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

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calend	lar plan year 2015 or fis	scal plan year beginning 01/01/	<u> 2016 </u>	and ending 10	0/31/2016						
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) mployer information in ac							
74 1111010	turn/report is for.	a one-participant plan	a foreign plan								
B This ret	urn/report is	the first return/report	x the final return/report								
		an amended return/report	X a short plan year retu	rn/report (less than 12 m	onths)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram					
D (!!	Desir Blee Info	special extension (enter desc									
Part II		rmation—enter all requested in	formation		T 41						
1a Name NORTHERI	•	TOLOGY, PSC 401(K)			1b Three-digit plan number (PN) ▶	. 001					
					1c Effective dat	e of plan					
20 Dian a		if for a simple completion plant			_	1/01/1993					
Mailin	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.0				entification Number 1-1230349					
	r town, state or province KENTUCKY DERMAT	e, country, and ZIP or foreign pos FOLOGY, PSC	tal code (if foreign, see ins	tructions)	2c Sponsor's te	elephone number 9-341-6207					
						de (see instructions)					
	CELLOR DR V HILLS, KY 41017				6	21111					
3a Plan a	administrator's name ar	nd address XSame as Plan Spon	sor.		3b Administrato	r's EIN					
					3c Administrato	r's telephone number					
						·					
4 If the	name and/or FIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN						
name	e, EIN, and the plan nur	mber from the last return/report.	and last return propert mea	rer une pian, enter une							
	sor's name				4c PN	47					
_		at the beginning of the plan year.			5a	17					
		at the end of the plan year		i	5b	0					
		account balances as of the end of	. , ,	•	5c	0					
d(1) Tot	tal number of active par	rticipants at the beginning of the p	lan year		5d(1)	15					
		rticipants at the end of the plan ye			5d(2)	0					
than	100% vested	terminated employment during the			5e	0					
	-	or incomplete filing of this retur									
SB or Sche		her penalties set forth in the instrund signed by an enrolled actuary, ablete.									
SIGN	Filed with authorized/	valid electronic signature.	11/22/2016	WILLIAM B. HOPPEN	IJANS						
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as plan	administrator					
SIGN											
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as empl	oyer or plan sponsor					
Preparer's		ame, if applicable) and address (i	nclude room or suite numb		Preparer's telepho						

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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 independand condition	dent qualified public a	ccount	ant (IQ	PA)			□	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	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		2749	158					0
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		2749	158					0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) T	otal	
Contributions received or receivable from: (1) Employers	8a(1)		24	367					
(2) Participants	8a(2)		57	' 589					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		115	841					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							19	7797
d Benefits paid (including direct rollovers and insurance premiums	8d		2934	1678					
to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e		200-	010					
f Administrative service providers (salaries, fees, commissions)	8f		12	277					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							294	6955
i Net income (loss) (subtract line 8h from line 8c)	8i							-274	9158
j Transfers to (from) the plan (see instructions)	8i								
Part IV Plan Characteristics	-, -								
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of PI	an Cha	racteri	stic Co	des in th	ne instruc	tions:	
2A 2E 2F 2G 2J 2K 2R 2T 3D									
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	ies in the	e instructi	ions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amour	nt
a Was there a failure to transmit to the plan any participant contributes 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.)	? (Do not ir	nclude transactions	10b		X				
C Was the plan covered by a fidelity bond?			10c	X					400000
d 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					4000
f Has the plan failed to provide any benefit when due under the plan					Х				
			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount ah If this is an individual account plan, was there a blackout period?		,	10g		^				
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 2520.10			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)								Y	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						302 of E	RISA?	Y	es X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he 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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	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		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian				s or custodi	an's
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
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)?		ha	sed safe arbor ethod	ADF test	P/ACP
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No	
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage 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		No	
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable	
18	Is the I	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	S	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

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**

	fit Guaranty Corporation	▶ Complete all entries in	accordance with the instruc	tions to the Form 55	00-5F.				
Part I	Annual Report	Identification Information		and ending	10/31/201	6			
For calendar	plan year 2015 or fi	scal plan year beginning	0170172016						
Δ This retur	n/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)						
(11111)	Title Bass	a one-participant plan	a foreign plan						
B This return	n/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return/r						
C Check bo	ox if filing under:	Form 5558	automatic extension		DFVC progr	am			
		special extension (enter desc							
		ormation—enter all requested in	ntormation		1b Three-digit				
1a Name o	f plan		- \		plan number				
Nonthern	i Yebrnakk n	ermatology, PSC 401()	-,		(PN) •	001			
					1c Effective date of 01/01/199				
2a Plan spi	onsor's name (emp	ioyer, if for a single-employer plan) om, apt., suite no, and street, or P.	O Box)	A STATE OF THE STA	2b Employer Identi (EIN) 61-12	fication Number 30349			
City or t	own, state or provin	ice, country, and ZIP or foreign pos	ital code (if foreign, see instru	ctions)	2c Sponsor's telep	hone number			
Northern	n Kentucky D	ermatology, PSC			(859) 341 2d Business code				
		#			621111	(sec mendulons)			
	ancellor Dr	e.	KY	41017					
	ew Hills	and address XSame as Plan Spo	A STATE OF THE STA	41017	3b Administrator's	EIN			
Dec Haranteen and a second			- Automore			A VITE			
4 If the π name,	ame and/or EIN of t EIN, and the plan r	the plan sponsor has changed sinc number from the last return/report.	e the last return/report filed fo	r this plan, enter the	4b EIN				
a Sponso	or's name	AND AND THE STREET, AND	CALLANDON	ma · · · · · · · · · · · · · · · · · · ·	4c PN	1.7			
		its at the beginning of the plan year				0			
b Totalin	number of participar	nts at the end of the plan year		./10011000	., 5b				
© Numbe	er of participants wit ete this item)	th account balances as of the end o	of the plan year (defined bene-	ht plans do not	5c	. 0			
		participants at the beginning of the			5d(1)	15			
d(2) Tota	al number of active	participants at the end of the plan y	/ear		5d(2)	<u> </u>			
e Numb	er of participants th	at terminated employment during t	he plan year with accrued ber	efits that were less	5e	. 0			
			PARTECONOMIC VALUE OF SECRESSIA	TOTOGER TENNSOTTHORN LA	ause is ealernance.	Landa - Dahadula			
Under pena SB or Sche		other penalties set forth in the insti I and signed by an enrolled actuary				icabie, a Schedule iy knowledge and			
	W.Q.	1.00	11/16/16	William B. H	ioppenjans				
SIGN			Date	Enter name of Indiv	idual elanina as nian ad				
		Idda bigunig or him.							
	Signature of pia	n administrator	Date	Litter frame 4. Ida	rador prigrang av pre-				
SIGN						dministrator			
HERE	Signature of em	płover/plan sponsor	Date	Enter name of indiv	idual signing as emplo	dministrator			
HERE	Signature of em		Date	Enter name of indiv	idual signing as emplo	dministrator			
HERE	Signature of em	płover/plan sponsor	Date	Enter name of indiv	idual signing as emplo	dministrator			

Form 5500-SF 2015	Y00 <u>0</u>	Page 2	100						
					-		. 🗵	Yes	No
6a Were all of the plan's assets during the plan year invested in eligible	assets? (Se	e instructions.)		, + /IAB	 Λ\		<u>* </u>		1, 485
b Are you claiming a waiver of the annual examination and report of a	an macpaired	+ 1					<u>X</u>	Yes	No
under 29 CFR 2520.104-46? (See instructions off walver digitally a	t use Form	5500-SF and must it	nstead	use F	orm 6				
If you answered "No" to either time 6a or line 6a, the plan cannot be the plan is a defined benefit plan, is it covered under the PBGC into the plan is a defined benefit plan, is it covered under the PBGC into the plan is a defined benefit plan, is it covered under the PBGC into the plan is a defined benefit plan, is it covered under the PBGC into the plan is a defined benefit plan, is it covered under the PBGC into the plan is a defined benefit plan, is it covered under the PBGC into the plan is a defined benefit plan, is it covered under the PBGC into the plan is a defined benefit plan, is it covered under the PBGC into the plan is a defined benefit plan, is it covered under the PBGC into the plan is a defined benefit plan, is it covered under the PBGC into the plan is a defined benefit plan, is it covered under the PBGC into the plan is a defined benefit plan in the plan is a defined benefit plan is a defined benefit plan in the plan in the plan is a defined benefit plan in the plan is a defined benefit plan in the plan in the plan is a defined benefit plan in the plan in the plan is a defined benefit plan in the pl	surance prog	ıram (see ERISA sect	ion 402	21)?	🔲 '	Yes 🗌	No U Not	determir	ned
						- 10 miles			
Part III Financial Information		(a) Designing	of Vear		1	{	b) End of Y	ar	
7 Plan Assets and Liabilities		(a) Beginning o	749	, 158	1				Ö
a Total plan assets	7a .						The state of the s		
b Total plan liabilities	7b	2	,749	.158					Q
C Net plan assets (subtract line 7b from line 7a)	7c			,			(b) Total		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour		-500	1		(/	-	
a Contributions received or receivable from:	8a(1)		24	,367					
(1) Employers	8a(2)		57	,589		70.0			
(2) Participants	8a(3)						100 May		
(3) Others (including rollovers)	8b		115	,841					
b Other income (loss)	8c							1.97	7,797
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums			2 2 2						
to provide benefits)	, 8d	2	,934	,678	3				
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		12	,27	7				
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								6,955
Net income (loss) (subtract line 8h from line 8c)	. 8i							-2,74	9,158
Transfers to (from) the plan (see instructions)	8)								
Part IV Plan Characteristics							100 100 100 100 100 100 100 100 100 100		
9a if the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Pla	ın Char	acteris	stic Co	des in th	ne instruction	is:	
1 2A 2E 2F 2G 2J 2K 2R 2T 3D		SWINE				10.00			
B If the plan provides welfare benefits, enter the applicable welfare	feature code	s from the List of Plan) Chara	cterist	ic Coc	es in the	e instructions)	
	- 00000					**			
Part V Compliance Questions				Yes	No	N/A	۸.	nount	
10 During the plan year:		the time period		100	NO	14124	^	HOU!!	
a Was there a failure to transmit to the plan any participant contributed in 29 CFR 2510.3-102? (See instructions and DOL's)	utions within Voluntary Fi	the time period							
Program)			10a		Х				
b Were there any nonexempt transactions with any party-in-interes	st? (Do not ir	nclude transactions			X				
reported on line 10a.)			10b	-	0	-			
c Was the plan covered by a fidelity bond?			10c	Х	ļ			40	0,000
d Did the plan have a loss, whether or not reimbursed by the plan'	s fidelity bon	d, that was caused	10d		х				
by fraud or dishonesty?			100	-					
e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so	tner persons me or all of t	he benefits under							
the plan? (See instructions.)	<u></u>		10e	X	<u> </u>				4,000
f Has the plan failed to provide any benefit when due under the pl			10f	1	X				
g Did the plan have any participant loans? (If "Yes," enter amount	**		10g		Х				
h If this is an individual account plan, was there a blackout period.	2 (See instru	ctions and 29 CFR	175		1				
2520 101.3 \			10h		X	ļ			
: With was appropried "Ves " check the box if you either provided	the required	I natice or one of the	40.						
exceptions to providing the notice applied under 29 CFR 2520.1	01-3		101	-		 			
j Did the plan trust incur unrelated business texable income?			10 <u>j</u>						
Part VI Pension Funding Compliance				-4-1-6-1	. C	dula CO	/Form		
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)							VI-OHIII	Yes	X No
14a Corestpo www.sid minimum required contribution for all years from	m Şchedulê	SB (Form 5500) line 4	<u></u>			11a	<u> </u>		<i>₽</i>
12 Is this a defined contribution plan subject to the minimum funding	ng requireme	ents of section 412 of	the Coo	de or s	ection	302 of I	ERISA?	Yes	X No

1	Form 5500-SF 2015 Page 3						
(If "Y	es," complete line 12a or Ilnes 12b, 12c, 12d, and 12e below, as applicable.)						
a Ifaw grant	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ting the walver	101	nter t Day	he date o	of the let Year	ter rulin	9
If you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
	the minimum required contribution for this plan year		12b				
C Enter:	the amount contributed by the employer to the plan for this plan year		12c				
d Subti	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	ora	12d		T		b1/A
e Will t	he minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	, II	N/A
Part VII	Plan Terminations and Transfers of Assets						- SE-
13a Has	a resolution to terminate the plan been adopted in any plan year?			X	es [No	100
	es." enter the amount of any plan assets that reverted to the employer this year		13a	_		12	(
b Wen	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under the co	ntrol	,	X Yes	s N	0
c If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify	the plan(s) to					
	ch assets or liabilities were transferred. (See instructions.)	13c(2) E	FIN(s	Υ	13	3c(3) Pt	۷(s)
13c(1)	Name of plan(s):	TOO(LY)	-11.4(-	7			
Dort VIII	Trust Information			va			
Part VIII 14a Name	waster of the second se		14t	Trust's	EIN		
14a Name	s or truor						
dan Nam	ne of trustee or custodian		14	d Truste	e's or c	ustodia	n'é
IMC NAIT	te of trustee of custodian			teleph	one nun	nber 	
Part IX	IRS Compliance Questions					-,	
15a is th	ie płan a 401(k) płan?	.,,,,	Ш	Yes	L	No	
15h ((*)	es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employer		Design- based sa harbor method		ADP test	/ACP
losti	e ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cur ing method" for nonhighly compensated employees (Treas, Reg sections 1.401(k)-2(a)(2)(ii) and 1.40	1(m)-		Yes	[No	
	(2)(ii))? ck the box to indicate the method used by the plan to satisfy the coverage requirements under section			Ratio percenta test	age [Ave ben	rage efit test
16b Doe	s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb plan with any other plans under the permissive aggregation rules?	ining		Yes		No	
	the plan been timely amended for all required tax law changes?			Yes		No	N/A
17b Da	If the last bigg attending in particular for the reduced tox the citerias and the pro-	. Enter the ap	plica	ble code	(8	See inst	ructions
for t	ax law changes and codes). e plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan	that is subject	ct to	a favorab	le IRS r	pinion	Ot
17d if th	e plan is an individually-designed plan and received a favorable determination letter from the IRS, en	ter the date of	fthe	plan's las	t favora	ible	
40 (- 4)	ermination letter he Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(I)(2) de), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?		Yes		No	
	re in-service distributions made during the plan year?			Yes	Ĺ	No	
	res," enter amount		. 1	9			
20 Me	re required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whered), as required under section 401(a)(9)?	ether or not		Yes	[No	N/A
1011	·						