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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calend	ar plan year 2015 or fi	scal plan year beginning 01/01/20	015	and ending 12	2/31/2015						
A This ret	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 This return/report is ☐ the first return/report ☐ the final return/report											
		an amended return/report	a short plan year retu	rn/report (less than 12 m	months)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC	orogram					
D 4 II		special extension (enter descri									
Part II		ormation—enter all requested info	ormation		T 41	<u> </u>					
1a Name CREEKSID		CENTER, P.S.C. 401(K) PLAN			1b Three-digit plan numbe (PN) ▶	er 001					
					1c Effective da						
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O.		t	2b Employer Identification Number (EIN) 81-0558943						
	FAMILY MEDICAL C	ce, country, and ZIP or foreign posta SENTER PSC	ii code (ii foreign, see insi	tructions)		elephone number 02-477-1955					
DO DOVE	20				2d Business co	ode (see instructions)					
P.O. BOX 52 TAYLORSVI	LLE, KY 40071-0529		621111								
3a Plan a	dministrator's name a		3b Administrator's EIN								
					3c Administrate	or's telephone number					
		e plan sponsor has changed since t mber from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN						
a Spons	or's name				4c PN						
5a Total	number of participants	at the beginning of the plan year			5a	9					
		at the end of the plan year			5b	9					
		account balances as of the end of the			5c	9					
d(1) Tot	al number of active pa	articipants at the beginning of the pla	ın year		5d(1)	7					
		articipants at the end of the plan yea			5d(2)	6					
than			5e								
		or incomplete filing of this return ther penalties set forth in the instruct									
SB or Sche		nd signed by an enrolled actuary, as									
SIGN	Filed with authorized	/valid electronic signature.	09/29/2016	THOMAS C. CRAIN							
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plan	administrator					
SIGN											
HERE	Signature of emplo		Date	Enter name of individ		<u> </u>					
Preparer's	name (including firm r	name, if applicable) and address (inc	clude room or suite numb	er)	Preparer's teleph	one number					

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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 a 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	an independendendendendendendendendendendendende	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.	X Y	es No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not det	ermined
Part III Financial Information					-			
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year	
a Total plan assets	7a		130	658			10	4532
b Total plan liabilities	7b		400	0			4.0	4500
C Net plan assets (subtract line 7b from line 7a)	7c			658	-			4532
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total	
(1) Employers	8a(1)		4	363				
(2) Participants	8a(2)		4	800				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		-1	361				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7802
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		32	831				
Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f		1	097				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3	3928
i Net income (loss) (subtract line 8h from line 8c)	8i						-2	6126
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 2T 3D	feature coo	des from the List of Pla	an Cha	racteris	stic Co	des in th	ne instructions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructions:	
— In the plant provides we have believed, other the applicable we have	odiaio oodi	50 Hom the List of Flat	T Onarc	20101101		100 117 1110	o mondonomo.	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amour	nt
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 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				25000
d Did the plan have a loss, whether or not reimbursed by the plan's			100	Α.				23000
by fraud or dishonesty?			10d		X			
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 t	he benefits under	10e	X				464
f Has the plan failed to provide any benefit when due under the plan			10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount a	s of vear er	nd.)	10g	X				6530
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g		X			0000
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10ii					
j Did the plan trust incur unrelated business taxable income?			10i					
Part VI Pension Funding Compliance			10)	<u>i </u>	<u> </u>	<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								es X No
11a Enter the unpaid minimum required contribution for all years from						11a		
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA? Y	es X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf		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 custodia	an'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		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACF harbor test method					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).								
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		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	19 Were in-service distributions made during the plan year?								
	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		

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Department of the Treesury Internal Revenue Service

Department of Labor Employee Benedia Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pension Sphalt Guaranty Corporation	> Complete all entries in	accordance with the instr	uctions to the Form 55004	SF.	blic inspection					
	lentification Information			1						
For calendar plan year 2015 or fisc	al plan year beginning	0 <u>J./Q1/2015</u>	and ending	12/31/20						
A This return/report is for:	a single-employer plan	ist of participating em	sployer plan (not multiemployer) (Filers checking this box must attact bating employer information in accordance with the form instructions)							
B This 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 Check box if filling under:	7 Form 5558	automatic extension		DFVC pro	gram					
Ī	z special extension (enter desc	ription)		hand .						
Part II Basic Plan Infor	nation—enter all requested in	oformation	······································	***************************************						
1a Name of plan Creekside Family Medi 401(k) Plan	cal Center, P.S.C.			Three-digit plan number (PN) • Effective date 01/01/200						
City or town, state or province,	apt., suite no, and street, or P.C country, and ZIP or foreign pos		uctions)		tification Number 558943					
Creekside Family Medi	cal Center 12C		}	(502) 477-1955 2d Business code (see instructions) 621111						
Taylorsville		ΚÃ	40071-0529							
3a Plan administrator's name and	address XSame as Plan Spon	sor.	3t	3b Administrator's EtN						
4 If the name and/or EIN of the p name, EIN, and the plan numb	llan sponsor has changed since for from the last return/report.	the last return/report filed fo		EIN	telephone number					
ät Sponsor's nome			40	: PN						
5a Total number of participants at	the beginning of the plan year.	VEV. 1111.		5a	9					
b Total number of participants at	the end of the plan year	***************************************		5b	9					
	count balances as of the end of			5c	9					
d(1) Total number of active partic			www.wist	d(1)						
d(2) Total number of active partie	* .	-		d(2)	5					
e Number of participants that te	rminated employment during the	s plan year with accrued ber	edits that were less	5e						
Caution: A penalty for the late or	incomplete filing of this retur	n/report will be assessed	uniess reasonable cause i	s established.						
Under penalties of perjury and othe SB or Schedule MB completed and bellet, it is true, corect, and comple	penalies set forth in the instru signed by an enfolled actuary,	ctions, I declare that I have as well as the electronic ver	examined this return/report, alon of this return/report, an	including, if appl	icable, a Schedule ly knowledge and					
	020ch - 74 60	1 9/29/16	Thomas C. Crain							
Signature of plan add	ninistrator 4	Date	Enter name of individual s	igning as plan ac	lministrator					
BIGN HERE										
Signature of employer Preparer's name (including firm name)		Date	Enter name of individual a	Igning as employ sparer's telephon						
Trekerer a tietine (incidung inti) ties	ne, ii applivautė, aite goviesa (i	HAMAE FOOTH OF SOILE HEISTE		share: a relebitori	e limmoer					

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B.P. C. VIII.	Form 5500-SF 2015		Page 2							
6a b	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi	ndent qualified public a	eccount	ant (IC	PA)		100/1		
C	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) Beginnin					(b) End of Year		
a	Total plan assets	7a		13	0,65	8		104,532		
<u>d</u>	Total plan liabilities	7b				0				
C	Net plan assets (subtract line 7b from line 7a)	7c		13	0,65	8	······································	104,532		
8	Income, Expenses, and Transfers for this Plan Year	(200 Te 100 00)	(а) Атгог	unt				(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)			4,36	3 8				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(2) Participants	8a(2)		***************************************	4,80	54,000		A TOTAL OF THE STREET, THE STR		
	(3) Others (including rollovers)	8a(3)	· · · · · · · · · · · · · · · · · · ·							
þ	Other income (loss)	8b		70.	1,36	1 3				
С	Total income (add lines 8s(1), 8s(2), 8s(3), and 8b)	ac ac	Hallest and the second			866 345		7,802		
d	Benefits paid (including direct rollovers and insurance premiums	th at			2 02	4				
	to provide benefits)	8d 8e	<u>}</u>	G.	2,83	4 58 40				
f	Administrative service providers (salaries, fees, commissions)	ar ar		Abirdelandreidensi	1,09	7				
аттартия.	Other expenses.	8g	*************************************	nangenrosanna	,	(486) (486)				
************	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					33,928			
ì	Net income (lose) (subtract line 8h from line 8c)	8i	VA MANAGAMAN AND AND AND AND AND AND AND AND AND A				~26,126			
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics		Anticipation of the Communication of the Communicat		***************************************	19972	e peersy province and	Andrew Control of the		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	odes from the List of Pl	an Çha	racteri	stic C	odes in I	the instructions;		
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coc	les from the List of Pla	n Chara	octorist	ic Co	des in th	ne instructions:		
Par	V Compliance Questions	***************************************		***************************************			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
10	Curing the plan year:	ocompanion management			Yeş	No	N/A	Amount		
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DQL's V Program)	oluntary f	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions		11) (14) (11) (1					
ê ,	reported on line 10a.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		105	ļ	X	1			
C		,		10c	×	<u> </u>		25,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х				
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.)	e or all of	the benefits under	10e	х			464		
f	Has the plan failed to provide any benefit when due under the pla	n?	*****************	10f		×	2000 20 H E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
g	Did the plan have any participant leans? (If "Yes," enter amount a	s of year e	and.)	10g	х		30000	6,530		
h	If this is an Individual account plan, was there a blackout period? 2520.101-3.)			19h		х		3,37		
Ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ae require	d notice or one of the	10i						
ĵ	Did the plan trust incur unrelated business taxable income?			10[***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Pari	Vi Pension Funding Compliance			L				3		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (if *	Yes," see instructions :	and con	npleto	Sche	dule SB	(Form Yes X No		
11a	Enter the unpaid minimum required contribution for all years from	-		II III II	TINTOTOTOTOTOTO	material services	110			
12	is this a defined contribution plan subject to the minimum funding	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		THE STATE OF THE S	MINTERNATION	NO DECEMBER.	302 of E	RISA7 Yes No		

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver.	ee instructions, and i	enter the Day	a date of t	he letter rui Year	ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 13.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b Enter the minimum required contribution for this plan year		126			
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 résult (enter a minus sign t- negative amount)	o the left of a	12d			
● Will the minimum funding amount reported on line 12d be met by the funding deadline?		П	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?	V-7714 V1VI 18114 1114 1114 1		Yes	K No	an a san
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 participents or beneficiaries, transferred to another plan, or of the PBGC?	brought under the co	ontrol		Yes 🛛	No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.))			
13c(1) Name of plan(s):	130(2)	ÉIN(s)		13c(3) F	, N(a)
PartVIII Trust Information					abiana
14a Name of trust		14b 1	rust's EIN	J	
14c Name of trustee or custodian	al dalah		Trustee's lelephone	or custodia number	an's
Part IX RS Compliance Questions	······································	<u> </u>	makan makan katalan ka		***************************************
15a Is the plan a 401(k) plan?	***************************************	∏ Ye	s.	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferre matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- Ised safe Irbor ethod	ADP test	/ACP
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) at 2(a)(2)(ii))?	nd 1.401(m)-	∐ Y⊕		No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under			itio rcentage st		rage ofit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) be this plan with any other plans under the permissive aggregation rules?	y combining	☐ Ye	s	No	
17a Has the plan been timely amended for all required tax law changes?	***************************************	Ye	\$	No	☐ N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted	. Enter the ap				
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitt advisory letter, enter the date of that favorable letter.		t to a fa	vorable li	RS apinion	oŗ
17d If the plan is an individually-designed plan and received a favorable determination letter from the II determination letter		the plar	n's last far	rorable	(mostos/parameterospasses
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 102 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S.		Yes	1	∏ No	
19 Were in-service distributions made during the plan year?		Υe	8	No	
If "Yes," enter amount,,,,,		19	·		
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless retired), as required under section 401(a)(9)?		∏ Ye	5	No	∏N/A