 | 0 | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | _ | | | |
| | | | | | | Totals ▶ | 18(b) | | 29400 | 0 18(c) | | 0 | |
| 19 | Discount | ed emplo | ver contributions | – see instr | uctions for small plan with a | valuation date | | beginning of the | | .,, | | | |
| | a Contril | outions a | , llocated toward ur | npaid minin | num required contributions fo | rom prior year | 's | | 19a | | | 0 | |
| | _ | | | | usted to valuation date | | | F | 19b | | | 0 | |
| | c Contrib | outions all | ocated toward min | imum requi | red contribution for current yea | ar adjusted to | valuation d | ate | 19c | | | 286187 | |
| 20 | Quarterly | contribu | tions and liquidity | shortfalls: | | | | • | | | | | |
| | a Did the | e plan ha | ve a "funding sho | rtfall" for th | e prior year? | | | | | | | Yes X No | |
| | b If line | 20a is "Y | es," were required | quarterly | installments for the current y | ear made in a | a timely ma | anner? | | | | Yes No | |
| | C If line | 20a is "Y | es," see instructio | ns and con | nplete the following table as | applicable: | | | | | | _ | |
| | | (4) | | | Liquidity shortfall as of end | d of quarter of | | | | | | | |
| | | (1) 1s | <u>t</u> | | (2) 2nd | | (3) | 3rd | | | (4) 4th | | |
| | | | | | | | | | | | | | |

| Р | art V | Assumpti | ions Used to | Determine | Funding T | arget and Tar | get Norma | l Cost | | |
|-----|--|------------------|--------------------|------------------|-------------------|--|-----------------|----------------------|-------------|----------------------------|
| 21 | Discount | rate: | | | | | | | | |
| | a Segme | ent rates: | 1st seç | gment: 3.92% | 2nd | segment: 5.52% | 3rd | d segment: 6.29 % | | N/A, full yield curve used |
| | b Applica | able month (er | nter code) | | | | | | 21b | 0 |
| 22 | Weighted | average retire | ement age | | | | | | 22 | 71 |
| 23 | Mortality | table(s) (see | instructions) | Prior regulation | n: | Prescribed - comb | oined | Prescribed | d - separat | te Substitute |
| | | | | Current regula | tion: | Prescribed - comb | oined | Prescribed | d - separat | te Substitute |
| Pa | art VI I | Miscellane | | | | | | | | |
| 24 | Has a cha | ange been ma | ade in the non-pr | escribed actua | irial assumption | ns for the current p | lan year? If " | Yes," see ir | nstruction | s regarding required |
| | attachment | | | | | | | | | |
| 25 | 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment | | | | | | | | | |
| 26 | Is the pla | n required to p | provide a Sched | ule of Active Pa | articipants? If ' | "Yes," see instructi | ons regarding | g required a | ttachmen | t |
| 27 | | • | alternative fundi | - | | le and see instruct | ions regardin | g | 27 | |
| Pa | art VII | Reconcilia | ation of Unp | aid Minimu | ım Require | d Contribution | ns For Pric | r Years | | |
| 28 | 8 Unpaid minimum required contributions for all prior years | | | | | | | | 28 | 0 |
| 29 | | | | | | | | | 29 | 0 |
| 30 | Remainin | g amount of u | unpaid minimum | required contri | butions (line 2 | 8 minus line 29) | | | 30 | 0 |
| Pa | art VIII | Minimum | Required Co | ontribution | For Currer | nt Year | | • | | |
| 31 | 31 Target normal cost and excess assets (see instructions): | | | | | | | | | |
| | a Target i | normal cost (li | ne 6) | | | | | | 31a | 293903 |
| | b Excess | assets, if app | olicable, but not | greater than lin | e 31a | | | | 31b | 0 |
| 32 | Amortizat | ion installmen | nts: | | | | Outsta | inding Bala | nce | Installment |
| | a Net sho | ortfall amortiza | ation installment. | | | | | | 0 | 0 |
| | | | | | | <u></u> | Į. | 1 | 0 | 0 |
| 33 | | | | | | e ruling letter grant waived amount | | | 33 | |
| 34 | Total fund | ding requireme | ent before reflec | ting carryover/ | prefunding bala | ances (lines 31a - : | 31b + 32a + 3 | 2b - 33) | 34 | 293903 |
| | | | | | Carryo | ver balance | Prefu | nding balan | ice | Total balance |
| 35 | | | se to offset fundi | · · | | 0 | | | 0 | 0 |
| 36 | | | | | | | | | 36 | 293903 |
| 37 | Contribut | ions allocated | toward minimur | n required con | tribution for cui | rent year adjusted | to valuation of | | 37 | 286187 |
| 38 | | | s contributions f | | | | | ••••• | | |
| | | | | | | | | | 38a | 0 |
| | | | | · | | ınding standard ca | | | 38b | 0 |
| 39 | | | | | | y, of line 36 over li | | | 39 | 7716 |
| 40 | | | | | | | | | 40 | 7716 |
| Pai | rt IX | Pension | Funding Rel | ief Under P | ension Rel | ief Act of 2010 |) (See Inst | ructions |) | |
| 41 | If an elect | ion was made | e to use PRA 20 | 10 funding relie | of for this plan: | | | | | |
| | a Schedule elected | | | | | | | | | |
| | | | | | | | | | | 08 ∏2009 ∏2010 ∏ 2011 |

SALES LAW OFFICE CASH BALANCE PLAN

Schedule SB, Part V Statement of Actuarial Assumptions/Methods Employer Identification Number 82-2765123

As of December 31, 2018

Plan Number 002

For

Assumption Funding

Turnover None

Disability None

Future Salary Increases None

Assumed Retirement Age Normal Retirement

Assumed Benefit Form Percent Assumed Plan Normal Form 0%

Percent Assumed Lump Sum 100% Percent Assumed Life Only 0%

Percent Assumed Joint and Survivor 0%

Actuarial Value of Assets Market Value

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 | | Identification Information | | | | | | | | |
|------------------------|--|---|---------------------------|--|---------------------|----------------------------|--|--|--|--|
| For calend | dar plan year 2018 or fi | scal plan year beginning | 01/01/2018 | and ending | 12/31/ | 2018 | | | | |
| A This re | eturn/report is for: | 🛛 a single-employer plan | | plan (not multiemployer) (employer information in ac | | | | | | |
| D This | | a one-participant plan | a foreign plan | | | | | | | |
| D This ret | turn/report is | X the first return/report | the final return/repor | t | | | | | | |
| | | an amended return/report | a short plan year reti | urn/report (less than 12 m | onths) | | | | | |
| C Check | box if filing under: | ☐ Form 5558 | automatic extension | | DFVC progra | am | | | | |
| | | special extension (enter desc | | | | | | | | |
| Part II | Basic Plan Info | prmation—enter all requested in | · · · | | | | | | | |
| | _ | mation—enter all requested if | iomation | | 1b Three-dig | :4 | | | | |
| 1a Name Sale | | Cash Balance Plan | | | plan num | | | | | |
| | | | | | 1c Effective | | | | | |
| | | | | | 01/01 | | | | | |
| | | oyer, if for a single-employer plan) | | | 2b Employer | Identification Number | | | | |
| | g address (include roo | (EIN) 82 | -2765123 | | | | | | | |
| - | r town, state or provinces Law Office, | structions) | | s telephone number | | | | | | |
| Dai | co bam office, | 1 110 | | | | 3-1562 | | | | |
| | O Shelbyville 215 | Rd. | | | 2d Business | code (see instructions) | | | | |
| | isville | KY 402 | 22 | | 541110 | | | | | |
| 3a Plan a | administrator's name ar | nd address 🏻 Same as Plan Spo | neor | | 3b Administr | | | | | |
| ou mane | administrator 3 name ar | | OD Administr | ator 5 Env | | | | | | |
| | | | 3c Administr | ator's telephone number | | | | | | |
| | | | | | 7.0 | ator o toropriorio riambor | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1 If the | nama and/ar FIN of the | a plan anapaar or the plan name h | as abanged since the last | raturn/rapart filed for | 4b EIN | | | | | |
| | | e plan sponsor or the plan name h insor's name, EIN, the plan name | | | 4D EIN | | | | | |
| | sor's name | | | | 4d PN | | | | | |
| C Plan | Name | | | | | | | | | |
| | | | | | | | | | | |
| 5a Total | number of participants | at the beginning of the plan year. | | | 5a | 1 | | | | |
| | | at the end of the plan year | | | 5b | 1 | | | | |
| | | account balances as of the end of | | - | 5c | | | | | |
| d(1) To | tal number of active pa | rticipants at the beginning of the p | lan year | | 5d(1) | 1 | | | | |
| d(2) To | tal number of active pa | articipants at the end of the plan ye | ar | | 5d(2) | 1 | | | | |
| | | terminated employment during th | | | 5e | | | | | |
| than | 100% vested | | | | | <u>.</u> | | | | |
| | | or incomplete filing of this retur her penalties set forth in the instru | | | | | | | | |
| SB or Sch | | nd signed by an enrolled actuary, | | | | | | | | |
| SIGN | 100 | 7 L Del | 10-14 | -15 en Sales | | | | | | |
| HERE | Signature of plan a | ndministrator | Date | Enter name of individ | ual signing as pl | an administrator | | | | |
| SIGN | | | | | | | | | | |
| HERE | Signature of emplo | yer/plan sponsor | Date | Enter name of individ | ual signing as e | nployer or plan sponsor | | | | |
| | | | | | | | | | | |

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

| 6a | Were all of the plan's assets during the plan year invested in eligib | le assets? | (See instructions.) | | | | | 🛚 🗓 | Yes No |
|-------|---|--------------|--------------------------|------------|---------|----------|---------------|-------------|---------------|
| | Are you claiming a waiver of the annual examination and report of | an indepe | ndent qualified public a | account | ant (IC | QPA) | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the sum | | | | | | | X | Yes No |
| c | If the plan is a defined benefit plan, is it covered under the PBGC in | | | | | | | | determined |
| · | If "Yes" is checked, enter the My PAA confirmation number from the | | | | | | _ | _ | nstructions.) |
| | | .с. все р | | an you | | | | (000 . | |
| Pa | t III Financial Information | | F | | | | 12011.000.000 | | |
| _7 | Plan Assets and Liabilities | | (a) Beginning | of Year | 86.5 | | (b) E | nd of Yea | |
| | Total plan assets | 7a | | | 0 | | | | 294,000 |
| | Total plan liabilities | 7b | | | | | | | 004 000 |
| 7023 | Net plan assets (subtract line 7b from line 7a) | 7c | | | 0 | | | | 294,000 |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | nt | - | | (b |) Total | |
| a | Contributions received or receivable from: (1) Employers | 8a(1) | | 294, | 000 | | | | |
| | (2) Participants | 8a(2) | | | _ | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | _ | | | | |
| b | Other income (loss) | 8b | | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 294,000 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 0 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 294,000 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Pai | t IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 1B 1C 3B | feature co | odes from the List of Pl | an Cha | racteri | stic Co | odes in the i | nstructions | 5: |
| 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 in | structions: | į. |
| Par | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | <u> </u> | Amoun | t |
| | Was there a failure to transmit to the plan any participant contribu | ıtions withi | n the time period | | - | <u> </u> | | ranoun | • |
| | described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | | | 10a | | Х | | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | t? (Do not | include transactions | 10b | | Х | | | |
| С | | | | 10c | | Х | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's 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.) | | | | | Х | | | |
| f | Has the plan failed to provide any benefit when due under the pla | | | 10e 10f | | Х | | | |
| g | | | | 10g | | Х | | | |
| h | If this is an individual account plan, was there a blackout period? 2520.101-3.) | | 10h | | | | | | |
| 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 | he require | d notice or one of the | 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) | | d complete Sch | edule S | В | [2 | Yes | ☐ No | |
| 11a | Ent | er the unpaid minimum required contributions for all years from Schedule SB (Form 5 | 500) line 40 | | 11a | 7,716 | | | | |
| 12 | ERI | his a defined contribution plan subject to the minimum funding requirements of section SA? | | n 302 of | f | [| Yes | X No | | |
| | | "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | |
| а | 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 | | | | | | | | | |
| lf : | If 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 | | | | | | | | | | |
| с | Ente | r the amount contributed by the employer to the plan for this plan year | | | 12c | | | | | |
| d | | otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minuative amount) | 0 | e left of a | 12d | | | | | |
| е | Will | the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | _ No | 1 | N/A | |
| Part ' | VII | Plan Terminations and Transfers of Assets | | | | | | | | |
| 13a | Has | s a resolution to terminate the plan been adopted in any plan year? | | | | Yes | s 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? | plan, or bro | ught under the | Yes X No | | | 0 | | |
| С | | luring this plan year, any assets or liabilities were transferred from this plan to another ch assets or liabilities were transferred. | plan(s), ide | ntify the plan(s) |) to | | | | | |
| 1 | 13c(1 |) Name of plan(s): | | 13c(2) | EIN(s) | | 13 | c(3) PN | l(s) | |

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

| | | <u> </u> | File as an atta- | chment to Form | 5500 or | 5500-SF. | | | |
|---|--------------------------------|-------------------------|-----------------------|---|-------------------------------|--|---------------------------|-----------------------|--|
| For calendar plan year 2018 or | fiscal pla | ın year beginning | 01/0 | 01/2018 | | and ending | 3 | 12/31/20 | 18 |
| ▶ Round off amounts to nearest dollar. | | | | | | | | | |
| Caution: A penalty of \$1,00 | 0 will be | assessed for late | filing of this rep | oort unless reaso | nable caus | se is established | l. | | |
| A Name of plan | | | | | B Three-digit | | | | |
| Sales Law Office | Cash : | Balance Pla | an | | | plan number (PN | |) ▶ | 002 |
| | | | | | | | | | |
| <u> </u> | | 0 1 | | | | D | | | |
| C Plan sponsor's name as sho | wn on iin | e 2a of Form 5500 | 0 or 5500-SF | | | D Employer | Identifica | ation Number (E | :IN) |
| Sales Law Office, | PLLC | | | | | 82-276 | 5123 | | |
| E Type of plan: X Single | Multiple- | A Multiple-B | | F Prior year pl | an size: 🛚 🖹 | 100 or fewer | | 500 More th | an 500 |
| Part i Basic Inform | ation | | | <u> </u> | <u> L</u> | | | | |
| 1 Enter the valuation date: | | Month 12 | Day | 31 Year_ | 2018 | | | | |
| 2 Assets: | | | | | | | | | |
| a Market value | | | | | | | 2a | | 0 |
| b Actuarial value | | | | | | | 2b | | 0 |
| 3 Funding target/participant | | | | | | Number of | (2) Ves | sted Funding | (3) Total Funding |
| • Tanang targorparaopana | Count Div | | | | | rticipants | | Target | Target |
| a For retired participants | and bene | ficiaries receiving | payment | ••••• | . | 0 | | 0 | 0 |
| b For terminated vested p | articipan | ts | | | | 0 | | 0 | 0 |
| c For active participants | | | ••••• | | | 1 | | 0 | 0 |
| d Total | | | | | | 1 | | 0 | 0 |
| 4 If the plan is in at-risk stat | us, check | the box and com | nplete lines (a) a | and (b) | | 1 | | | |
| a Funding target disregar | dina pres | cribed at-risk ass | umptions | | _ | _ | 4a | | |
| b Funding target reflecting | at-risk a | assumptions, but o | disregarding tra | nsition rule for pla | ans that h | ave been in | 4h | | |
| at-risk status for fewer t | han five | consecutive years | and disregardi | ing loading factor | | | | | |
| 5 Effective interest rate | | | | | | | | 3.92% | |
| 6 Target normal cost | 6 Target normal cost | | | | | ····· | 6 | | 293,903 |
| Statement by Enrolled Actuar To the best of my knowledge, the infe accordance with applicable law and combination, offer my best estimate | ormation sup regulations. I | in my opinion, each oth | er assumption is reas | chedules, statements a sonable (taking into ac | nd attachmer count the exp | nts, if any, is complete perience of the plan a | e and accur nd reasona | rate. Each prescribed | assumption was applied in d such other assumptions, in |
| SIGN HERE | to | Wal | | | | | 0// | 4/201 | 19 |
| Signature of actuary Date | | | | | | | | | |
| J. Clinton Wall 1705644 | | | | | | <u> </u> | | | |
| Type or print name of actuary Most recent enrollment number | | | | | | | | | |
| Trinity Pension Consultants 330-668-3747 | | | | | 747 | | | | |
| | | Firm name | | | | Te | lephone | number (includ | ling area code) |
| 202 Montrose West A Ste. 310 | ve. | | | | | | | | |
| Copley OH | 4 | 4321 | | | | | | | |
| | | Address of the fir | m | | | _ | | | |
| If the actuary has not fully reflectinstructions | ted any re | egulation or ruling | promulgated u | ınder the statute i | n complet | ing this schedule | e, check | the box and se | е [|

| Page | 2 | _ | Ī |
|------|---|---|---|
| ıauc | _ | - | ı |

| Р | art li | Begin | ning of Year (| Carryov | er and Prefunding Bal | ances | | | | | | |
|--|--|--------------------------|--|----------------------------|---|---------------|---------------|---------------------------------------|-----------|-------------|---------|------------|
| | | | | | | | (a) Ca | rryover balance | | (b) Pr | efundi | ng balance |
| | 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | | | | | | | | | | | |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | | | | | | | | | | | |
| 9 Amount remaining (line 7 minus line 8) | | | | | | | | | | 0 | | |
| 10 | | | | | | | | - | | | | |
| 11 | Prior yea | ar's exces | s contributions to I | oe added t | o prefunding balance: | - | | | | | | |
| | a Prese | nt value o | f excess contributi | ons (line 3 | 8a from prior year) | | | | | | | |
| | b(1) Int | terest on t hedule St | he excess, if any, 3, using prior year' | of line 38a s effective | over line 38b from prior year interest rate of% | | | | | | | |
| | b(2) Int | terest on l | ine 38b from prior | year Sche | dule SB, using prior year's ac | tual — | | _ | _ | | | |
| | | | | | | | | | | | | |
| | C lotala | available a | beginning of curre | nt plan yea | r to add to prefunding balance. | | | | | | | 0 |
| | d Portio | n of (c) to | be added to prefu | ınding bala | ınce | | | | | | | 0 |
| 12 | Other re | ductions i | n balances due to | elections of | or deemed elections | | | | 0 | | | 0 |
| 13 | Balance | at beginn | ing of current year | (line 9 + I | ine 10 + line 11d – line 12) | | | - | 0 | | | 0 |
| F | art III | Fun | ding Percenta | ges | | | | | | | | |
| 14 | Funding | target att | ainment percentag | je | | | | | | | 14 | 100.00% |
| | | | | | | | | | | | 15 | 97.37% |
| | Prior yea | ar's fundir | g percentage for p | ourposes o | f determining whether carryo | ver/prefundir | ng balance: | may be used to | reduce cı | ırrent | 16 | 100.00% |
| 17 | | | | | less than 70 percent of the fu | | | | | | 17 | % |
| F | art IV | Con | tributions and | l Liquid | itv Shortfalls | | · · · · · · | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | <u>-</u> | ar by employer(s) and employ | /ees: | | | | • | | |
| | (a) Dat | te | (b) Amount pa | aid by | (c) Amount paid by | (a) Da | | (b) Amount pa | | (c) | | nt paid by |
| | (MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees | | | | | | <u>oyees</u> | | | | | |
| | 09/12/2019 119,000 0 09/13/2019 175,000 0 | | | | | | | | | | | |
| | 2, 20, 2 | | | , | | | | | | | | |
| | | | | - | | | | | | | | |
| | - | | | | | | | • | | | | |
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| | | | | | | | | | _ | | | |
| | | | | | | | | | | | | • |
| | | | | | | Totals ► | 18(b) | 29 | 4,000 | 18(c) | | 0 |
| 19 | Discoun | ited emplo | yer contributions - | - see instr | uctions for small plan with a v | aluation date | e after the l | peginning of the y | ear: | | | |
| | a Contr | ibutions a | llocated toward ur | ıpaid minin | num required contributions fro | om prior yea | rs | 1 | 9a | | | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | | | | | | | 0 | | | | | |
| C Contributions allocated toward minimum required contribution for current year adjusted to valuation date | | | | | | | 286,187 | | | | | |
| 20 | Quarter | y contribu | itions and liquidity | shortfalls: | | | | | | | | |
| | a Did ti | ne plan ha | ive a "funding shoi | tfall" for th | e prior year? | | | | | | | Yes 🛛 No |
| | b If line | 20a is "Y | es," were required | quarterly | installments for the current ye | ear made in a | a timely ma | nner? | | | | Yes No |
| | C If line | 20a is "Y | es," see instruction | ns and con | nplete the following table as a | applicable: | | | | | | |
| | | | | | Liquidity shortfall as of end | | f this plan y | ear | | | | |
| | | (1) 1 s | t | | (2) 2nd | | (3) | 3rd | | (| (4) 4tl | 1 |
| | | | | | | | | | Ì | | | |

| — | art V Assumpt | tions Used to Determine I | Funding Target and Targ | et Normal Cost | | | |
|-----|---|---------------------------------------|---|--------------------------|-----------|----------------------------|--|
| 21 | Discount rate: | | 99 | | | · ···· | |
| | a Segment rates: | 1st segment: 3.92 % | 2nd segment: 5.52 % | 3rd segment: 6.29% | | N/A, full yield curve used | |
| | b Applicable month (e | enter code) | | | 21b | 0 | |
| 22 | Weighted average ret | irement age | | | 22 | 71 | |
| | Mortality table(s) (see | | | | - separat | e Substitute | |
| | | Current regulation | on: X Prescribed - comb | ined Prescribed | - conarat | e | |
| | 43.0 1.0 11 | | 71. N. Treachbed - Comb | T reactibed | - зорыны | e Gabaniate | |
| | I | eous Items | | | _ | | |
| | | nade in the non-prescribed actuari | | | | | |
| 25 | Has a method change | been made for the current plan y | ear? If "Yes," see instructions re | egarding required attach | ment | | |
| 26 | Is the plan required to | provide a Schedule of Active Par | ticipants? If "Yes," see instruction | ons regarding required a | ttachment | Yes X No | |
| 27 | | alternative funding rules, enter a | | | 27 | | |
| P | art VII Reconcii | liation of Unpaid Minimur | n Required Contribution | s For Prior Years | • | | |
| 28 | Unpaid minimum requ | sired contributions for all prior yea | rs | | 28 | 0 | |
| 29 | | contributions allocated toward un | | | 29 | 0 | |
| _30 | Remaining amount of | unpaid minimum required contrib | utions (line 28 minus line 29) | | 30 | 0 | |
| Pá | art VIII Minimun | n Required Contribution I | For Current Year | | | | |
| 31 | Target normal cost ar | nd excess assets (see instructions | s): | | | | |
| | a Target normal cost (line 6) | | | | | | |
| | b Excess assets, if applicable, but not greater than line 31a | | | | | | |
| 32 | 32 Amortization installments: Outstanding Balance Installment | | | | | | |
| | a Net shortfall amortization installment | | | | | | |
| | b Waiver amortization installment 0 | | | | | | |
| 33 | If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount | | | | | | |
| 34 | 4 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33). | | | | 34 | 293,903 | |
| | | | Carryover balance | Prefunding balar | ıce | Total balance | |
| 35 | Balances elected for requirement | use to offset funding | 0 | | 0 | 0 | |
| 36 | Additional cash requir | rement (line 34 minus line 35) | *************************************** | | 36 | 293,903 | |
| 37 | | | | | | | |
| 38 | Present value of exce | ess contributions for current year (| see instructions) | | | | |
| | a Total (excess, if any | y, of line 37 over line 36) | ····· | | 38a | 0 | |
| | b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | | | | | 0 | |
| 39 | 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | | | 7,716 | |
| _40 | 40 Unpaid minimum required contributions for all years 40 7,716 | | | | | | |
| _Pa | rt IX Pensior | Funding Relief Under Po | ension Relief Act of 2010 | (See Instructions | s) | | |
| 41 | If an election was made | de to use PRA 2010 funding relief | for this plan: | | | ` | |
| | a Schedule elected | | | | | 2 plus 7 years 15 years | |
| | b Eligible plan year(s |) for which the election in line 41a | was made | | 20 | 08 2009 2010 2011 | |

SALES LAW OFFICE CASH BALANCE PLAN

Schedule SB, line 22
Description of Weighted
Average Retirement Age
Employer Identification Number 82-2765123
As of December 31, 2018

Plan Number 002

All participants are assumed to retire at the later of their Normal Retirement Age, or the end of the current plan year

SALES LAW OFFICE CASH BALANCE PLAN

Schedule SB, Part V Summary of Plan Provisions Employer Identification Number 82-2765123 As of December 31, 2018

Plan Number 002

| Plan | effect | tıve |
|------|--------|------|
| date | | |

January 1, 2018

Plan Year

January 1 to December 31

Eligibility

Employees are eligible to enter on the January 1 or July 1 that is coincident with or next following the date the participant completes 12 months of service with 1000 hours

Normal Retirement All participants are eligible to retire upon the later of attainment of age 62 and 5 years of participation

Normal Retirement Benefit Upon retirement a participant will be entitled to a benefit payable in the normal form which is equal to the following:

Formula Tier Contribution Credit Group A \$293,000 Group B \$1,000

The benefit is then the actuarial equivalent of the hypothetical account balance at normal retirement, accumulated with hypothetical interest at the rate of 4% per year

Normal Form

A monthly benefit payable for the life of the participant

Accrued Benefit

The accrued benefit is the benefit based upon service and compensation to the date of determination and limited to the amount that may be funded under IRC 415(b)

Termination Benefit Upon termination for any reason other than death, disability or retirement, a participant shall be entitled to a portion of their accrued benefit, in accordance with the following schedule:

| Years of Credit | Percent Vested |
|-----------------|----------------|
| 1 | 0 |
| 2 | 0 |
| 3 | 100 |

Credited years are measured as plan years starting with the plan year of hire. Only years during which a participant is credited with at least 1000 hours of service are counted. Service excludes periods before the plan effective date. Service excludes periods prior to January 1, 2018.