## 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.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information							
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/2	2015	and ending 12	2/31/2015				
A This ret	turn/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 foreign plan  the final return/report						
<b>5</b>		a one-participant plan							
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	onths)						
C Check I	C Check box if filing under:								
<b>—</b>	· · · · ·	special extension (enter descr	' '						
Part II		ormation—enter all requested inf	formation		41				
1a Name CUMBERLA		ROLOGY PSC PROF SHARING PL	AN		<b>1b</b> Three-digit plan number (PN) ▶	001			
			1c Effective date	e of plan 2/18/1999					
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		otruction o	<b>2b</b> Employer Ide (EIN) 31	ntification Number -1552575			
	ND GASTROENTER	ce, country, and ZIP or foreign post OLOGY PSC	ai code (il foreign, see in	structions)	2c Sponsor's telephone number 606-677-2913				
TOWER (					2d Business code (see instructions)				
56 TOWER ( SOMERSET	, KY 42503-3476				621111				
3a Plan a	dministrator's name a		<b>3b</b> Administrator	<b>3b</b> Administrator's EIN					
4 If the r	name and/or FIN of the	ne plan sponsor has changed since	the last return/report file	I for this plan, optor the	3c Administrator 4b EIN	's telephone number			
name		umber from the last return/report.	the last return/report met	Tior tills plan, enter the	4c PN				
_		s at the beginning of the plan year			5a				
_					5b	21			
C Numb	er of participants with	s at the end of the plan year account balances as of the end of	the plan year (defined be	nefit plans do not	5c	21			
•	,	articipants at the beginning of the pl			5d(1)	14			
		articipants at the end of the plan yea		İ	5d(2)	17			
<b>e</b> Numb	per of participants tha	penefits that were less	5e						
		or incomplete filing of this return			ise is established.				
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, an enrolled actuary, and the control in the instruction and the control in t							
SIGN HERE		d/valid electronic signature.	08/08/2016	SAMIR COOK					
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as plan a	dministrator			
SIGN HERE									
		oyer/plan sponsor	ridual signing as employer or plan sponsor						
Preparer's	name (including firm	name, if applicable) and address (ir	iclude room or suite num	ber)	Preparer's telepho	ne number			

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>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 cann</li> </ul>	an independand condition	dent qualified public a	ccount	ant (IQ	PA)		<u> </u>	
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 dete	rmined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year	
a Total plan assets	7a 		2015	822			2231	341
b Total plan liabilities  C Net plan assets (subtract line 7b from line 7a)	7b 7c		2015	822			2231	3/11
8 Income, Expenses, and Transfers for this Plan Year	76	(a) Amou		1022			(b) Total	041
a Contributions received or receivable from:		(a) Amot	ant				(b) Total	
(1) Employers	8a(1)			634				
(2) Participants	8a(2)		83	3497				
(3) Others (including rollovers)	8a(3)		22	0000				
b Other income (loss)	8b		-33	962			224	1169
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      d Benefits paid (including direct rollovers and insurance premiums	8c						224	109
to provide benefits)	8d		7	'387				
<b>e</b> Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g		1	263				000
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3650 5519
Net income (loss) (subtract line 8h from line 8c)      Transfers to (from) the plan (see instructions)	8i						210	519
Part IV Plan Characteristics	8j							
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	instructions:	
10 During the plan year:				Yes	No	N/A	Amount	t
<b>a</b> Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X			
<b>b</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	X				300000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's 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			
f Has the plan failed to provide any benefit when due under the plan			10f		Χ			
g Did the plan have any participant loans? (If "Yes," enter amount a	s of vear er	nd.)	10g		Χ			
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g		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	ne required	notice or one of the	10ii					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance			ıvj	<u> </u>	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								s 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							RISA? Ye	s X No

	F	orm 5500-SF 2015 Page <b>3</b> - 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 Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a									
		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)		<b>13c(3)</b> 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	15b 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	for 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))?					Yes No			
16a	6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					Ratio Average 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	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

Deperiment of Lebor 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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

A		accordance with the ms	tructions to the ronn 5	300-3F.	·			
Annual Report								
For calendar plan year 2015 or fi	iscal plan year beginning 01/01/20	)15	and ending 12/3	31/2015				
Λ This relume/report in feet	a single-employer plan	a multiple-employer list of participating e	his box must attach a					
A This return/report is for:	a one-participant plan	a foreign plan	. tom manucionay					
<b>B</b> This return/report is	the first return/report	the final return/report						
_	onths)							
C Check box if filing under:	Form 5558 apecial extension (enter desi	automatic extension DFVC program						
				· ·				
Partill Basic Plan Info	rmation—enter all requested in	nformation		T				
1a Name of plan CUMBERLAND GASTROENTER	<b>1b</b> Three-digit   plan numb   (PN) ▶	•						
		1C Effective d 02/18/1999						
Malling address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)	de cellena)	2b Employer Identification Number (EIN) 31-1552575				
CUMBERLAND GASTROENTER	ce, country, and ZIP or foreign pos OLOGY PSC	stat code (ii foreight, see ins	stractions)		lelephone number 306) 677-291 <b>3</b>			
58 TOWER CIRCLE				<b>2d</b> Business c 621111	ode (see instructions)			
SOMERSET, KY 42503-3476								
3a Plan administrator's name a	ınd address 🏿 Same as Plan Spor	nsor.		3b Administrator's EIN				
				3c Administrator's telephone number				
	ne plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN				
a Sponsor's name	ımber from the last return/report.			4c PN				
	s at the beginning of the plan year				18			
	s at the end of the plan year			5b	21			
	account balances as of the end o		-	5c	21			
<b>d(1)</b> Total number of active pa	articlpants at the beginning of the p	plan year		5d(1)	14			
	articipants at the end of the plan y			5d(2)	17			
than 100% vested	t terminated employment during th		***************************************	5e				
Caution: A penalty for the late	or incomplete filing of this retu	rn/report will be assesse	d uniess reasonable car	use is establishe	<u>d </u>			
Under penalties of perjury and o SB or Schedule MB completed a belief, it is true, correct_and com	ther penalties set forth in the instr and signed by an enrolled actuary, inlete.	uctions, I declare that I hav as well as the electronic v	ersion of this return/repor	t, and to the best	applicable, a Schedule of my knowledge and			
sign - Let	Samir Cook -	loop						
HERE Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator			
SIGN HERE								
Signature of empl	oyer/plan sponsor	Dale		lual aigning as em	ployer or plan sponsor			
Preparer's name (including firm	name, if applicable) and address	(include room or suite num	ber)	Preparer's telep	hone number			
				manufaction of the State of the	6.5.N_NAAAA.L			
					1200, 300 127, 2000			
				<ul> <li>************************************</li></ul>	na propriata de la companya de la c			

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									Yes _	No
#Pai	Till Financial Information	•									
	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	d of Ye	ar	
a	Total plan assets	. 7a		201582		_				1341	
b	Total plan liabilities	. 7b									
C	Net plan assets (subtract line 7b from line 7a)	. 7c		201582	2		2231341				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	mt			(b) Total				
а	Contributions received or receivable from:	Pa/4)		17463	4	7 710					Land of the control o
	(1) Employers	. 6a(1) . 6a(2)		8349		race of				A AMERICA	A Addition
	(3) Others (including rollovers)	Ι'				2575					
	Other Income (loss)	8b		-3396	2		(49)	7,777			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	9c				*			22	4169	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		738	7	100					
е	Certain deemed and/or corrective distributions (see instructions)	. <u>θ</u> e				攤					
f	Administrative service providers (salaries, fees, commissions)	. 8f				120 22 10 200 22 10					
g	Other expenses	. 8g	salen Alagan oo an oo dhaadhaa y salehada o dagaladah in	1263			3				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		1		320	9650				
<u>i</u>	Net income (lose) (aubtract line 8h from line 8c)		Contract of the contract of th	entropie (m. 1720) Optional (m. 1720)	13000000	maravundiyaranin		2′	5519		
, i	Transfers to (from) the plan (see instructions)	· 8j									
400	Plan Characteristics				·		<del></del> -				
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2T 3D	i feature co	odes from the List of Pl	an Cha	racteris	stic Co	odes in	lhe instr	uctions		
В	If the plan provides welfare benefits, enter the applicable welfare	fealure cod	les from the List of Pla	n Chara	clerisi	ic Coc	ies in li	je instru	ctions:		_
Pár	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amo	ount	
a		Voluntary F	Fiduciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		х					
C	Was the plan covered by a fidelity bond?			10c	×		100000			300	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	nd, that was caused	10d		×					
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			10e		х					
f	Has the plan falled to provide any benefit when due under the pla	an?		10f		х	45.				
g						х	275				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	Andrea Vy Votera Vy	-15-10-16 		ETU BALL	Outloon Outloon Total
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	lhe require	d natice or one of the	10i			(31.1 ±61 v 14 −14 v (251 ± 7 × 14 × 12 v )	21.35.25.35 20.55.25.35 20.55.25.35		Author 27 Sec. 100 Se	
j	Did the plan trust incur unrelated business taxable income?			10j	L						
Par	Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	nents? (If "	'Yes," see Instructions	and cor	nplete	Sched	dule SB	(Form	<u>L                                  </u>	Yes X	No
<u>11a</u>	Enter the unpaid minimum required contribution for all years from							<u> </u>	1 6	Yes X	7
47	to this a defined contribution plan subject to the minimum funding	a roquiss—	onte of postion 442 of 4	be Cad	0 05 55	elies '	マロン ヘドリ	EDIEVO.		Yes X	u No

	Form 5500-SF 2015 Page <b>3 - 1</b>							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see insgranting the waiver.		nter the Day_	date of	the letter ruli Year	ing		
lf y	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					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d					
9	Will the minimum funding amount reported on line 12d be met by the funding deadline?	***************************************		Yes	No	N/A		
Part	Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s 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 another plan, or brought the PBGC?		ontrol		Yes X	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identity which assets or liabilities were transferred. (See instructions.)	fy the plan(s) lo						
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(ε)		
Part	Trust Information							
14a (	Name of trust		14b '	ľrusťs El	N			
14c Name of trustee or custodian					4d Trustee's or custodien's telephone number			
Pan	IRS Compliance Questions					•		
15a	Is the plan a 401(k) plan?		Ye		∏No			
15b	15b 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)?			esign- ased safe arbor ethod	ADP/ACP test			
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	Ю1(m)-	Ye		No	No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	on 410(b): ,	⊔ p	atio ercentage st		rage elit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by conthis plan with any other plans under the permissive aggregation rules?		∏ Y∈	<del>!</del> 5	No			
	Has the plan been timely amended for all required tax law changes?		Y		□No	□ N/A		
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).					structions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pladvisory letter, enter the date of that favorable letter and the letter's serial	number		<u> </u>		or		
	if the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter		the pla	n's last fa	avorable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	) has been i Islands)?	Ye	Yes No				
19	Were in-service distributions made during the plan year?		Ye	16	∏No			
	If "Yes," enter amount		19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w	hether or not	П үе	ıs.	Пио	□ N/A		