Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	_					inspection			
Part I		entification Information							
For caler	ndar plan year 2014 or fisca	al plan year beginning 01/01/2014		and ending 12/31/	2014				
A This	return/report is for:	a multiemployer plan;			checking this box must attach a list of n in accordance with the form instructions); or				
		a single-employer plan;	a DFE (speci	ecify)					
B This r	eturn/report is:	the first return/report;	the final retur	n/report;					
	·	an amended return/report;	a short plan y	ear return/report (less tha	ın 12 month	s).			
C If the plan is a collectively-bargained plan, check here.						▶ □			
	k box if filing under:	Form 5558;	automatic ext		_				
2 01100	K box ii iiiiiig dilder.	special extension (enter description		,		, ,			
Part	II Rasic Plan Infor	rmation—enter all requested inform	,						
	ne of plan	cher an requested monn	allon		1b	Three-digit plan	001		
	L. RICE, MD, PSC PROF	IT SHARING PLAN				number (PN) ▶			
					1c	Effective date of pl 07/01/1980	an		
	sponsor's name and addre	ess; include room or suite number (em	iployer, if for a single-	employer plan)	2b	Employer Identifica Number (EIN) 61-0917985	ation		
P. O. BC			N STREET		2c	2c Plan Sponsor's telephone number 270-864-3879			
BURKES	SVILLE, KY 42717	BURKES	SVILLE, KY 42717		2d	2d Business code (see instructions) 621111			
Caution	: A penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable caus	e is establis	shed.			
Under pe	enalties of perjury and other	penalties set forth in the instructions, as the electronic version of this return	I declare that I have	examined this return/repo	rt, including	accompanying sche			
			T						
SIGN	Filed with authorized/valid	electronic signature.							
HERE	Signature of plan admin	istrator	Date	Enter name of individua	e of individual signing as plan administrator				
SIGN									
HERE	Signature of employer/p	lan sponsor	Date	Enter name of individua	l signing as	employer or plan sp	onsor		
SIGN									
HERE Signature of DFE Date Enter name of individual signing						DFE			
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)					Preparer's	telephone number			
JAMES H	KMCGEE				(optional)	E02 42E 9200			
JAMES K MCGEE, CPA						502-425-8399			
1 1 1 1	ER PARK AVE LLE, KY 40205								

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3a	3a Plan administrator's name and address Same as Plan Sponsor				3b Administrator's EIN		
SA	SAMUEL L RICE, MD, PSC				61-0917985 3c Administrator's telephone		
	D BOX 809 RKESVILLE, KY 42717			number 270-864	4-3879		
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:			4b EIN			
а	Sponsor's name			4c PN			
5	Total number of participants at the beginning of the plan year			5	1		
6	Number of participants as of the end of the plan year unless otherwise state 6a(2), 6b, 6c, and 6d).	ed (welfare plan	s complete only lines 6a(1),				
a(*) Total number of active participants at the beginning of the plan year			. 6a(1)	1		
a(2	Total number of active participants at the end of the plan year			. 6a(2)			
b	Retired or separated participants receiving benefits			. 6b			
С	Other retired or separated participants entitled to future benefits			. 6c			
d	Subtotal. Add lines 6a(2), 6b, and 6c.			. 6d	0		
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits						
f	Total. Add lines 6d and 6e.			. 6f	0		
g	Number of participants with account balances as of the end of the plan year complete this item)			. 6g			
h	h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			. 6h			
7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer	plans complete this item)	. 7			
8a b	If the plan provides pension benefits, enter the applicable pension feature concept. If the plan provides welfare benefits, enter the applicable welfare feature concept.						
9a	Plan funding arrangement (check all that apply)		enefit arrangement (check all the	at apply)			
	(1) Insurance (2) Code section 412(e)(3) insurance contracts	(1) (2)	Insurance Code section 412(e)(3)	incurance contra	ate.		
	(3) X Trust	(3)	X Trust	insurance contrac	лs		
	(4) General assets of the sponsor	(4)	General assets of the s	ponsor			
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and, v	where indicated, enter the num	ber attached. (Se	e instructions)		
а	Pension Schedules	b Genera	al Schedules				
	(1) R (Retirement Plan Information)	(1)	H (Financial Inform	mation)			
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	X I (Financial Inform	nation – Small Pla	ın)		
	Purchase Plan Actuarial Information) - signed by the plan	(3)	A (Insurance Infor				
	actuary	(4)	C (Service Provide				
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) (6)	D (DFE/Participati	-			
	iniornation) - signed by the plan actuary	(6)	U G (Financial Italis	saction scriedules	9)		

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Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)					
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)						
If "Yes" is checke	If "Yes" is checked, complete lines 11b and 11c.					
11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)						
11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)						
Receipt Confirmation Code						

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/201	4	and ending 1	2/31/2014				
A Name of plan SAMEUL L. RICE, MD, PSC PROFIT SHARING PLAN	E	Three-digit plan number (PN)) >	001			
C Plan sponsor's name as shown on line 2a of Form 5500	[Employer Identification	ation Numb	er (EIN)			
SAMUEL L RICE, MD, PSC		61-0917985					
Complete Schedule I if the plan covered fewer than 100 participants as of small plan under the 80-120 participant rule (see instructions). Complete S			nplete Sche	edule I if you are filing as a			
Part I Small Plan Financial Information							
Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.							
4			1				

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	1a	118309	79253
b	Total plan liabilities	1b	0	
С	Net plan assets (subtract line 1b from line 1a)	1c	118309	79253
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)		
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
С	Other income	. 2c	6244	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		6244
е	Benefits paid (including direct rollovers)	. 2e	45300	
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	2h		
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		45300
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		-39056
I	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		Χ	
d	Employer securities	3d		X	
	Participant loans	3e	X		40000

Pa	ae	2	-

Schedule I (Form 5500) 2014

3f Loans (other than to participants)				İ	V	NI-	A	
Part II Compliance Questions 4 During the plan year: A During the plan of the year year year. A During the plan of the year year year. A During the plan of the year year year. A During the plan of the year year year. A During the plan year: A During the year: A During the plan year: A During the	24				Yes	No	Amo	bunt
Part II Compliance Questions 4				3t		X		
A During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 20 CPR 2510.3-1027 Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program). Were any loans by the plan or food income obligations due the plan in oderatul as of the close of plan year or classified during the year as uncollectible? C Were any leases to which the plan was a party in default or classified during the year as uncollectible? d Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Did the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Did the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were all the plan covered by a fidelity food? Were all the plan assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? I bid the plan at any time hold 20% or more of its assets in any single security, debt, morgage, parcel of or eal estate, or partnership/joint venture interest? Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBGC? H this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.104-3). I H as the plan failed to provide any benefit when the plan? H this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.104-3). B H as a resolution to terminate	<u>g</u>	l angible pei	sonal property	3g		X		
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CPR 2510-3-1027. Continue to answer Yes' for any pilor year failures until fully connected. (See instructions and DOL's Youtnary Fiduciary Connection Program.) b. Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? One of the plan was a party in default or classified during the year as uncollectible? One of the plan was a party in default or classified during the year as uncollectible? d. Were they leases to which the plan was a party in default or classified during the year as uncollectible? d. Were there any nenexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) d. Were there any nenexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) d. Were there any nenexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) d. Were there any nenexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) d. Were alther have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly? d. Were alth early any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? d. Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? d. Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parce of real estate, or partirenshiptionit venture interest? d. Were all the plan assets estimated from this part appraiser? d. His was an individual account plan was there a blackout period of Ree instructions and 29 CPR 250.010-3. d. His was answered "Yes," check the "Yes" box if you e	Pa	art II Co	mpliance Questions					
described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary ficilizations control Program.)	4	During the	plan year:		Yes	No	Ame	ount
year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. C Were any leases to which the plan was a party in default or classified during the year as uncollectible? de Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) Foliating plan takes a plan covered by a fidelity bond? Was the plan covered by a fidelity bond? Foliating plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? By bit the plan hold any assests whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? Were all the plan a sasts either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Were all the plan assets either distributed and examination and report of an independent qualified public accountant (ICPA) under 2 CFR Z520.104-30 statement. (See instructions on waiver eliphility and conditions). Has the plan failed to provide any benefit when due under the plan? The fire as a resolution to terminate the plan been adopted during the plan year or any prior plan year? If Yes, enter the amount of any plan assets that reverted to the employer this year. The fire as a resolution to terminate the plan been adopted during the plan year or any prior plan year? If Yes, enter the amount of any plan assets that reverted to the employer this year. Social of the plan (S) identify the plan(S) to which assets or liabilities were transferred (See instructions.) Social fire plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	а	described in	29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully	4a		X		
C Were any leases to which the plan was a party in default or classified during the year as uncollectible? 4 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions propried on line 4a.) 6 Was the plan covered by a fidelity bond? 7 Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? 8 Did the plan receive any nonexempt transactions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? 8 Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/iont venture interest? 9 Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/iont venture interest? 1 Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/iont venture interest? 1 Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 1 Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 1 Has the plan lailed to provide any benefit when due under the plan? 1 Has the plan lailed to provide any benefit when due under the plan? 1 Has the plan lailed to provide any benefit when due under the plan? 1 Has the plan lailed to provide any benefit when due under the plan year or any prior plan year? 1 Has the plan tailed to provide any plan assets that reverted to the employer this year. 1 Has the plan tailed to provide any plan assets that reverted to the employer this year. 1 Has the plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were trans	b	Were any lo	ans by the plan or fixed income obligations due the plan in default as of the close of plan ified during the year as uncollectible? Disregard participant loans secured by the	4b		X		
e Was the plan covered by a fidelity bond?	С	Were any le	ases to which the plan was a party in default or classified during the year as	4c		X		
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? g Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? h Did the plan noted any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 GFR 2520.104-467 if "No," attach an IQPA's report or 2520.104-50 statement, (See instructions on waiver eligibity and conditions.) I Has the plan failed to provide any benefit when due under the plan? If If this is an individual account plan, was there a blackout period? (See instructions and 29 GFR 2520.101-3.) If Am was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 GFR 2520.101-3. If Yes," enter the amount of any plan assets that reverted to the employer this year. If "Yes," enter the amount of any plan assets that reverted to the employer this year. Yes No Amount: 5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 5b (If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined Part III Trust Information (optional)	d			4d		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	е	Was the plan	n covered by a fidelity bond?	4e	Χ			10000
market nor set by an independent third party appraiser? h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? J Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? K Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions). I Has the plan failed to provide any benefit when due under the plan? If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). If If mw was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. If "wes," enter the amount of any plan assets that reverted to the employer this year. If "Yes," enter the amount of any plan assets that reverted to the employer this year. Sb(1) Name of plan(s) Total first help plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined Part III Trust Information (optional)	f	•		4f		X		
established market nor set by an independent third party appraiser?	g			4g		X		
of real estate, or partnership/joint venture interest?	h			4h		X		
or brought under the control of the PBGC? k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) I Has the plan failed to provide any benefit when due under the plan?	i			4i	X			40000
accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) I Has the plan failed to provide any benefit when due under the plan?	j			4j		X		
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	k	accountant (QPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50	4k	X			
n If 4m was answered "Yes," check the "Yes" 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	Has the plan	failed to provide any benefit when due under the plan?	41		X		
the exceptions to providing the notice applied under 29 CFR 2520.101-3	m			4m		X		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	n			4n		X		
5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined Part III Trust Information (optional)		If "Yes," ent	er the amount of any plan assets that reverted to the employer this yearis plan year, any assets or liabilities were transferred from this plan to another plan(s), ide					pilities were
5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined Part III Trust Information (optional)			,			5b(2)	EIN(s)	5b(3) PN(s)
Part III Trust Information (optional)								
Part III Trust Information (optional)				+				_
Part III Trust Information (optional)								
Part III Trust Information (optional)								
Part III Trust Information (optional)	5c	If the plan	is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA se	ection	4021)?	П	Yes No Ni	Not determined
					,			
· · · · · · · · · · · · · · · · · · ·						6b Tru	ust's EIN	

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

	Pension Benefit Guaranty Corporation							
For	calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and e	nding	12/3	1/2014				
	lame of plan MEUL L. RICE, MD, PSC PROFIT SHARING PLAN	В	Three-dig plan nun (PN)		00	1		
	Plan sponsor's name as shown on line 2a of Form 5500 MUEL L RICE, MD, PSC	D	Employer 61-09179		ation Num	nber (El	N)	
	at I Bladdhadana							
	ert I Distributions references to distributions relate only to payments of benefits during the plan year.							
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1				4	5300
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries dur payors who paid the greatest dollar amounts of benefits):	ing th	e year (if n	nore than	two, ente	er EINs	of the	two
	EIN(s): 61-0917985							
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.							
_								
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the year	•						
Pa	art II Funding Information (If the plan is not subject to the minimum funding requirements of				ernal Re	venue (Code o	r
	ERISA section 302, skip this Part)	51 000		01 1110 1111	orriar rec	VOI100 C	0000	•
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?			Yes	X	No		N/A
	If the plan is a defined benefit plan, go to line 8.							
5	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 ruling letter granting the waiver. Date: Mon	th		Day		Year _		
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re	main	der of this	schedul	е.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated fun deficiency not waived)	_	6a	1				
	b Enter the amount contributed by the employer to the plan for this plan year			,				
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		60	;				
	If you completed line 6c, skip lines 8 and 9.			•				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?			Yes		No		N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or of							
	authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or administrator agree with the change?	•		Yes		No		N/A
Pa	art III Amendments							
_								
9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box	ase	De	crease	Во	oth		No
Pai	rt IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(skip this Part.	(e)(7)	of the Inter	nal Reve	nue Code	э,		
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repa	ay any	exempt lo	an?		Yes		No
11	a Does the ESOP hold any preferred stock?					Yes		No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "(See instructions for definition of "back-to-back" loan.)					_ Yes		No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?					Yes		No

Par	t V	Additional Information for Multiemployer Defined Benefit Pension Plans					
13		er the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in ars). See instructions. Complete as many entries as needed to report all applicable employers.					
-	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	e	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	a	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
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14	participant for:					
	a The current year	14a				
	b The plan year immediately preceding the current plan year	14b				
	C The second preceding plan year	14c				
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ake an				
	a The corresponding number for the plan year immediately preceding the current plan year	15a				
	b The corresponding number for the second preceding plan year	15b				
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:					
	a Enter the number of employers who withdrew during the preceding plan year	16a				
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b				
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, of supplemental information to be included as an attachment.					
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pension Plans				
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see information to be included as an attachment	nstructions regarding supplemental				
19						

Form 5500 (2014)	nes for horm 5500.	s, see the instructic	Notice and OMB Control Number	work Reduction Act I	For Paper	
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	SAMUEL L RICE, MD	191/69			SIGN	
od accompanying schedules,	amined this return/report, includir	I declare that I have ex	or incomplete filing of this reture repensities set forth in the instructions, all as the electronic version of this return	alties of perjury and othe	Under pen	
instructions)	Z1ZZ b /	N K			BNBKERN 348 KEEN	
telephone number 270 864-3879 Business code (see	2112 p	М			BORKESVI P. O. BOX	
2b Employer Identification 61-0917985 2c Plan Sponsor's	sjudje-embloyer plan)	er (employer, if for a s	include room or suite numb	BICE' MD' b2C shousor, a name and a		
1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 7/1/1980	a Name of plan MEUL L. RICE, MD, PSC PROFIT SHARING PLAN					
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This Form is Open to Public		entries in accordar ctions to the Form !	######################################	artment of Labor ee Benefits Security Aministration efit Guaranty Corporation	√oldm∃ √	
2014	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).					
OMB Nos. 1210-0110	vee Benefit Plan	orm 5500	Form 5500			

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Page 2

Form 5500 (2014)

5500 EF Info - Practitioner Signature Agreement

Plan Administrator/Employer:

give this written authorization to:

Plan Administrator/Employer signature

SAMEUL L. RICE, MD, PSC PROFIT SHARING PLAN In accordance with expanded EFAST2 signature options, I, the Plan Administrator/Employer for the following plan:

to submit this return/report electronically and to sign this return/report with their EFAST2 UserID and PIN. I further acknowledge

-31/92/29 Date Plan Administrator/Fmployer Name SAMUEL L RICE, MD for public disclosure. that an image of my manual signature will be included with the rest of the annual return/report posted by the DOL on the Internet

JAMES K MCGEE

Practitioner:

any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report. Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer signature option the pat image of that manual signature will be included with the rest of the return/report posted by the the completed Form 5500 or Form 5500-SF; (3) I advised the plan administrator/employer that by selecting this electronic return/report bearing the manual signature of the plan administrator/employer under penalty of perjury and the second page of other required schedules or attachments, true and correct pdf copies of the first page of the completed Form 5500 or Form 5500-SF administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN

X (Check "X" here) I declare that Lam authorized to make and sign this statement.