Form 5500-SF	Short Form Annu	•	ort of Small Emplo	oyee	OM	B Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Pla			015			
Department of Labor Employee Benefits Security Administrat	Income Security Act of 1974		This Form	n is Open to nspection				
Pension Benefit Guaranty Corporation	Complete all entries in		nstructions to the Form 55	00-SF.				
Part IAnnual ReportFor calendar plan year 2015 or	ort Identification Information		and ending 12	/31/2015				
A This return/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemployer) employer information in acc	(Filers check	-			
B This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 mo	onths)				
C Check box if filing under:	X Form 5558	automatic extension	on	D	FVC program			
Part II Basic Plan Ir	iformation —enter all requested ir	• •						
1a Name of plan JOHNNIE L. TURNER, PSC Pl			·	(PN)	umber	001 an		
	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.0	D. Box)		2b Emplo (EIN)	01/01/19 over Identifica 61-1334	ion Number		
City or town, state or prov JOHNNIE L. TURNER, PSC	ince, country, and ZIP or foreign pos	tal code (if foreign, see i	nstructions)	2c Sponsor's telephone number 606-573-9000				
114 SOUTH FIRST STREET HARLAN, KY 40831				2d Busine	ess code (see 541110	instructions)		
3a Plan administrator's name	e and address XSame as Plan Spon	sor		3h Admin	istrator's EIN			
				3c Admin	istrator's tele	bhone number		
	the plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN				
a Sponsor's name	number from the last return/report.			4c PN				
5a Total number of participa	nts at the beginning of the plan year.			5a		7		
	nts at the end of the plan year			5b		7		
• •	ith account balances as of the end of		•	5c		7		
	participants at the beginning of the p		ſ	5d(1)		5		
	participants at the end of the plan ye	•	ł	5d(2)		3		
than 100% vested	nat terminated employment during the			5e	ished	1		
Under penalties of perjury and	te or incomplete filing of this return to ther penalties set forth in the instru- d and signed by an enrolled actuary, complete.	ctions, I declare that I have	ave examined this return/rep	ort, including	g, if applicabl			
SIGN Filed with authoriz	ed/valid electronic signature.	05/17/2016	JOHNNIE L. TURNER					
HERE Signature of pla	n administrator	Date	Enter name of individu	ual signing as	s plan admini	strator		
SIGN HERE Signature of em	ployer/plan sponsor	Date	Enter name of individu	al cigning of	e employer e	nlan enoncor		
	m name, if applicable) and address (i				telephone nur	· · · ·		
For Paperwork Reduction Act N	otice and OMB Control Numbers, see th	ne instructions for Form 5	500-SE		For	m 5500-SF (2015)		

-			Ū						
-	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a	an indepei	ndent qualified public a	ccounta	ant (IQ	PA)			
	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
С	If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined	
Pa	rt III Financial Information						-		
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year	
a	Total plan assets	7a	() = • g	1838				1769963	
b	Total plan liabilities	7b			0				
С	Net plan assets (subtract line 7b from line 7a)	7c		1838	309			1769963	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)			445				
	(2) Participants	8a(2)		9	020				
<u> </u>	(3) Others (including rollovers)	8a(3)				_			
-	Other income (loss)	8b		-6	361				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		7104	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		48	000				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		27	450				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						75450	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-68346	
j	Transfers to (from) the plan (see instructions)	8i							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2J$ $2K$	feature co	odes from the List of Pla	an Chai	racteris	stic Co	des in t	the instructions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Chara	cterist	ic Coc	les in th	ne instructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х			1000000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
j	Did the plan trust incur unrelated business taxable income?			10j					
Dar	VI Pension Funding Compliance								

га						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)					
11	a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No				

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Page **3** - 1

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling		
lf	you c	ompleted 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					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Υe	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
D		e PBGC?				Yes 🗙	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust		14b Trust's EIN					
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Y	es	No	No		
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	No		
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	. ,	Цр	atio ercentage est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No			
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No			
19	Were	in-service distributions made during the plan year?		Y	es	No			
	lf "Y€	es," enter amount		19					
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?						No	N/A		

Form 5500-SF	orm 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan									
Department of the Treasury Internal Ravenue Service	and 4065 of the Employe	oyee 2015								
Department of Labor Employee Benefits Security Administration	Retirement Income Security A		section 6057(b) and 6058		This Form is Open to Public					
Pension Benefit Guaranty Corporation	Complete all entries in ac	In	ispection							
	dentification Information									
For calendar plan year 2015 or fisc	al plan year beginning	01/01/2015	and ending		1/2015					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions a one-participant plan a foreign plan b the fort sturp (speed) the fort sturp (speed)										
B This return/report is:	lhe first relurn/report an amended return/report	the final return/report t a short plan year return/report (less than 12 months)								
C Check box if filing under:	x Form 5558 special extension (enter descri	automatic extension plion)		[] [OFVC progra	m				
Part II Basic Plan Infor	mation enter all requested i	nformalion								
1a Name of plan	SC PROFIT SHARING PLAN			(PN	ree-digit n number I) ► ective date o	001				
					/01/1999	r plan				
Mailing Address (include room	er, if for a single-employer plan) 1, apt., suile no. and street or P.O 2, country, and ZIP or foreign post	. Box) al code (if foreign, see ins	fructions)	2b Employer Identification Number (EIN) 61–1334792						
JOHNNIE L. TURNER, P		2. 0000 (ereigh, eee			onsor's telep 06) 573-9	hone number 9000				
114 SOUTH FIRST STRE	ET			2d Business code (see instructions) 541110						
US HARLAN KY 40831				2 h	-inintentorio I					
3a Plan administrator's name and	i address 🖾 Same as Plan Spo	nsor Name		JD Adr	3b Administrator's EIN					
			·	3c Adr	ninistrator's	lelephone number				
4 If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since I ber from the last retum/report.	he last return/report filed	for this plan, enter the	4b EIN						
a Sponsor's name				4c PN						
5a Total number of participants at			r	5a		7				
b Total number of participants atc Number of participants with ac				5b		7				
complete this item)		***********		5c 5d(1)		7 5				
d(1) Total number of active partic		-								
d(2) Total number of active partic				5d(2)		3				
	minated employment during the p			5e		1				
Caution: A penalty for the late or	r incomplete filing of this return	/report will be assessed	i unless reasonable cau	ise is est	ablished.					
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and compl	er penallies sel forth in the instruc d signed by an enrolled actuary, a	tions, I declare that I hav	e examined this return/rep	port, inclu	ding, if applic	cable, a Schedule y knowledge and				
SIGN Class	1 Cac	\$ 5.17-14	Johnnie L. Turne	r						
HERE Signature of plan admin	istrator	Date	Enter name of individual	l signing a	is plan admi	nistrator				
SIGN			SAME							
HERE Signature of employer/plan sponsor Date Enter name of individe										
Preparer's name (including firm na	me, if applicable) and address; in	clude room or suile numb	er	Preparer	s lelephone	number				
For Paperwork Reduction Act No	Duce and OMB Control Number	s, see the instructions f	or rom 5500-St.		F0	v.150123				

	Form 5500-SF 2015		Page 2			-				
	Were all of the plan's assets during the plan year invested in eligible	assels? (See instructions.)	*******	******	-	*****		X Yes	No
	Are you claiming a waiver of the annual examination and report of a			untar	nt (IQF	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	nd conditio	ins)					******	X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Fon	m 5500-SF and must in:						Alet deter	minod
	If the plan is a defined benefit plan, is it covered under the PBGC in	surancé pr	ogram (see ERISA section	on 40	21)?	10141094	Yes			ninea
	rt III Financial Information									_
7	Plan Assets and Liabilities		(a) Beginning o			+		(b) End o		
<u>a</u>	Total plan assels	7a	1,8	38,3		+	_		1,769,963	3
<u>b</u>	Total plan liabilities	7b	1.0	20 3	0	+			1,769,963	
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amouni	<u>38,</u> 3	09	(b) Total				,
a	Contributions received or receivable from:	1	(d) ranoani					(
	(1) Employers	8a(1)		4,4				·		
	(2) Participants	8a(2)		9,0	20					
-	(3) Others (including rollovers)	8a(3)								
		8b	(6,36	<u> </u>					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						_ 2	7,104	
	to provide benefits)	8d		48,0	00					
е	Certain deemed and/or corrective distributions (see instructions)	80		_						
f	Administrative service providers (salaries, fees, commissions)	Øf		27,4	50	-				
g	Olher expenses	8g				-				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							75,450	_
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81				-			(68,346)	
-	Transfers to (from) the plan (see instructions)	8j _			_	I				
	rt IV Plan Characteristics		7 8 11 6 fp. 0			- 0				
9a	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2J 2K	ature code	es from the List of Plan C	narad	ciensi		ies in th	e instructio	ins:	
-										
b	If the plan provides welfare benefits, enter the applicable welfare fea	lure codes	from the List of Plan Ch	araci	ensuc	Code	is in the	Instruction	IS:	
De	ty Compliance Questions				_					
Ра 10	rt V Compliance Questions				Yes	No	N/A			
<u>a</u>	During the plan year: Was there a failure to transmit to the plan any participant contribut	ions within	the time period		100	NO			mount	
-	described in 29 CFR 2510.3-1027 (See instructions and DOL's Vol									
	Program)	*****	*****	10a		х				
b	Were there any nonexempl transactions with any party-in-interest? reported on line 10a.)			10b		x				
С	Was the plan covered by a fidelity bond?		******	10c	х				1,000,	000
d	Did the plan have a loss, whelher or not reimbursed by the plan's fi by fraud or dishonesty?	•		10d		x				
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some									
f	the plan? (See instructions.)			10e 10f	-	x				
	Did the plan have any participant loans? (If "Yes," enter amount as			10g		x				
g	If this is an individual account plan, was there a blackout period? (\$			108	_	43-				
	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 2520.101-			10i						
j	Did the plan trust incur unrelated business taxable income?			10]						
Par	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes X	No
11a	Enter the unpaid minimum required contribution for current year fro	m Schedu	le SB (Form 5500) line 4	0	********		11a			
12	Is this a defined contribution plan subject to the minimum funding re-	equiremen	ts of section 412 of the (Code	or sec	tion 3	02 of El	RISA?	Yes X	No

Form 5500-SF 2015	Page 3							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as a	oplicable.)							
a If a waiver of the minimum funding standard for a prior year is being ar granting the waiver.	nortized in this plan year, see	instructions, and onth C	d enler t ay	he date of th	ne letter	ruling		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	. 13	T					
b Enter the minimum required contribution for this plan year		12b						
c Enter the amount contributed by the employer to the plan for this plan y		12c						
d Subtract the amount in line 12c from the amount in line 12b. Enter the or negative amount)			12d					
e Will the minimum funding amount reported on line 12d be met by the fu	nding 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? .				es X No				
If "Yes," enter the amount of any plan assets that reverted to the employ			13a					
b Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?]Yes [X No		
C If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	s plan to another plan(s), iden	iting the plan(s) to	·					
13c(1) Name of plan(s):		130	(2) EIN((S)	13c(3) PN(s)			
Part VIII_ Trust Information								
14a Name of Irust		14b Trust's EIN						
14c Name of trustee or custodian					14d Trustee or custodian's lelephone number			
Part IX IRS Compliance Questions			_					
15a is the plan a 401(k) plan:			Ye:	s [No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirem matching contributions (as applicable) under sections 401(k)(3) and 401(k)		Design- based safe ADP/ACP harbor test method						
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the platesting method" for nonhighly compensated employees (Treas. Reg. sect 2(a)(2)(ii))?	ion 1.401(k)-2(a)(2)(ii) and 1.4	l01(m)-	Yes No					
16a Check the box to indicate the method used by the plan to satisfy the cove	erage requirements under sec	tion 410(b):	Ratio Percenlage Average Test Benefil			ge îl Test		
16b Does the plan satisfy the coverage and nondiscrimination tests of section this plan with any other plans under the permissive aggregation rules?	is 410(b) and 401(a)(4) by co		Yes	3] No			
17a Has the Plan been timely amended for all required law changes?			Yes		No	□ N/A		
17b Date of the last plan amendment/restatement for the required tax law cha instructions for tax law changes and codes).				ible code				
17c If the plan sponsor is an adopter of a pre-approved master, prototype (Ma advisory letter, enter the date of that favorable letter / / /	&P), or volume submitter plan and the letter's serial nu) a favor	able IRS op	inion or			
17d If the plan is an individually-designed plan and recieved a favorable determination letter / / /	mination letter from IRS, plea	se enler the date	e of plan	's last favor	able			
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election u made), American Samoa, Guam, the Commonwealth of the Northern Mar			Yes] No			
19 Were in-service distributions made during the plan year?		a 54.0 6 A D 24 A D 4 A D 4 A D 4 A D 4 A D 4 A D 4 A D 4 A D 4 A D 4 A D 4 A D 4 A D 4 A D 4 A D 4 A D 4 A D 4	Yes] No			
If Yes, enter amount			19					
20 Were minimum required distributions made to 5% owners who have attain not retired) as required under section 401(a)(9)?	ned age 70 ½ (regardless of w		Yes] No	□ N/A		