Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I		entification Information		<u> </u>			
For cale	ndar plan year 2015 or fisca	al plan year beginning 07/01/2015		and ending 06/30/2016			
A This	return/report is for:	a multiemployer plan;		ployer plan (Filers checking this mployer information in accordan			ns); or
		a single-employer plan;	a DFE (specify	/)			
B This	eturn/report is:	the first return/report;	the final return	/report;			
		an amended return/report;	a short plan ye	ear return/report (less than 12 m	2 months).		
C If the	plan is a collectively-barga	ined plan, check here			▶]	
D Chec	k box if filing under:	X Form 5558;	automatic exter	nsion;	the DFVC program;		
		special extension (enter description	n)				
Part	II Basic Plan Info	rmation—enter all requested inform	nation				
	ne of plan TAIN COMPREHENSIVE C	ARE CENTER FLEXIBLE BENEFIT F	PLAN			ree-digit plan mber (PN) ▶	502
						ective date of pl /01/1995	an
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)					Nui	nployer Identifica mber (EIN) -0663787	ation
-	AIN COMPREHENSIVE CA		ie (ii ioreigii, see iiisti	uctions		an Sponsor's tele	nhono
					mber 606-886-8572		
104 SOUTH FRONT AVENUE 104 SOUTH FRONT AVENUE PRESTONSBURG, KY 41653 PRESTONSBURG, KY 41653			inst	siness code (set tructions) 1330	е		
Caution	A penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cause is es	stablished	i.	
		r penalties set forth in the instructions Il as the electronic version of this retu					
SIGN HERE	Filed with authorized/valid	electronic signature.	01/30/2017	KATHY GOBLE			
TILIXL	Signature of plan admin	istrator	Date	Enter name of individual signi	ng as plan	administrator	
SIGN							
HERE	Signature of employer/p	alan enonear	Date	Enter name of individual signi	ng ac omn	olovor or plan en	oncor
	Signature of employer/p	nan sponsor	Date	Liner hame of individual signi	ng as emp	noyer or plair sp	011501
SIGN							
HERE	Signature of DFE		Date	Enter name of individual signi	ng as DFF	<u> </u>	
Preparer	•	ne, if applicable) and address (include	****			hone number	

Form 5500 (2015) Page **2**

	Plan administrator's name and address Same as Plan Sponsor DUNTAIN COMPREHENSIVE CARE CENTER	3b	Administrator's EIN 61-0663787
104	4 SOUTH FRONT AVENUE RESTONSBURG, KY 41653	3с	Administrator's telephone number 606-886-8572
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the EIN and the plan number from the last return/report:	name, 4b	EIN
а	Sponsor's name	4c	PN
5	Total number of participants at the beginning of the plan year	!	724
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only line 6a(2), 6b, 6c, and 6d).		
a(′	1) Total number of active participants at the beginning of the plan year	<u>6a</u>	(1) 724
a(2	2) Total number of active participants at the end of the plan year	<u>6a</u>	920
b	Retired or separated participants receiving benefits	6	b
С	Other retired or separated participants entitled to future benefits	6	С
d	Subtotal. Add lines 6a(2), 6b, and 6c.	<u>6</u>	d 920
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6	e
f	Total. Add lines 6d and 6e	6	if
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6	g
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6	h
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this	item)	7
b	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteri 4A 4B 4C 4D 4E	istics Codes in t	he instructions:
9a	Plan funding arrangement (check all that apply) (1)	check all that ap	
		ets of the spons	or
10		er the number a	ttached. (See instructions)
9	Pension Schedules b General Schedules		
а	(1) P (Retirement Plan Information)	ancial Informatio	n)
	Purchase Plan Actuarial Information) - signed by the plan actuary (3) (4) 7 A (Insu	ncial Information	on) ormation)
	H H	E/Participating Pancial Transaction	

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
	provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2.)
If "Yes" is	checked, complete lines 11b and 11c.
11b Is the plar	n currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
enter the I	Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)
Receipt C	confirmation Code

Form 5500 (2015)

Page 3

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 20	15 or fiscal plar	year beginning 07/01/2015		and er	nding 06/30/2016	
A Name of plan				B Thre		
MOUNTAIN COMPREHE	NSIVE CARE	CENTER FLEXIBLE BENEFIT F	PLAN		number (PN)	502
C Plan sponsor's name a	s shown on line	e 2a of Form 5500		D Emplo	oyer Identification Number	(EIN)
MOUNTAIN COMPREHE	NSIVE CARE	CENTER, INC		61-	0663787	
		ing Insurance Contract Individual contracts grouped as				
1 Coverage Information:						
(a) Name of insurance ca		ΥY				
/I.A. EIAI	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy or c	ontract year
(b) EIN	code	identification number	persons covered at end of policy or contract year		(f) From	(g) To
61-1237516	95120	001003753	695	;	07/01/2015	06/30/2016
2 Insurance fee and com- descending order of the		ation. Enter the total fees and to	tal commissions paid. Li	ist in line 3	the agents, brokers, and c	other persons in
(a) Total a	amount of comi	missions paid		(b) To	otal amount of fees paid	
		5741	0			
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).		
	(a) Name a	nd address of the agent, broker	, or other person to whor	m commiss	sions or fees were paid	
ASSURED NEACE LUKEN	NS INSURANC		RIVER ROAD SVILLE, KY 40206			
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid		
commissions pa		(c) Amount	(d) Purpose			(e) Organization code
3241			3			
	(a) Name a	nd address of the agent, broker	or other person to whor	m commiss	sions or fees were paid	
CREECH AND STAFFORE	* /	IC 2416 S	SIR BARTON WAY STE			
		LEXIN	GTON, KY 40509			
(b) Amount of sales ar	nd hase	Fe	es and other commissior	ns paid		
commissions pai		(c) Amount		(d) Purpos	е	(e) Organization code
	2500					3
For Paperwork Reductio	n Act Notice a	ind OMB Control Numbers, se	e the instructions for F	orm 5500.		

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(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
	-	·	
		Fees and other commissions paid	
(b) Amount of sales and base			(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) No	me and address of the agent broke	r or other person to whom commissions or food were poid	
(a) Na	ine and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			T
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•	•	, , ,	
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	4.50
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
confinissions paid	(C) Amount	(u) Fulpose	code
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(2)			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			•
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	(-)	727	

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7f

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contra	cts with each carrie	er may be treated as	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year en				
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier				
	С	Premiums due but unpaid at the end of the year				
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		•	nu	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan.	check here	П	
7		racts With Unallocated Funds (Do not include portions of these contracts ma			Ш	
•	a			tion guarantee		
	а	(3) guaranteed investment (4) other		tion guarantee		
	b c	Balance at the end of the previous year			7b	
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			7c(6)	0
	ď	Total of balance and additions (add lines 7b and 7c(6))			7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		>				
		(5) Total deductions			7e(5)	0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....

Schedule A (Form 5500) 2015		Page 4		
rt III Welfare Benefit Contract Infoll If more than one contract covers the sa information may be combined for report the entire group of such individual contract.	me group of employees of the sing purposes if such contracts	are experience-rated as a	unit. Where contract	
Benefit and contract type (check all applicable be	oxes)			
a Health (other than dental or vision)	b Dental	c Vision		d X Life insurance
e Temporary disability (accident and sickne	ss) f Long-term disabilit	ty g Supplemen	tal unemployment	h Prescription drug
i Stop loss (large deductible)	j HMO contract	k PPO contra		I Indemnity contract
	, I imo contidot	N □ 11 0 comic		
m ☐ Other (specify) ▶				
Experience-rated contracts:				
a Premiums: (1) Amount received		9a(1)		
(2) Increase (decrease) in amount due but u	ınpaid	9a(2)		
(3) Increase (decrease) in unearned premiu	m reserve			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid		9b(1)		
(2) Increase (decrease) in claim reserves		9b(2)		
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charge	ges (on an accrual basis)			
(A) Commissions		9c(1)(A)		
(B) Administrative service or other fees				
(C) Other specific acquisition costs		9c(1)(C)		
(D) Other expenses		9c(1)(D)		

9c(1)(H)

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

48595

retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Part III

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(E)

9c(1)(F)

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2015

This Form is Open to Public

		pursuant to EF	RISA section 103(a)(2).				Inspection
For calendar plan year 20	15 or fiscal plan	year beginning 07/01/2015		and end	ling 06/30	0/2016	
A Name of plan MOUNTAIN COMPREHE	NSIVE CARE (CENTER FLEXIBLE BENEFIT PL	AN		-digit number (PN	l) •	502
C Plan sponsor's name a MOUNTAIN COMPREHE			D		ver Identifica	ation Number (EIN)
		ing Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca		Υ					
	(c) NAIC	(d) Contract or	(e) Approximate numb			Policy or co	ntract year
(b) EIN	code	identification number	persons covered at en policy or contract year		(f)	From	(g) To
61-1237516	95120	001003753	651		07/01/2015	5	06/30/2015
2 Insurance fee and communication descending order of the		ation. Enter the total fees and total	commissions paid. List ir	n line 3 th	he agents, l	brokers, and ot	her persons in
(a) Total a	amount of comr			(b) Tot	al amount o	of fees paid	
		13374					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	s needed to report all pers	sons).			
	(a) Name a	nd address of the agent, broker, o	or other person to whom co	ommissic	ons or fees	were paid	
CREECH AND STAFFORE	O INS AGCY IN		R BARTON WAY STE 300 TON, KY 40509)			
(b) Amount of sales ar	nd hase	Fees	and other commissions p	paid			
commissions pa		(c) Amount	(d) l	Purpose			(e) Organization code
	12053					3	
	(a) Name a	nd address of the agent, broker, o	or other person to whom co	ommissio	ons or fees	were paid	
ASSURED NEACE LUKEN		E AGCY 2305 RIV	/ER ROAD ILLE, KY 40206				
(b) Amount of sales ar	nd hase	Fees	and other commissions p	oaid			
commissions pa		(c) Amount	(d) l	Purpose			(e) Organization code
	1321						3

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(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
	-	·	
		Fees and other commissions paid	
(b) Amount of sales and base			(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) No	me and address of the agent broke	r or other person to whom commissions or foca were poid	
(a) Na	ine and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			T
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•	•	, , ,	
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	4.50
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
confinissions paid	(C) Amount	(u) Fulpose	code
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(2)			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			•
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	(-)	727	

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7f

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contra	cts with each carrie	er may be treated as	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year en				
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier				
	С	Premiums due but unpaid at the end of the year				
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		•	nu	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan.	check here	П	
7		racts With Unallocated Funds (Do not include portions of these contracts ma			Ш	
•	a			tion guarantee		
	а	(3) guaranteed investment (4) other		tion guarantee		
	b c	Balance at the end of the previous year			7b	
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			7c(6)	0
	ď	Total of balance and additions (add lines 7b and 7c(6))			7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		>				
		(5) Total deductions			7e(5)	0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....

Schedule A (Form 5500) 2015		Page 4		
If more than one contract covers the same goinformation may be combined for reporting the entire group of such individual contracts	group of employees of the sa ourposes if such contracts ar	e experience-rated	as a unit. Where contract	
Benefit and contract type (check all applicable boxes)			
a Health (other than dental or vision)	b X Dental	c Vision		d Life insurance
e Temporary disability (accident and sickness)	f Long-term disability	g 🗌 Supple	emental unemployment	h Prescription drug
i Stop loss (large deductible)	j HMO contract	k PPO o		I Indemnity contract
m ☐ Other (specify) ▶	, 🗆	□		- 🗆
Other (specify)				
Experience-rated contracts:				
a Premiums: (1) Amount received		9a(1)		
(2) Increase (decrease) in amount due but unpa	id	9a(2)		
(3) Increase (decrease) in unearned premium re	serve	9a(3)		
(4) Earned ((1) + (2) - (3))	<u></u>		9a(4)	
b Benefit charges (1) Claims paid		9b(1)		
(2) Increase (decrease) in claim reserves		9b(2)		
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
C Remainder of premium: (1) Retention charges (on an accrual basis)			
(A) Commissions		9c(1)(A)		
(B) Administrative service or other fees		9c(1)(B)		
(C) Other specific acquisition costs		9c(1)(C)		
(D) Other expenses		9c(1)(D)		

9c(1)(H)

9c(2)

9d(1) 9d(2)

9d(3)

9e

10a

10b

74675

Part IV **Provision of Information** 11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No 12 If the answer to line 11 is "Yes," specify the information not provided.

9c(1)(E)

9c(1)(F)

10 Nonexperience-rated contracts:

Specify nature of costs

Part III

(E) Taxes.....

(F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves.....

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

pursuant to ERISA section 103(a)(2).					Inspection		
For calendar plan year 20°	15 or fiscal plar	year beginning 07/01/2015		and en	iding 06/3	0/2016	
A Name of plan MOUNTAIN COMPREHE	NSIVE CARE	CENTER FLEXIBLE BENEFIT	PLAN	B Three-digit plan number (PN) 502		502	
C Plan sponsor's name as shown on line 2a of Form 5500 MOUNTAIN COMPREHENSIVE CARE CENTER, INC D Employer Identification Number (E					EIN)		
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:							
(a) Name of insurance ca		Υ					
	(c) NAIC	(d) Contract or	(e) Approximate no			Policy or co	ntract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
61-1237516	95120	001003753	508	3	07/01/2015	5	03/30/2016
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.							
(a) Total amount of commissions paid (b) Total amount of fees paid							
	8196 0						
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	s as needed to report all	persons).			
		nd address of the agent, broke			ions or fees	were paid	
CREECH AND STAFFORE) INS AGCY IN		SIR BARTON WAY STE NGTON, KY 40509	300			
(b) Amount of sales ar	nd hase	Fe	ees and other commission	ns paid			
commissions pai		(c) Amount	(d) Purpose			(e) Organization code	
7387					3		
	(a) Name a	nd address of the agent, broke	r, or other person to who	m commiss	ions or fees	were paid	
ASSURED NEACE LUKENS INSURANCE AGCY 2305 RIVER ROAD LOUISVILLE, KY 40206							
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid	<u> </u>		
commissions pai		(c) Amount		(d) Purpos	е		(e) Organization code
	809						3
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Schedule A (Form 5500) 2015 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (e) Organization (b) Amount of sales and base commissions paid (c) Amount (d) Purpose code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (b) Amount of sales and base (e) Organization commissions paid (c) Amount (d) Purpose code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (e) Organization (b) Amount of sales and base commissions paid (c) Amount (d) Purpose code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (b) Amount of sales and base (e) Organization commissions paid (c) Amount (d) Purpose code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (b) Amount of sales and base (e) Organization commissions paid (c) Amount (d) Purpose code

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contra	cts with each carrie	er may be treated as	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year en				
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier				
	С	Premiums due but unpaid at the end of the year				
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		•	nu	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan.	check here	П	
7		racts With Unallocated Funds (Do not include portions of these contracts ma			Ш	
•	a			tion guarantee		
	а	(3) guaranteed investment (4) other		tion guarantee		
	b c	Balance at the end of the previous year			7b	
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			7c(6)	0
	ď	Total of balance and additions (add lines 7b and 7c(6))			7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		>				
		(5) Total deductions			7e(5)	0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....

Schedule A (Form 5500) 2015		Page 4		
Welfare Benefit Contract Information If more than one contract covers the same guinformation may be combined for reporting put the entire group of such individual contracts of the contracts of the contracts of the contracts of the contract of the contracts of the contract of the contra	roup of employees of the sa urposes if such contracts ar	e experience-rated as a unit. W	here contracts/	
and contract type (check all applicable boxes)				
ealth (other than dental or vision)	b Dental	C X Vision	C	Life insurance
emporary disability (accident and sickness)	f Long-term disability	g Supplemental uner	mployment ľ	Prescription drug
top loss (large deductible)	j HMO contract	k PPO contract		Indemnity contract
other (specify)	_	_		_
nce-rated contracts:				
niums: (1) Amount received	Г	9a(1)		
Increase (decrease) in amount due but unpai		9a(2)		
Increase (decrease) in unearned premium res	serve	9a(3)		
Earned ((1) + (2) - (3))			9a(4)	
nefit charges (1) Claims paid		9b(1)		
Increase (decrease) in claim reserves		9b(2)		
Incurred claims (add (1) and (2))			9b(3)	
Claims charged			9b(4)	

9e

10a

10b

45315

Stop loss (large deductible) **HMO** contract Other (specify) Experience-rated contracts: a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid..... (3) Increase (decrease) in unearned premium reserve..... (4) Earned ((1) + (2) - (3)) Benefit charges (1) Claims paid (2) Increase (decrease) in claim reserves..... (3) Incurred claims (add (1) and (2)) (4) Claims charged..... Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions 9c(1)(A) (B) Administrative service or other fees 9c(1)(B) 9c(1)(C) (C) Other specific acquisition costs..... (D) Other expenses..... 9c(1)(D) 9c(1)(E) (E) Taxes..... (F) Charges for risks or other contingencies 9c(1)(F) (H) Total retention 9c(1)(H) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) 9c(2)d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement...... 9d(1) (2) Claim reserves 9d(2) 9d(3) (3) Other reserves

Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier

retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Benefit and contract type (check all applicable boxes)

a Health (other than dental or vision)

10 Nonexperience-rated contracts:

Specify nature of costs

Part III

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

		paradant to I	1110A 30011011 103(a)(2).				Inspection
For calendar plan year 20°	15 or fiscal plan	year beginning 07/01/2015	а	ınd endii	ng 06/30/20	16	
A Name of plan MOUNTAIN COMPREHE	A Name of plan MOUNTAIN COMPREHENSIVE CARE CENTER FLEXIBLE BENEFIT F			Three-o	digit umber (PN)	•	502
C Plan sponsor's name a MOUNTAIN COMPREHE			D E		er Identification	Number (EIN)
MOONTAIN COMPREHE	NSIVE CARE C	DENTER, INC		01-00	003707		
		ing Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
	(a) NIAIC	(d) Contract or	(e) Approximate number	r of	P	Policy or co	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end policy or contract year		(f) Fror	n	(g) To
58-0663085	60380	ZY056	21	C	07/01/2015		06/30/2016
2 Insurance fee and coming descending order of the		tion. Enter the total fees and tot	al commissions paid. List in I	line 3 th	e agents, broke	ers, and o	ther persons in
(a) Total a	amount of comr	nissions paid		(b) Tota	al amount of fee	es paid	
		1864					0
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all perso	ns).			
	(a) Name a	nd address of the agent, broker,	or other person to whom con	nmissio	ns or fees were	paid	
THOMAS A MORRIS AND	ASSOC INC		ATCHEN WILKES DRIVE GTON, KY 40509				
(b) Amount of sales ar	nd hase	Fee	es and other commissions pai	id			
commissions pai		(c) Amount	(d) Pt	(d) Purpose			(e) Organization code
936							3
	(a) Name a	nd address of the agent, broker,	or other person to whom con	nmissio	ns or fees were	paid	
CREECH AND STAFFORD INS AGCY INC 2416 SIR BARTON WAY STE 300 LEXINGTON, KY 40509							
Final and other consistent consistent							
(b) Amount of sales ar commissions pai		(c) Amount	es and other commissions pai (d) Pu	urpose			(e) Organization code
·	419		.,				3
For Paperwork Reductio	n Act Notice a	nd OMB Control Numbers, se	e the instructions for Form	5500.			

(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
LAURA KELLER		EXECUTIVE DR SUITE 204	
	LEXIN	NGTON, KY 40505	
		Encount of the control of the control of	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
105			3
			<u>.</u>
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
LESLIE K KIMBROUGH		OX 273488	
	BOCA	A RATON, FL 33427	
		Fees and other commissions paid	
(b) Amount of sales and base		•	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
103			3
			<u>.</u>
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
KEITH FRIZZELL		ALYSHEBA WAY STE 1204	
	LEXIN	NGTON, KY 40509	
		Fees and other commissions paid	
(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount (d) Purpose		code
81			3
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
LAURA J NEWMAN-SUTER		CHINOE RD	
	LEXIN	NGTON, KY 40502	
		Face and other commissions unid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
58			3
			<u>.</u>
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
CAREN OSTROWSKI		CLAY AVE	
	GEOF	RGETOWN, KY 40324	
		Encoded the control of the control o	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
51			3
	<u> </u>	1	<u> </u>

Page **2** - 1

Schedule A (Form 5500) 2015

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LAWRENCE TODD FUGATE		HARTLAND PARKSIDE DR NGTON, KY 40515	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
44			3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
RUEANN EMERSON	4820	LAKE BROOK DR STE 125 STE 100 I ALLEN, VA 23080	
(h) Amount of color and have		Fees and other commissions paid	(a) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
24			3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
R. AARON WRIGHT	9200	SHELBYVILLE RD, SUITE 605 SVILLE, KY 40222	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
21			3
(a) No	mo and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
JOSHUA C BURTON	4550	MARSHALL RUN CIR, APT 308 I ALLEN, VA 23059	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
21			3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
CURTIS SCHWARTZ ENTERPRISE	S INC 281 L	INCOLN AVE STE 100 NGTON, KY 40502	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
1			3

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contra	cts with each carrie	er may be treated as	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year en				
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier				
	С	Premiums due but unpaid at the end of the year				
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		•	nu	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan.	check here	П	
7		racts With Unallocated Funds (Do not include portions of these contracts ma			Ш	
•	a			tion guarantee		
	а	(3) guaranteed investment (4) other		tion guarantee		
	b c	Balance at the end of the previous year			7b	
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			7c(6)	0
	ď	Total of balance and additions (add lines 7b and 7c(6))			7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		>				
		(5) Total deductions			7e(5)	0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....

	Schedule A (Form 5500) 2015		Page	4	
rt II	Welfare Benefit Contract Informat If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the s urposes if such contracts a	are experience-	rated as a unit. Where contract	
Bene	efit and contract type (check all applicable boxes)				
а	Health (other than dental or vision)	b Dental	c∏∖	/ision	d Life insurance
е	Temporary disability (accident and sickness)	f Long-term disability	y g ∏ s	Supplemental unemployment	h Prescription drug
iΓ	Stop loss (large deductible)	j HMO contract	- =	PPO contract	I Indemnity contract
m	<u>-</u>	,			
··· <u>/</u>	Other (specify) FOOT PERMENTAL				
Ехре	rience-rated contracts:				
a F	Premiums: (1) Amount received		9a(1)		
	(2) Increase (decrease) in amount due but unpaid]b	9a(2)		
	(3) Increase (decrease) in unearned premium res	serve	9a(3)		
	(4) Earned ((1) + (2) - (3))		<u></u>	9a(4)	
b	Benefit charges (1) Claims paid		9b(1)		
	(2) Increase (decrease) in claim reserves		9b(2)		
	(3) Incurred claims (add (1) and (2))			9b(3)	
	(4) Claims charged			9b(4)	
С	Remainder of premium: (1) Retention charges (c	n an accrual basis)			
	(A) Commissions		9c(1)(A)		
	(B) Administrative service or other fees	<u> </u>	9c(1)(B)		
	(C) Other specific acquisition costs		9c(1)(C)		
	(D) Other expenses		9c(1)(D)		

9c(1)(H)

9c(2)

9d(1)

9d(2) 9d(3)

9e

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10b

12314

retention of the contract or policy, other than reported in Part I, line 2 above, report amount...... Specify nature of costs

10 Nonexperience-rated contracts:

Part III

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(E)

9c(1)(F)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2015

This Form is Open to Public

pursuant to ERISA section 103(a)(2).			Inspection				
For calendar plan year 20	15 or fiscal plar	year beginning 07/01/2015		and en	nding 06/3	0/2016	
A Name of plan MOUNTAIN COMPREHE	NSIVE CARE	CENTER FLEXIBLE BENEFIT PI	_AN	B Thre	e-digit number (PN	N) •	502
C Plan sponsor's name as shown on line 2a of Form 5500 MOUNTAIN COMPREHENSIVE CARE CENTER, INC D Employer Identification Number (61-0663787)					(EIN)		
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.						
1 Coverage Information:							
(a) Name of insurance ca COMPANION LIFE INSUR		NY					
(L) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or c	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
57-0523959	77828	IOARE-1011-151	516	;	08/01/2015	5	07/31/2016
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.							
(a) Total amount of commissions paid (b) Total amount of fees paid							
		16225					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,	or other person to whor	m commiss	ions or fees	were paid	
NORTH AMERICA ADMIN	ISTRATORS		LM HILL PIKE ILLE, TN 37210				
(b) Amount of sales ar	nd base	Fee	s and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	e		(e) Organization code
	16225						3
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales ar	nd base	Fee	s and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	e		(e) Organization code
			41 1 4 41 4 -				

Page 2 - 1	
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Schedule A (Form 5500) 2015 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (e) Organization (b) Amount of sales and base commissions paid (c) Amount (d) Purpose code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (b) Amount of sales and base (e) Organization commissions paid (c) Amount (d) Purpose code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (e) Organization (b) Amount of sales and base commissions paid (c) Amount (d) Purpose code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (b) Amount of sales and base (e) Organization commissions paid (c) Amount (d) Purpose code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (b) Amount of sales and base (e) Organization commissions paid (c) Amount (d) Purpose code

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contra	cts with each carrie	er may be treated as	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year en				
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier				
	С	Premiums due but unpaid at the end of the year				
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		•	nu	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan.	check here	П	
7		racts With Unallocated Funds (Do not include portions of these contracts ma			Ш	
•	a			tion guarantee		
	а	(3) guaranteed investment (4) other		tion guarantee		
	b c	Balance at the end of the previous year			7b	
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			7c(6)	0
	ď	Total of balance and additions (add lines 7b and 7c(6))			7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		>				
		(5) Total deductions			7e(5)	0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....

Schedule A (Form 5500) 2015		Page 4		
If more than one contract covers the same information may be combined for reporting the entire group of such individual contract.	e group of employees of the sag g purposes if such contracts ar	re experience-rated	as a unit. Where contract	
Benefit and contract type (check all applicable box	es)			
a Health (other than dental or vision)	b Dental	C Vision		d X Life insurance
e Temporary disability (accident and sickness) f Long-term disability	g ∏ Supple	emental unemployment	h Prescription drug
i Stop loss (large deductible)	j HMO contract	k PPO c		I Indemnity contract
m ☐ Other (specify) ▶	, 🗆			- 🗆
Ctrief (specify)				
Experience-rated contracts:				
a Premiums: (1) Amount received		9a(1)		
(2) Increase (decrease) in amount due but unp	paid	9a(2)		
(3) Increase (decrease) in unearned premium	reserve	9a(3)		
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid		9b(1)		
(2) Increase (decrease) in claim reserves		9b(2)		
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges	s (on an accrual basis)			
(A) Commissions		9c(1)(A)		
(B) Administrative service or other fees		9c(1)(B)		
(C) Other specific acquisition costs		9c(1)(C)		
(D) Other expenses		9c(1)(D)		

9c(1)(H)

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

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If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or 10b retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

9c(1)(E)

9c(1)(F)

Part IV	Provision of Information		
11 Did	the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No

10 Nonexperience-rated contracts:

Part III

(E) Taxes.....

(F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2015

		pursuant to EF	RISA section 103(a)(2).	Tills For	Inspection		
For calendar plan year 20	15 or fiscal plar	year beginning 07/01/2015	and e	nding 06/30/2016	•		
A Name of plan MOUNTAIN COMPREHE	NSIVE CARE (CENTER FLEXIBLE BENEFIT PL	ΛNI	ee-digit n number (PN)	502		
C Plan sponsor's name as shown on line 2a of Form 5500 MOUNTAIN COMPREHENSIVE CARE CENTER, INC				D Employer Identification Number (EIN) 61-0663787			
		ing Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca COLONIAL LIFE & ACCID		CE CO					
/I-) [IN]	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or c	ontract year		
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To		
57-0144607	62049	E7817000	54	07/01/2015	06/30/2016		
2 Insurance fee and communication descending order of the		ation. Enter the total fees and total	commissions paid. List in line 3	3 the agents, brokers, and c	ther persons in		
(a) Total amount of commissions paid (b) Total amount of fees paid							
		2639			0		
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	s needed to report all persons).				
	(a) Name a	nd address of the agent, broker, o	or other person to whom commis	sions or fees were paid			
MARY DUFF			SADENA DRIVE TON, KY 40503				
(b) Amount of sales ar	nd hase	Fees	and other commissions paid				
commissions pa		(c) Amount	(d) Purpo	se	(e) Organization code		
1064					3		
	(a) Name a	nd address of the agent, broker, o	or other person to whom commis	sions or fees were paid			
BB&T INSURANCE SERV		414 GAL	LIMORE ROAD SBORO, NC 27409				
(b) Amount of sales ar	nd hase	Fees	and other commissions paid				
commissions pai		(c) Amount	(d) Purpose		(e) Organization code		
	549				3		
For Denominant Deduction	n Act Natice o	nd OMP Control Numbers, see	the instructions for Form FEO	,	ı		

(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid				
MCGOHAN BRABENDER AGY	CGOHAN BRABENDER AGY 3931 S DIXIE DRIVE DAYTON, OH 45439					
(h) Amount of color and have	,	Fees and other commissions paid	(2) Ornani-ation			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
215			3			
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	·			
DARRELL PATTON	PO BO	OX 925 TONBURG, KY 41653				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
167			3			
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid				
DEE ANN SLADE	104 P	POTOMAC COURT JKFORT, KY 40601				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
106			3			
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid				
ANNE OWENS	1516	DEER LAKE DRIVE NGTON, KY 40515				
(b) Amount of sales and base	ļ	Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
101			3			
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid				
FINCH INSURANCE GROUP		HYDE PARK DRIVE NGTON, KY 40503				
(b) Amount of sales and base Fees and other commissions paid (e)			(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
99			3			

Page **2** - 1

Schedule A (Form 5500) 2015

ASSURED NEACE LUKENS INSURA		16 SIR BARTON WAY STE 300 XINGTON, KY 40509	
(b) Amount of sales and base	(a) Amount	Fees and other commissions paid	(e) Organization
commissions paid 96	(c) Amount	(d) Purpose	code 3
(a) Nam LERMAN VENTURES	298	oker, or other person to whom commissions or fees were paid 85 SURREY RIDGE ROAD ARKSVILLE, TN 37043	d
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 89	(c) Amount	(d) Purpose	code 3
(a) Nam	ne and address of the agent, bro	oker, or other person to whom commissions or fees were pair	d
LISA R GRAVES	140	00 GLENNS CREEK RD ANKFORT, KY 40601	
(b) Amount of sales and base	Fees and other commissions paid		(e) Organization
commissions paid 66	(c) Amount	(d) Purpose	code 3
(a) Nam	ne and address of the agent bro	bker, or other person to whom commissions or fees were pai	
BART GAUNT	402	21 ST GERMAINE CT IUISVILLE, KY 40207	<u>. </u>
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 41	(c) Amount	(d) Purpose	code 3
(a) Nam	ne and address of the agent, bro	oker, or other person to whom commissions or fees were pair	d
MARK HOLLAND	PO	DBOX 38366 RMANTOWN, TN 38183	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
31	(C) Alliquit	(u) i dipose	code 3
31			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Schedule A (Form 5500)	2015	Page 2 - 3	
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were	paid
CATHY M LERMAN		SURREY RIDGE ROAD RKSVILLE, TN 37043	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
9			3
(a) Na (AREN TOBIAS	1366	er, or other person to whom commissions or fees were DUNRAVEN DR FREESBORO, TN 37128	раіа

(b) Amount of sales and base		(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code	
3			3	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid				

CAROL LAMB

309 FOX HARBOUR DRIVE LEXINGTON, KY 40517

(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code
2			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MICHAEL J BOONE

1302 CLEAR SPRINGS TRACE LOUISVILLE, KY 40223

(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	code	
1			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base	Fees and other commissions paid				
commissions paid	(c) Amount	(d) Purpose	(e) Organization code		

_		
ยวก	Δ	
uq		•

Р	Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with e			cts with each carrier n	nay be treated as	s a unit for purposes of
		this report.	addi ooniid	oto with odon odinor i	nay bo troated at	
		ent value of plan's interest under this contract in the general account at year				
5	Curr	ent value of plan's interest under this contract in separate accounts at year e	nd		5	
6	Cont	racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier				
	C	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, o	check here	7	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
-	а	Type of contract: (1) deposit administration (2) immedia		•		
	_			9		
		(3) Uguaranteed investment (4) other				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	7c(1)			
	·	(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).				<u>_</u>
		Deductions:	Γ			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>	, , ,			
		(F) Total daductions			7o(5)	0
	£	(5) Total deductions			7e(5)	U
	ı	Balance at the end of the current year (subtract line 7e(5) from line 7d)			11	

Schedule A (Form 5500) 2015		Page 4		
If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the sa ourposes if such contracts are	e experience-rated as	a unit. Where contract	
Benefit and contract type (check all applicable boxes))			
a Health (other than dental or vision)	b Dental	C Vision		d X Life insurance
e Temporary disability (accident and sickness)	f Long-term disability	g Supplem	ental unemployment	h Prescription drug
Stop loss (large deductible)	j HMO contract	k PPO con		I Indemnity contract
m ☐ Other (specify) ▶	, 🗆			- L
United (Specify)				
experience-rated contracts:				
Premiums: (1) Amount received		9a(1)		
(2) Increase (decrease) in amount due but unpai	d	9a(2)		
(3) Increase (decrease) in unearned premium re-	serve	9a(3)		
(4) Earned ((1) + (2) - (3))	<u></u>		9a(4)	
b Benefit charges (1) Claims paid		9b(1)		
(2) Increase (decrease) in claim reserves		9b(2)		
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
C Remainder of premium: (1) Retention charges (on an accrual basis)			
(A) Commissions		9c(1)(A)		
(B) Administrative service or other fees		9c(1)(B)		
(C) Other specific acquisition costs		9c(1)(C)		
(D) Other expenses	!	9c(1)(D)		

9c(1)(H)

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

38063

retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Part III

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(E)

9c(1)(F)

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

pursuant to ERISA section 103(a)(2).					Inspection		
For calendar plan year 20°	15 or fiscal pla	n year beginning 07/01/2015		and en	ding 06/3	0/2016	•
A Name of plan MOUNTAIN COMPREHE	NSIVE CARE	CENTER FLEXIBLE BENEFIT	PLAN	B Three plan	e-digit number (PN	N) •	502
C Plan sponsor's name as shown on line 2a of Form 5500 MOUNTAIN COMPREHENSIVE CARE CENTER, INC D Employer Identification Number (EIN) 61-0663787					EIN)		
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:							
(a) Name of insurance ca METROPOLITAN LIFE INS		MPANY					
	(c) NAIC	(d) Contract or	(e) Approximate no			Policy or co	ntract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
13-5581829	65978	1095113	64	ļ	07/01/201	5	06/30/2016
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.							
(a) Total amount of commissions paid (b) Total amount of fees paid							
	0 0						
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all	persons).			
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	Э		(e) Organization code
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees	were paid	
						·	
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	e		(e) Organization code

Page 2 - 1	
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Schedule A (Form 5500) 2015 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (e) Organization (b) Amount of sales and base commissions paid (c) Amount (d) Purpose code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (b) Amount of sales and base (e) Organization commissions paid (c) Amount (d) Purpose code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (e) Organization (b) Amount of sales and base commissions paid (c) Amount (d) Purpose code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (b) Amount of sales and base (e) Organization commissions paid (c) Amount (d) Purpose code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (b) Amount of sales and base (e) Organization commissions paid (c) Amount (d) Purpose code

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of					
_		this report.				202004	
		nt value of plan's interest under this contract in the general account at year			4	392004	
_		nt value of plan's interest under this contract in separate accounts at year el	. 5	831697			
6		acts With Allocated Funds:					
	a 5	State the basis of premium rates					
					01		
		Premiums paid to carrier			6b		
	_	Premiums due but unpaid at the end of the year			. 6c		
		f the carrier, service, or other organization incurred any specific costs in cor etention of the contract or policy, enter amount		6d			
	5	Specify nature of costs					
	e T	e Type of contract: (1) ☐ individual policies (2) ☒ group deferred annuity					
	((3) other (specify)					
	f I	f contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, c	heck here			
7		acts With Unallocated Funds (Do not include portions of these contracts ma					
•				on guarantee			
	u	하는 사람들은 사람들이 가장 그렇게 되었다.	no parnoipan	on guarantoo			
		(3) guaranteed investment (4) other					
	b E	Balance at the end of the previous year			7b	424407	
	C A	Additions: (1) Contributions deposited during the year	. 7c(1)				
	(2) Dividends and credits	. 7c(2)				
	(3) Interest credited during the year	. 7c(3)		11822		
	(4) Transferred from separate account	. 7c(4)				
	(5) Other (specify below)	7c(5)				
	•	•					
	(6)Total additions			. 7c(6)	11822	
	_ `	otal of balance and additions (add lines 7b and 7c(6)).			7d	436229	
		eductions:	Γ		1 74	.00220	
			7e(1)		44046		
		Disbursed from fund to pay benefits or purchase annuities during year Administration charge made by corrier.	7e(1)		180		
		2) Administration charge made by carrier	7e(2)		100		
	`	3) Transferred to separate account					
	(2	4) Other (specify below)	7e(4)				
	•						
	(!	5) Total deductions			. 7e(5)	44226	
	,	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	392003	

	Schedule A (Form 5500) 2015		Pa	ge 4	
rt I	II Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts w	oup of employees of the saurposes if such contracts ar	re experienc	e-rated as a unit. Where contr	
Ber	nefit and contract type (check all applicable boxes)				
а	Health (other than dental or vision)	b Dental	С	Vision	d X Life insurance
е	Temporary disability (accident and sickness)	f Long-term disability	g	Supplemental unemployment	h Prescription drug
i	Stop loss (large deductible)	j HMO contract	k	PPO contract	I Indemnity contract
m		<i>-</i> L			<u> </u>
Ехр	erience-rated contracts:				
а	Premiums: (1) Amount received		9a(1)		
	(2) Increase (decrease) in amount due but unpaid	1	9a(2)		
	(3) Increase (decrease) in unearned premium res	erve	9a(3)		
	(4) Earned ((1) + (2) - (3))	<u></u>		9a(4)
b	Benefit charges (1) Claims paid		9b(1)		
	(2) Increase (decrease) in claim reserves		9b(2)		
	(3) Incurred claims (add (1) and (2))			9b(3)
	(4) Claims charged			9b(4)
С	Remainder of premium: (1) Retention charges (o	n an accrual basis)			
	(A) Commissions		9c(1)(A)		
	(B) Administrative service or other fees		9c(1)(B)		
	(C) Other specific acquisition costs		9c(1)(C)		
	(D) Other expenses		9c(1)(D)		

9c(1)(H)

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Part III

(E) Taxes.....

(F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(E)

9c(1)(F)

¹² If the answer to line 11 is "Yes," specify the information not provided.