Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

belief, it is true, correct, and complete

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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	rt Identification Information	1						
For cale	ndar plan year 2015 or f	fiscal plan year beginning 01/01/2	2015 and ending 12	2/31/2015					
A This	return/report is for:	a single-employer plan a one-participant plan	list of participating employer information in accordance with the form instructions)						
B This r	return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)						
C Chec	ck box if filing under:	Form 5558	automatic extension	DFVC p	rogram				
Part I	Basic Blan Infe	formation—enter all requested in	• •						
1a Nan	ne of plan	LAND COUNTY 401(K) PROFIT SHA		1b Three-digit plan number (PN) ▶ 1c Effective dat	•				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CITIZENS BANK OF CUMBERLAND COUNTY				2b Employer Identification Number (EIN) 61-1365410 2c Sponsor's telephone number 270-864-2323					
P.O. BOX BURKES\	810 /ILLE, KY 42717	2d Business code (see instructions) 522110							
	n administrator's name a BANK OF CUMBERLAI	AND COUNTY P.O. BOX		3c Administrato	r's EIN 1-1365410 r's telephone number -864-2323				
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					
a Spo	nsor's name	4c PN 2							
5a Total number of participants at the beginning of the plan year				. 5a					
 Total number of participants at the end of the plan year				. 5b 5c					
d(1) Total number of active participants at the beginning of the plan year			5d(1)	20					
d(2) 1	Total number of active pa	participants at the end of the plan ye	ar	5d(2)	17				
e Nu	mber of participants that an 100% vested	e plan year with accrued benefits that were less	5e	0					
			n/report will be assessed unless reasonable cau						
			ctions, I declare that I have examined this return/rep as well as the electronic version of this return/report						

Filed with authorized/valid electronic signature.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

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 or suite number)

Preparer's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepenand	dent qualified public a	ccount	ant (IQ	PA)			X Yes No			
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not determined			
Part III Financial Information	, ,										
7 Plan Assets and Liabilities		(a) Beginning	•	ear (b) f				End of Year			
a Total plan assets	7a		1210)593				1297763			
b Total plan liabilities	7b	1210503				400					
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou	1210593					1297763 (b) Total			
a Contributions received or receivable from:		(a) Amou	ant				(6) 10	lai			
(1) Employers	8a(1)		39	678							
(2) Participants	8a(2)		47	387							
(3) Others (including rollovers)	8a(3)										
b Other income (loss)	8b		9	539				00004			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c							96604			
to provide benefits)	8d		5	765							
e Certain deemed and/or corrective distributions (see instructions)	8e		3	619							
f Administrative service providers (salaries, fees, commissions)	8f			50							
g Other expenses	8g										
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9434			
i Net income (loss) (subtract line 8h from line 8c)								87170			
j Transfers to (from) the plan (see instructions)	8j										
Part IV Plan Characteristics											
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2R 2T	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in th	ne instructi	ons:			
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	instructio	ns:			
Part V Compliance Questions											
10 During the plan year:				Yes	No	N/A		Amount			
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X						
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X						
C Was the plan covered by a fidelity bond?			10c	Х				2000000			
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				X			200000			
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.)	ner persons ne or all of t	by an insurance he benefits under	10e		X						
f Has the plan failed to provide any benefit when due under the pla			10f		X						
					X						
· · · · · · · · · · · · · · · · · · ·	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				X						
	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
j Did the plan trust incur unrelated business taxable income?			10j								
Part VI Pension Funding Compliance			,		<u> </u>	<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes No			
11a Enter the unpaid minimum required contribution for all years from						11a	1	<u> </u>			
12 Is this a defined contribution plan subject to the minimum funding						-	RISA?	Yes X No			

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian	14d Trustee's or custodian's						
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b	5b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method			
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti		atio ercentage st		Average benefit test			
16b	16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					No			
17a Has the plan been timely amended for all required tax law changes?					S	No	N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the approximate tax law changes and codes).						(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.	t to a fa	vorable II	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18						No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a A This return/report is for: list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report B This return/report is 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) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit CITIZENS BANK OF CUMBERLAND COUNTY 401(K) PROFIT SHARING PLAN plan number 001 (PN) ▶ 1c Effective date of plan 01/01/2003 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 61-1365410 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number CITIZENS BANK OF CUMBERLAND COUNTY 270-864-2323 2d Business code (see instructions) P.O. BOX 810 522110 BURKESVILLE 42717 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN CITIZENS BANK OF CUMBERLAND COUNTY 61-1365410 3c Administrator's telephone number 270-864-2323 P.O. BOX 810 BURKESVILLE 42717 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 5a Total number of participants at the beginning of the plan year...... 22 b Total number of participants at the end of the plan year 5b 20 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) 19 d(1) Total number of active participants at the beginning of the plan year 5d(1) 20 5d(2) d(2) Total number of active participants at the end of the plan year..... 17 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... 0 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 belief, it is true, correct, and complete. TERESA LONG SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator CAROL ANN SELLS SIGN HERE Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Date Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

Form 5500-SF 2015	A Juny stranger Agricky State State Andread State Stat	Page 2							
6a Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either line 6a or line 6b, the plan cann c If the plan is a defined benefit plan, is it covered under the PBGC in	an independe and condition ot use Form	ent qualified public aces.)	instea	int (IQI d use	PA) Form	5500.	X	Yes [No No
	isurance proj	gram (oco Errior soc			L		~ L) 1101		
		(a) Beginning	of Von		T	/b)	End of Ye		
7 Plan Assets and Liabilities a Total plan assets	7a	***************************************	1,21		3	(D)		.,297	. 763
b Total plan liabilities	7b		····		1	······································		- , ,	,,,,,
C Net plan assets (subtract line 7b from line 7a)	7c		1,210	0,593	3			1,297	,763
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total		
a Contributions received or receivable from:									
(1) Employers	8a(1)			9,67	-				
(2) Participants	8a(2)		4.	7,38	/				
(3) Others (including rollovers)	8a(3)	····			_				
b Other income (loss)	8b		-	9,53	9			0.5	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				96	,604
to provide benefits)	8d		[5,76	5				
e Certain deemed and/or corrective distributions (see instructions)	8e			3,61	9				
f Administrative service providers (salaries, fees, commissions)	8f		·	5	0		··		
g Other expenses	8g		1						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9	,434
Net income (loss) (subtract line 8h from line 8c)								87	,170
Transfers to (from) the plan (see instructions)	8j					···	***************************************		
B If the plan provides welfare benefits, enter the applicable welfare f Part V Compliance Questions	eature codes	from the List of Plar	Chara	cterist	ic Cod	es in the ir	istructions:	····	
10 During the plan year:				Yes	No	N/A	Am	ount	***************************************
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary Fid	uciary Correction	10a		х				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				w
c Was the plan covered by a fidelity bond?	.,,		10c	Х				2,00	00,000
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?				Х		***************************************		
e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of th	e benefits under	10e		Х		***************************************		
f Has the plan failed to provide any benefit when due under the pla	Has the plan failed to provide any benefit when due under the plan?				Х				
q Did the plan have any participant loans? (If "Yes," enter amount a	ave any participant loans? (If "Yes," enter amount as of year end.)				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 t exceptions to providing the notice applied under 29 CFR 2520.10	he required :	notice or one of the	10i				·		
j Did the plan trust incur unrelated business taxable income?		,,,,,	10j						
Part VI Pension Funding Compliance		•							
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Ye	es," see instructions	and cor	nplete	Sche	dule SB (Fo	orm	Yes	No
11a Enter the unpaid minimum required contribution for all years from									
12 Is this a defined contribution plan subject to the minimum funding							SA?	Yes	X No

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(lf "	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	zazaljajączkalbanki kalbazani kiedobani kierem	·····	***************************************	***************************************	***************************************	
a Ifa	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.	structions, and e Month	enter the	date of the	ne letter n Year	ıling	
<u>If you (</u>	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b Ente	er the minimum required contribution for this plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12b				
C Enter	r the amount contributed by the employer to the plan for this plan year	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12c				
d Sub	ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)	eft of a	12d				
e Will	the minimum funding amount reported on line 12d be met by the funding deadline?	***************************************		Yes	No [N/A	
art VII	Plan Terminations and Transfers of Assets					, , , , ,	
13a Has	a resolution to terminate the plan been adopted in any plan year?			Yes	X No		
	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b Wer	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou he PBGC?	ght under the co	ontrol	Yes X No			
C lf dե	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi ch assets or liabilities were transferred. (See instructions.)						
13c(1)) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part VIII	Trust Information						
14a Name	e of trust		14b ⊺	rust's EIN	I		
14c Nam	ne of trustee or custodian	14d Trustee's or custodian's telephone number					
Part IX	IRS Compliance Questions		L		5-A		
15a Is the	e plan a 401(k) plan?		Ye	S	No		
15b If "Ye matc	es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and the contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer	ba ba	esign- esign- esed safe erbor ethod	AD tes	P/ACP	
testin	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?	urrent year 01(m)-	Ye		No		
16a Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under secti		1 1 1	atio ercentage st		erage nefit test	
16b Does this p	s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by complan with any other plans under the permissive aggregation rules?	bining	Ye	S	No		
17a Has t	he plan been timely amended for all required tax law changes?		Ye	s	No	N/A	
for ta	the last plan amendment/restatement for the required tax law changes was adopted .x law changes and codes).	Enter the				instruction	
advis	plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla cory letter, enter the date of that favorable letter and the letter's serial n	umber				or	
deteri	plan is an individually-designed plan and received a favorable determination letter from the IRS, emination letter		the plar	n's last fav	orable		
	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. Virgin		Yes	.	No	***************************************	
	in-service distributions made during the plan year?		Ye	s	No	***************************************	
····	ıs," enter amount		19				
	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wid), as required under section 401(a)(9)?		Ye	\$ 	No	N/A	