-	rm 5500-SF	Short Form Annu	t of Small Employ	ee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury rnal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee F				2015				
Employee B	epartment of Labor lenefits Security Administration			057(b) and 6058(a) of the Inte		This Form is Open to Public Inspection				
Complete all entries in accordance with the instructions to the Form 5500-SF.										
For calend		Identification Information scal plan year beginning 01/01/2		and ending 12/31	/2015					
		X a single-employer plan		plan (not multiemployer) (Fil		cking this bo	ox must attach a			
A This re	turn/report is for:	employer information in accord		-						
B This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	urn/report (less than 12 month	hs)					
C Check	box if filing under:	X Form 5558	automatic extension		[] I	OFVC progr	am			
		special extension (enter desc	ription)							
Part II	Basic Plan Info	prmation—enter all requested in	formation							
1a Name PEDIATRIC		THOLOGY ASSOCIATES, P.S.C.	PROFIT SHARING PLAI		b Thre plan (PN)	number	002			
				1	C Effect	tive date of	of plan 01/2012			
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C			b Empl (EIN)	loyer Identif	ication Number 197980			
		e, country, and ZIP or foreign post THOLOGY ASSOCIATES, PSC	al code (if foreign, see ins	structions) 20	c Spor		none number 29-7895			
				2	2d Business code (see instruction					
231 EAST C LOUISVILLE	HESTNUT STREET , KY 40202				621111					
3a Plan administrator's name and address Same as Plan Sponsor.					3b Administrator's EIN					
				3	C Admi	inistrator's t	elephone number			
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	b EIN					
	or's name	mber from the last return/report.		4	C PN					
5a Total	number of participants	at the beginning of the plan year			5a		6			
b Total	number of participants	at the end of the plan year			5b		7			
		account balances as of the end of			5c		7			
d(1) Tot	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)		4			
d(2) Tot	al number of active pa	rticipants at the end of the plan ye	ar		id(2)		5			
e Numl than	per of participants that 100% vested	terminated employment during the	e plan year with accrued b	enefits that were less	5e		0			
Caution: A Under pen SB or Sche	A penalty for the late alties of perjury and ot	or incomplete filing of this return her penalties set forth in the instru nd signed by an enrolled actuary, a	n/report will be assessed ctions, I declare that I hav	d unless reasonable cause e examined this return/report	t, includi	ng, if applic				
SIGN		/valid electronic signature.	c signature. 09/27/2016 SUSAN COVENTRY							
HERE	Signature of plan a	administrator	Date	Enter name of individual	signing	as plan adm	ninistrator			
SIGN HERE										
	Signature of emploiname (including firm r	oyer/plan sponsor name, if applicable) and address (in	Date Date nclude room or suite numb	Enter name of individual		as employe telephone				
For Paperw	ork Reduction Act Notic	ce and OMB Control Numbers, see th	e instructions for Form 550	0-SF.			Form 5500-SF (2015)			

	Form 5500-SF 2015		Page 2								
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year			
а	Total plan assets	7a		3965	246			4180818			
b	Total plan liabilities	7b									
C	Net plan assets (subtract line 7b from line 7a)	7c		3965	246			4180818			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		222	480						
	(2) Participants	8a(2)		12	000						
	(3) Others (including rollovers)	8a(3)		22	023						
b	Other income (loss)	8b		-21	910						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						234593			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions) 8e										
f	Administrative service providers (salaries, fees, commissions)	ommissions) 8f 190			021						
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					19021				
i	Net income (loss) (subtract line 8h from line 8c)	8i						215572			
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2J 2F 2G 2R 3D 2E	feature co	des from the List of Pla	an Chai	racteris	stic Co	des in t	he instructions:			
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e 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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	100		х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	include transactions	10a 10b		X					
C					×						
				10c	Х			500000			
d	by fraud or dishonesty?			10d		Х					
e	 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)				х			2065			
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10					Х					

i	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	j Did the plan trust incur unrelated business taxable income?		10j						
Part	VI	Pension Funding Compliance							
11								X No	
11a	1a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40								
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							X No	

1**0**h

 h_{\rm} If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.).....

Form 5500-SF 2015

Page **3 -** 1

-										
	(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	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		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?						es X No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year										
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou		13a						
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 E	IN				
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				
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				
		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		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A			

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	rtm 5500-SF	of Small Empl	oyee		OMB Nos. 1210-0110 1210-0085				
Inter De	nai Révenue Sorvice	4065 of the Employae Re 57(b) and 6058(a) of the		2015					
	enefits Security Administration enefit Guerenty Corporation	- [Revenue Code (the Code	•	900-SE		lic Inspection		
Part	Annual Done	rt identification Information	ccordance with the mar	ructions to the Point of	100-011				
	Annual Repo	fi cal plan year beginning 01/01/2011		and ending 12/3	1/2015	Manager			
I DI CAIGINA		X a single-employer plan				akine dala h	ny nivet offenh a		
A This return/report is for: Image: A single-employer plan Image: A multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) Image: A This return/report is for: Image: A multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) Image: A This return/report is for: Image: A multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)									
B This retu	ım/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 m	onths)				
C Check i	box if filing under:	∑ Form 5558	automatic extension		ים	DFVC prog	rém		
		special extension (enter descrip	ption)			1000 com			
Part II	Basic Plan In	furmation enter all requested info	ormation						
1a Name PEDIATRIC		P. THOLOGY ASSOCIATES, P.S.C. F	PROFIT SHARING PLAN		1b Thre pian (PN)	number	002		
						tive data o 1/2012	fplan		
Mailing	adoress (include ro	pt yer, if for a single-employer plan) or m, apt., suite no. and street, or P.O. n æ, country, and ZIP or foreign postal	Box) Loode (If foreign, see Inst	ructions)	(EIN)	61-11979	the second se		
		THOLOGY ASSOCIATES, PSC	· • • • • • • • • • • • • • • • • • • •	,		(502)	hone number 629-7895		
31 EAST C	HESTNUT STREET	г			2d Business code (see Instructions) 621111				
	. KY 40202				<u></u>				
3a Pian a	dministrator's name	: nd address XSame as Plan Sponso	Э Г .		3b Administrator's EIN				
4 If the r	ame and/or Fibliot	t e plan sponsor has changed since the	a last refumite and flight	or the plan enter the			elephone number		
	EIN, and the plan n	inder from the last return/report.	ie isst tetõumebou meb i	or this plan, enter the	4b EIN 4c PN	· · · · · · · · · · · · · · · · · · ·			
59 Total r	umber of pericipan	e at the beginning of the plan your					6		
			egInning of the plan year				7		
C Numbe	er of participants wit	account balances as of the end of th	It the end of the plan year				7.		
		articipants at the beginning of the pla			5d(1)		4		
		articipants at the end of the plan year			5d(2)	. 140			
e Numb	er of participants th	it terminated employment during the r	olan vear with accrued be	nefits that were less	5e		ů		
Under pena SB of Sche	lities of perjury and	P or incomplete filing of this return/ other penalties set forth in the instruct and signed by an enrolled actusry, as molete	report will be assessed lons, i declare that I have	unless reasonable cau examined this return/ret	ort, includi	ng, lf applic	able, a Schedule knowledge and		
SIGN		renter MD	9/27/16	SUSAN COVENTRY					
HERE	Signature of play		Date	Enter name of individu	ual signing :	as pian adr	ninistrator		
sign Here					- 64 A.				
1		iloyer/plan sponaor name, if applicable) and øddress (inc	Date Jude room or suite numbe	<u>Enter name of Individu</u> ar)		as employe telephone			
For Paperwo	rk Reduction Act Not	tice and OMB Control Numbers, see the i	instructions for Form 5500	-SF.			Form 5500-SF (2016		
9 - Martin (1994)	n jagan na sa						v, 15012		

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······	Farm 5500-SF 2015			Page 2								
þ	Are you claiming a walver of under 29 CFR 2520.104-46'	the annual examination and report of a (See instructions on walver eligibility a	uring the plan year invested in eligible assets? (See Instructions.) e annual examination and report of an independent qualified public accountant (IQPA) See instructions on waiver eligibility and conditions.) er line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							X		No No
											determine	ed 📃
	t III Financial Inform	nation					<u> </u>				······································	
	Plan Assets and Liabilities	······································		(a) Beginning	g of Ye 396524		+		(b) E	nd of Ye	80818	
			78	· · · · · · · · · · · · · · · · · · ·	99092-		┥╌					,
		7b from line 7a)	76 70		396524	46	┽	4180818				
	Income, Expenses, and Train			(a) Amor	unt		+-		()) Total	<u></u>	
	Contributions received or rep						\uparrow		1			
			88(1)		22248		_					
			8a(<u>2)</u>	· · · · · · · · · · · · · · · · · · ·	2202		+-					<u> </u>
		8)	8a(3) 8b		-219		┉	<u>_</u>				
), 8a(2), 8a(3), and 8b)	8c				+			2	34593	
d	Benefits pald (Including dire :	t rollovers and insurance premiums								,		
			8d			- <u></u>	╇					
-		ctive distributions (see instructions)	<u>8e</u>		1902	21		<u></u>				
		ers (salaries, fees, commissions)	81				┿╾			÷		<u></u>
		, 8e, 8f, and 8g)	8g 8h			·····					19021	_;;
		ne 8h from line 8c)	81				+	215572				
		see instructions)	8)		<u> </u>	<u> </u>					·	
Par	t IV Plan Character	ristics					- 					
9a		benefits, enter the applicable pension	featura co	des from the List of Pl	an Cha	racteris	stic Co	des in	the ins	ructions		
B		cenefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chars	acterist	lc Cod	ies in th	ne instr	uctions:		
Deve				·								
Part 10	V Compliance Que: During the plan year;	\$110115				Yes	No	N/A	T		ount	
		mit to the plan any participant contribut	tions within	n the time period		1¢\$	NU) IIIA	 	Ain	ount	
	described in 29 CFR 25' 0.	3-102? (See instructions and DOL's Vi	oluntary F	iduciary Correction	10a		х					
b		transactions with any party-in-interest			10b		x					
C	Was the plan covered by a	fidelity bond?			10c	X					500(000
d	Did the plan have a loss, wh by fraud or dishonesty?	nether or not reimbursed by the plan's	fidelity bor	nd, that was caused	10d		х					
6	Were any fees or comminish carrier, insurance service, or	ons paid to any brokers, agents, or oth r other organization that provides some	er persons e or all of t	s by an insurance the benefits under	10±	×					20	065
f	Has the plan failed to provid	le any benefit when due under the plan	1?		10f		Х					
g	Did the plan have any partic	pant loans? (If "Yes," enter amount as	s of year a	nd.)	10g		Х					
h		nt plan, was there a blackout period? (See instructions and 29 CFR			10h		х					فہ جریس
1	If 10h was answered "Yes,"	check the box if you either provided the required notice or one of the notice applied under 29 CFR 2520.101-3			101							
J	Old the plan trust incur unrel	lated business taxable income?			10]							
Part	VI Pension Funding	Compliance										
11	is this a defined benefit ; ian 5500) and line 11a belov)	subject to minimum funding requireme	ants? (lf "∖	/es," see Instructions (and con	npiete :	Sched	ule SB	(Form		Yes 🛛	No
<u>11a</u>	Enter the unpaid minimum re	equired contribution for all years from :	Schedule :	SB (Form 5500) line 4	0			11a				
_12	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											

	F	orm 5500-SF 2015	Page 3 - 1					
			a or lines 12b, 12c, 12d, and 12c below, as applicable.)					
а	if a w	alver of the minimum	unding standard for a prior year is being amortized in this plan year, see int	structions, and e	anter the Day_	e date of t	he letter rul Year	ling
			o npiete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Udy		1001	
			1 contribution for this plan year		126			
_			x by the employer to the plan for this plan year		12c			
d			a 120 from the amount in line 12b. Enter the result (enter a minus sign to the		120			
	negati	ive amount)				L <u></u>		
			a nount reported on line 12d be met by the funding deadline?	****		Yes	No	N/A
Part		Automatical and a second se	is and Transfers of Assets		1	<u> </u>		
_13a			a the plan been adopted in any plan year?				s X No	
			f any plan assets that reverted to the employer this year		138	Ļ	.=	
	of the	PBGC?	tributed to participants or beneficiaries, transferred to another plan, or brough				Yes X	No
с) assets or liabilities were transferred from this plan to another plan(s), identi are transferred. (See instructions.)	fy the plan(s) to				
	13c(1)	Name of plan(s);	· · · · · · · · · · · · · · · · · · ·	13c(2)	EIN(\$)		13c(3) F	<u>'N(s)</u>
								_
Part	VIII	Trust Informat	on					
14a	Name d	of trust			14b T	rușt's Ell	N	
140	himme	of to info or custod:	······		144	Tuntonia	da a letadi	
1.40	14C Name of trustee or custodi in				14d Trustee's or custodian's telephone number			
Par	t IX	IRS Complian	e Questions					
15a	is the	pian a 401(K) plan?.			🗍 Ye	S .	No	- <u> </u>
	1.8.45.7	***			Design-			
190			k) plan satisfy the nondiscrimination requirements for employee deferrals an applicable) under sections 401(k)(3) and 401(m)(2)?		based sa			
45-						ethod		
156	testing	method" for nonhig	, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ily compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4	101(m)-	Te Te	\$	No	
	2(a)(2)	(ii))?				atio		
16a	Check	the box to indicate t	a method used by the plan to satisfy the coverage requirements under section	оп 410(ь):		rcentage		rage efil lest
16b	Does t	he plan satisfy the c .	verage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com ts under the permissive aggregation rules?	iþining	Ye		No	
17a			nended for all required tax law changes?			s	 No	∏ N/A
	Date th	re last plan amendri	ent/restatement for the required tax law changes was adopted	Enter the a	pplicabl	e code	(See In	structions
17c	If the p	law changes and or (lan sponsor is an ar (nu latter, optics the d	opter of a pre-approved master and prototype (M&P) or volume submitter pla		t io a fa	vorsble if	RS opinion	or
17d	If the p	ian is en individuali - ination letter	te of that favorable letter and the letter's serial designed plan and received a favorable determination letter from the IRS, end	nter the date of	the plar	n's last fav	/orable	
18	Is the F	Plan maintained in :	U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) Suam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin) has been Islander?	Yes		∏N□	
19			s made during the plan year?		 Ye			
					19	· · · · ·	<u></u>	
20			tributions made to 5% owners who have attained age 70 ½ (regardless of wi		L	(,
	retired)	, as required under a	ection 401(a)(9)?		[] Ye	5	No	_]N/A