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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Repor	t identification informatior	1		
For calend	lar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 and ending	12/31/2016	
A This re	turn/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer)	•	
		a one-participant plan	a foreign plan		,
B This ret	urn/report is	the first return/report	the final return/report		
		an amended return/report	a short plan year return/report (less than 12	months)	
C Check	box if filing under:	Form 5558	automatic extension	DFVC program	
		special extension (enter desc	cription)		
Part II	Basic Plan Inf	ormation—enter all requested ir	nformation		
1a Name		IE DOO DOORIT OUADING DI ANI		1b Three-digit	
OWENSBO	RO FAMILY MEDICIN	NE PSC PROFIT SHARING PLAN		plan number (PN) ▶	001
				1c Effective dat	
					1/01/1994
		oyer, if for a single-employer plan)	0. P.:.)		entification Number
		om, apt., suite no. and street, or P.oce, country, and ZIP or foreign pos	J. Box) tal code (if foreign, see instructions)	(=::+)	1-1240729
OWENSBO	RO FAMILY MEDICIN	IE PSC		2c Sponsor's te	686-8500
				2d Business cod	de (see instructions)
P O BOX 13 OWENSBOI	70 RO, KY 42302			62	21111
	,				
3a Plan a	administrator's name a	and address X Same as Plan Spo	onsor.	3b Administrato	r's EIN
		_		30 Administrato	r's telephone number
				SC Administrato	i s telephone number
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
a Spons	sor's name	·		4c PN	
5a Total	number of participant	s at the beginning of the plan year.		5a	19
b Total	number of participant	s at the end of the plan year		5b	(
			the plan year (only defined contribution plans	5c	(
			olan year	5d(1)	1
d(2) To	tal number of active p	articipants at the end of the plan ye	ear	5d(2)	
		, ,	e plan year with accrued benefits that were less	5e	
			n/report will be assessed unless reasonable c		
SB or Sch	edule MB completed a	and signed by an enrolled actuary,	actions, I declare that I have examined this return/ as well as the electronic version of this return/rep		
	Filed with authorized	nplete. d/valid electronic signature.	02/25/2017 DR BEN KEELEY		
SIGN	I hou with authorized	a rana diddironio dignaturo.	DIV DEN MELLE		

Date

Date

Signature of plan administrator

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

HERE

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not of Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets. 7a 3322 b Total plan liabilities. 7b Total plan liabilities. 7c Net plan assets (subtract line 7b from line 7a). 7c 3322 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants. 8a(2) (3) Others (including rollovers). 8a(3) b Other income (loss). 8b C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d g Other expenses. 8d Other expenses (add lines 8d, 8e, 8f, and 8g). 8h Total expenses (add lines 8d, 8e, 8f, and 8g). 8h	Ves No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	0
Part III Financial Information 7 Plan Assets and Liabilities 8 Plan Assets and Liabilities 9 Plan Assets and Liabilities 8 Plan Assets and Liabilities 8 Plan Assets and Liabilities 9 Plan Characteristic Codes in the instructions 9 Plan Characteristic Codes in the instructions 9 Plan Characteristic Codes in the instructions 9 Plan Characteristic Codes in the instructions	0
7 Plan Assets and Liabilities 7a 3322 b Total plan assets 7b 7c 3322 b Total plan liabilities 7b from line 7a) 7c 3322 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(2) b Other income (loss) 8b c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8p Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
a Total plan assets	
b Total plan liabilities	
C Net plan assets (subtract line 7b from line 7a)	0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	0
a Contributions received or receivable from: (1) Employers	
(1) Employers	
(3) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
to provide benefits)	
f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c)	
j Transfers to (from) the plan (see instructions)	322
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	322
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	-
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	
Part V Compliance Questions	
10 During the plan year: Yes No N/A Amou	nt
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
C Was the plan covered by a fidelity bond?	35000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	
f Has the plan failed to provide any benefit when due under the plan?	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	

Form	5500	0-SF	2016

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Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)						Yes	X No
	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						f		Yes	X No
	(If "	SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see insting the waiver.		ns, and	d enter t Day		of the let Yea		ing ——
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	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				
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lative amount)	eft of a		12d				
<u>e</u>	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		V/A
Part '	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes	S [No	
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					X Yes	N	0
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
1	3c(1)	Name of plan(s):	1	13c(2)	EIN(s)		13c	(3) PN	l(s)
Part	VIII	Trust Information		1	1				
14a	Name	of trust			14b ⁻	Trust's E	ΞIN		
14c	Name	e of trustee or custodian					s or custone number		3
Part	: IX	IRS Compliance Questions		u					
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		safe r	n-based narbor	Ĺ] "Prior test	year"	ADP
	,		ΙП	"Curre	ent year test	,"	N/A		
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply:		Ratio perce test	entage		verage enefit tes	t	N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	If the	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS etter/ and the serial number	opinior						
17b	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en	nter the	date	of the m	nost rec	ent deteri	minatio	on
	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepace?		from	Ye	s [No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!2}$ during the prior plan year?			Ye	s	No		

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Parl	I Annual Report Ide	entification Inform					
For ca	lendar plan year 2016 or fisca		01/01/20		and e		
A Th	is return/report is for:	X a single-employer	of partic	cipating employer inform		ployer) (Filers checking this box n n accordance with the form instru	
		a one-participant					
ВТ	is return/report is	the first return/rep		al return/report			
C CI	eck box if filing under:	an amended retur Form 5558 special extension	·	plan year return/repo atic extension	ort (les	s than 12 months) DFVC progra	m
Part	Basic Plan Inform						
1a Na	me of plan		•		1b	Three-digit	
	,	EDICINE PSO	PROFIT SH	ARING PLAN		plan number (PN)	001
			a		1c	Effective date of plan 01/01/1994	
2a Pla Ma	n sponsor's name (employer ailing address (include room, a y or town, state or province,	, if for a single-employ apt., suite no. and stre	er plan) eet, or P.O. Box) reign postal code (if f	oreinn, see instr.)	2b	Employer Identification Num 61-1240729	ber (EIN)
OWE.	NSBORO FAMILY M BOX 1370	EDICINE PSO		oroign, odd mour,	2c 270	Sponsor's telephone numbe	r
OWE:	NSBORO	<u>KY 423</u>	302		2d	Business code (see instructi 621111	ons)
3a Pla	n administrator's name and a	address 🔀 Same as	Plan Sponsor.		3b	Administrator's EIN	
					3c	Administrator's telephone nu	ımber
4 If th	e name and/or EIN of the pla	n sponsor has change	ed since the last retur	n/report filed for this	4b	EIN	
	i, enter the name, EIN, and th	e plan number from ti	he last return/report.				
a s	ponsor's name				4c	PN	
E					Ea	<u> </u>	10
	otal number of participants at				5a 5b		1 <u>9</u> 0
	otal number of participants at			and for the state and	30	-	
	umber of participants with acontribution plans complete th				5c		0
d (1)		icinants at the heginn	ing of the olan year		5d(1)	-	19
d (2				***************************************	5d(2)		0
	umber of participants that ter						
	enefits that were less than 10				5e		0
Cauti	on: A penalty for the late or	incomplete filing of t	this return/report wil	II be assessed unles	s reas	onable cause is established	i
Under Sched	penalties of perjury and other ule SB or Schedule MB comp wledge and belief, it is true, o	penalties set forth in leted and signed by a	the instructions, I ded in enrolled actuary, as	clare that I have exants well as the electroni	nined t ic versi	his return/report, including, if ion of this return/report, and t	applicable, a o the best of
SIGN HERE	Busilealeyn		2-25-17	DR BEN KEI			
	Signature of plan administ	rator	Date	Enter name of indiv	idual s	signing as plan administrator	
SIGN HERE							
	Signature of employer/plan	n sponsor	Date	Enter name of indiv	idual s	igning as employer or plan sp	onsor
Prepa	rer's name (including firm nan	ne, if applicable) and a	address (include room	or suite number)		Preparer's telephone number	ər
							ŀ

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(IQPA) under 29 CFR 2520.104-467	the plan year invested in eligible assets' nual examination and report of an indepe ? (See instructions on waiver eligibility an se 6a or line 6b, the plan cannot use Fo	endent qualified conditions	fied public s.)	c acco	untan	ıt	X Yes	1000
	covered under the PBGC insurance program (Yes		t determined
7 Plan Assets and Liabilities			(a) Beg	inning	of Y	ear	(b) End o	of Year
a Total plan assets		7a			33	322		0
b Total plan liabilities		7b						
C Net plan assets (subtract line 7b fro	om line 7a)	7c			33	322		0
8 Income, Expenses, and Transfers for	or this Plan Year		(a)) Amo	unt		(b) To	otal
a Contributions received or receivable	e from:				-			
(1) Employers	***************************************	8a(1)					==	
(2) Participants		8a(2)						
(3) Others (including rollovers)	***************************************	8a(3)					85 W 18	in the second
b Other income (loss)		8b					75- 1	
C Total income (add lines 8a(1), 8a(2),	8a(3), and 8b)	8c						
d Benefits paid (including direct rollov	vers and insurance premiums to provide			-			111	
benefits)		8d			33	322	STATEME	NT 1
e Certain deemed and/or corrective d	istributions (see instructions)	8e	·					
f Administrative service providers (sa	laries, fees, commissions)	8f						
g Other expenses		8g						
	, and 8g)							3322
i Net income (loss) (subtract line 8h f	rom line 8c)	8i -						-3322
Transfers to (from) the plan (see ins	tructions)	8j			111			
2E 2G 2J 2R 3D	fits, enter the applicable pension feature	codes from	the List o	f Plan	Chan	acteris	tic Codes in the i	nstructions:
	its, enter the applicable welfare feature c	odes from th	he List of	Plan C	Charac	teristic	Codes in the in:	structions:
Part V Compliance Questi	ons							
10 During the plan year:				Yes	No	N/A	Amou	int
a Was there a failure to transmit to the	ne plan any participant contributions with	nin the time						
	1-102? (See instructions and DOL's Volur							
Fiduciary Correction Program.)			10a		X			
b Were there any nonexempt transaction	tions with any party-in-interest? (Do not	include						

Was there a failure to transmit to the plan any participant contributions within the time	1		1	l	
period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary					
Fiduciary Correction Program.)	10a		X		
Were there any nonexempt transactions with any party-in-interest? (Do not include					
transactions reported on line 10a.)	10Ь		X		
	10c	X			350000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that				. 3%	
was caused by fraud or dishonesty?	10d		Х	10.10	
Were any fees or commissions paid to any brokers, agents, or other persons by an					
insurance carrier, insurance service, or other organization that provides some or all of					
the benefits under the plan? (See instructions.)	10e		Х		
Has the plan falled to provide any benefit when due under the plan?	10f		X		
Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
If this is an individual account plan, was there a blackout period? (See instructions				34	
and 29 CFR 2520.101-3.)	10h		х		
If 10h was answered "Yes," check the box if you either provided the required notice or					
one of the exceptions to providing the notice applied under 29 CFR 2520.101.3	10i		li		
	period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h If 10h was answered "Yes," check the box if you either provided the required notice or	period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h If 10h was answered "Yes," check the box if you either provided the required notice or	period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or	period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X If 10h was answered "Yes," check the box if you either provided the required notice or

Form 5500-SF 2016	Page 3-			
Part VI Pension Funding Compliance			· · · · -	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction	ns and comp	lete		
Schedule SB (Form 5500) and line 11a below)	•		Yes	X No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) lin		11a		0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412		or		
section 302 of ERISA?			Yes	X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		200		
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year,	see instruction	ons, and	enter the date o	f the letter
ruling granting the waiver. Month	Đ <u>a</u>		Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	to line 13.			
b Enter the minimum required contribution for this plan year	******************	12b	.	
C Enter the amount contributed by the employer to the plan for this plan year		12c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign	ı to			
the left of a negative amount)	***********	12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part VII Plan Terminations and Transfers of Assets		<u> </u>		
13a Has a resolution to terminate the plan been adopted in any plan year?		X Yes	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan.	or brought			
under the control of the PBGC?		· · · · · · · · · · · · · · · · · · ·	X Yes	No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s	i), identify the	plan(s) to	o which assets o),
liabilities were transferred. (See instructions.)				
13c(1) Name of plan(s):	13c(2)	EIN(s)	13c(3) PN(s)
Part VIII Trust Information				
14a Name of trust	14b 1	rust's Ell	N	
	444			
14C Name of trustee or custodian	' ' ' '		or custodian's	
	"	elephone	number	
Part IX IRS Compliance Questions			X	
15a le the plan a 401/k) plan? If "No " skip h		Ves	T No	

.....

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent

15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section

16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?

year? Check all that apply:

and the serial number

Were any distributions made during the plan year to an employee who attained age 62 and had not

Was any plan participant a 5% owner who had attained at least age 70 1/2 during the prior plan year?

401(k)(3) for the plan year? Check all that apply:

Defined Benefit Plan or Money Purchase Pension Plan Only:

the date of the letter

determination letter

separated from service?

Design based

safe harbor

"Current year"

ADP test

Ratio percentage test

Yes

Yes

Yes

"Prior year"

ADP test

N/A

benefit test

No

No

618573	07-11-16