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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan 1b Three-digit plan number KELLY ANUNCIATO 401(K) PLAN (PN) ▶ 001 Effective date of plan 01/01/2006 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number KELLY RAFF ANUNCIATO DO PSC (EIN) 27-0238473 Sponsor's telephone number 270-444-6274 2605 KENTUCKY AVE SUITE 502 Business code (see instructions) PADUCAH, KY 42003 621111 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a Total number of participants at the end of the plan year..... 5b 11 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 10 d(2) Total number of active participants at the end of the plan year..... 5d(2) 9 e Number of participants that terminated employment during the plan year with accrued benefits that were 3 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

bellet, it is t	true, correct, and complete.						
SIGIV	Filed with authorized/valid electronic signature.						
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponso				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)			
GRANTHAN	M POOLE, ET AL, PLLC			004 400 0400			
1062 HIGHL	LAND COLONY PARKWAY			601-499-2400			
SUITE 201							
RIDGELANI	D, MS 39157						

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the	an indeper and condit	ndent qualified public accounta	int (IQ	PA)			X Ye		No No
С	if the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not det	ermined	t
Par	t III Financial Information	1	<u> </u>							
7	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End			
	Total plan assets	7a	8772					102	5181	
	Total plan liabilities	7b	0770	0	-			100	104	
	Net plan assets (subtract line 7b from line 7a)	7c	8772	206					5181	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otal		
	(1) Employers	8a(1)	693	372						
	(2) Participants	8a(2)	432	202						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	461	122						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						158	3696	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	79	932						
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g	27	789						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						10	0721	
	Net income (loss) (subtract line 8h from line 8c)	8i						14	7975	
	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics									_
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	les from the List of Plan Charad	cterist		les in t	he instructi	ons:		
10	During the plan year:				Yes	No		Amoun	t	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ				
c	Was the plan covered by a fidelity bond?			10c	X				100	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	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						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es X	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA?	Ye	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne letter Year	ruling	

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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 negative amount)	•	of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadlin	e?			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?			Y	'es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year .			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to and of the PBGC?					Ye	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to ano which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (ontional)						

14a Name of trust KELLY ANUNCIATO 401(K) PLAN

14b Trust's EIN 270238473

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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the Internal Revenue Code (the Code).

2014

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OMB Nos. 1210-0110

1210-0089

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014 x a single-employer plan a multiple-employer plan (not multiemployer) (Filers chacking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number KELLY ANUNCIATO 401(k) PLAN (PN) -001 1c Effective date of plan 01/01/2006 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number KELLY RAFF ANUNCIATO DO PSC (EIN) 27-0238473 2c Sponsor's telephone number 2605 KENTUCKY AVE. (270) 444-6274 SUITE 502 2d Business code (see instructions) US PADUCAH KY 42003 621111 3a Plan administrator's name and address X Same as Plan Sponsor Name 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 11 Total number of participants at the end of the plan year 5b 11 Number of participants with account balances as of the end of the plan year (defined banefit plans do not 5c complete this item) 11 d(1) Total number of active participants at the beginning of the plan year 5d(1) 10 d(2) Total number of active participants at the end of the plan year 5d(2) 9 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 3 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 KELLY RAFF ANUNCIATO HERE Signature of plan administrator Enter name of individual signing as plan administrator SIGN KELLY RAFF ANUNCIATO HERE Signature of employer/plan sponsor Date (* Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room of suite number (optional) Preparer's telephone number (optional) GRANTHAM POOLE, ET AL, PLLC (601) 499-2400 1062 HIGHLAND COLONY PARKWAY SUITE 201

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?		77.710	177/	_		
b	Are you claiming a waiver of the annual examination and report of	au juqebe io geselet	(See instructions.)				~	X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility						2200000000000000	X Yes No
	in you answered No to either line 6a or line 6b, the plan cann	of use Fo	rm 5500-SE and must instead		F		Section 1	-
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance j	program (see ERISA section 4	021)?	******		Yes 🔲 N	Not determin
LF	art III Financial Information			_				
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	of Year
a	Total plan assets	7a	877,	206				1,025,181
þ	Total plan liabilities			0				
8	Net plan assets (subtract line 7b from line 7a)	7c	877,	206				1,025,181
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b)	Total
	(1) Employers	8a(1)	69,:	372	7,3,10			
	(2) Participants	8a(2)	43,:				132,000	
3	(3) Others (including rollovers)	8a(3)						
D	Other income (loss)	8b	46,1	122		llurar.		
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8¢						158,696
	to provide benefits)	8di	7,5	132				
e	Certain deemed and/or corrective distributions (see instructions)	8e		-		TO SECOND		
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g	2,7	89				A STATE OF THE PARTY OF THE PAR
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		7050		ER HANN	100	10,721
÷	Net income (loss) (subtract line 8h from line 8c)	8j		10/44				147,975
1	Transfers to (from) the plan (see instructions)	8j			2219	:	Supple Garage	THE PARTY OF THE P
Comments	Plan Characteristics			#000#111			-1010411	30 / L
92	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Charac	terist	ic Coc	les in	the instruct	ions:
\rightarrow	22 21 2G 20 2R 3D							
D	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Characte	eristic	Code	s in t	he instruction	ens;
Da	rt V Compliance Questions							
10	Compliance Questions During the plan year:					_		-
a	Was there a failure to transmit to the plan any participant contributi	one within	Alexa Alema mandral discussion 200		Yes	No		Amount
_	29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduci	ary Correc	ction Program)	10a		x		
þ	Were there any nonexempt transactions with any party-in-interest?	(Do not in	clude transactions reported					
C	Was the plan covered by a fidelity bond?			10b		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	dalihi han	Name of the Party	10c	X			10,000
	or dishonesty?	ments non	or, mat was caused by fraud	10d		x	k	
e	Were any fees or commissions paid to any brokers, agents, or other	r nersons	by an insurance cardes					· · · · · · · · · · · · · · · · · · ·
	insurance service, or other organization that provides some or all of instructions.)	f the bone	fits under the plan? (See			47	1	
f	Has the plan failed to provide any benefit when due under the plan?	>		10e		X	 	
g	Did the plan have any participant loans? (If "Yes." enter amount as		000	10f	_	X	_	
h				10g		X		S. Esta
	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instruc	tions and 29 CFR	10h		x	770	Garage Park
j	If 10h was answered "Yes," check the box if you either provided the	required	ofice or one of the	1011	-		Goran Albania	
	exceptions to providing the notice applied under 29 CFR 2520, 101-3	3		10i				TW-Sabab
Par	VI Pension Funding Compliance							A Harrison A.
11	Is this a defined benefit plan subject to minimum funding requirement	nts? (If "Y	es," see instructions and comp	lete t	Sched	ule S	B (Form	
44	3000) and line 11a below)	••••••	······	*******				Yes X No
	Enter the unpaid minimum required contribution for current year from							
12	is this a defined contribution plan subject to the minimum funding re			r sec	tion 30)2 of	ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a							
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized	I in this plan year, see instructi	ons,	and er	iter ti	ne date of th	e letter ruling
			MOII	u4 ===		_ ⊔a	7	1 Cal

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skin to line 13				
b Enter the minimum required contribution for this plan year		12b			
		120			
C 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 negative amount)	(enter a minus sign to the left of a	12d			
e Will the minimum funding amount reported on line 12d be met by the funding	g deadline?	Yes No NA			
Part VII Plan Terminations and Transfers of Assets		Yes No N/A			
13a Has a resolution to terminate the plan been adopted in any plan year?	I	Yes X No			
If "Yes," enter the amount of any plan assets that reverted to the employer ti	big vane	13a			
b Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	ad to souther slow as to a 11 1 1				
C If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan(s) to	Yes X No			
13c(1) Name of plan(s):	120(2)	EIN(s) 13c(3) PN(s)			
	130(2)	EIN(s) 13c(3) PN(s)			
Part VIII Trust Information (optional)					
14a Name of trust	44	1h Tarada Fiki			
VETTU BURNATANO JOSELLA MARIA		14b Trust's EIN			
KELLY ANUNCIATO 401(k) PLAN		27-0238473			
en e					