Form 5500-SF		Short Form Annua	rt of Small Employe	e	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service		This form is required to be filed	4065 of the Employee Retirer	ment	2016				
Department of Labor Employee Benefits Security Administration		Income Security Act of 1974 (6057(b) and 6058(a) of the Inter ode).	This F	orm is Open to				
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the in	structions to the Form 5500-S		lic Inspection			
Part I		entification Information	10	10/04/	2010				
For calenda	ar plan year 2016 or fisc			and ending 12/31/2					
A This ret	urn/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) (Filers employer information in accord	•				
B This retu	urn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 months	5)				
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extensio	n [] D	FVC program				
Dort II	Pasia Plan Infor		· /						
Part II		mation—enter all requested info	ormation	16	Thus a dist				
1a Name THE SANDE	or plan RS LAW FIRM, PSC PF	ROFIT SHARING PLAN			Three-digit plan number (PN) ▶	001			
				1c	Effective date o	of plan 1/1993			
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)					2b Employer Identification Number (EIN) 31-1318427				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE SANDERS LAW FIRM, PSC			2c	2c Sponsor's telephone number 859-491-3000					
1017 RUSSELL STREET COVINGTON, KY 41011-3052				2d	2d Business code (see instructions) 541110				
3a Plan a	dministrator's name and	address X Same as Plan Spon	sor	3h	Administrator's	FIN			
						telephone number			
name	, EIN, and the plan numb	blan sponsor has changed since t ber from the last return/report.	he last return/report file		EIN				
a Spons					PN 5a	11			
_		t the beginning of the plan year				g			
		t the end of the plan year count balances as of the end of the			5b 5c	g			
	,	cipants at the beginning of the pla			i(1)	8			
		cipants at the end of the plan yea	-	-	l(2)	6			
e Numb	per of participants that te	rminated employment during the	plan year with accrued	benefits that were less	5e	1			
		incomplete filing of this return			s established.				
SB or Sche		er penalties set forth in the instruct signed by an enrolled actuary, as ate.							
SIGN	Filed with authorized/va	lid electronic signature.	05/23/2017	ROBERT E. SANDERS					
HERE	Signature of plan ad	ministrator	Date	Enter name of individual si	ioning as plan ad	ministrator			
SIGN			5010		.g. mig do plan du				
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individual si	igning as employ	er or plan sponsor			
Preparer's		ne, if applicable) and address (in	clude room or suite nun		parer's telephone				
		cos the Instructions for Form FEOO				Form 5500 SE (2016)			

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Part IV Plan Characteristics

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

i

j

9a

b

6a b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of the annual examination and report of the annual examination and report and report an undepublic accountant (IQPA) <tr< th=""></tr<>							
		isurance p	rogram (see ERISA section 4021)?	Yes No Not determined				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
a	Total plan assets	7a	1768756	1948476				
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1768756	1948476				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	48278					
	(2) Participants	8a(2)	88327					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	101148					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		237753				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	45545					
e	Certain deemed and/or corrective distributions (see instructions).	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	12488					
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		58033				

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

179720

Part	t V	Compliance Questions					
10	Durir	ng the plan year:		Yes	No	N/A	Amount
а	des	there a failure to transmit to the plan any participant contributions within the time period cribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a	Х			8227
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions rted on line 10a.)	10b		Х		
C	Was	s the plan covered by a fidelity bond?	10c	X			200000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused aud or dishonesty?	10d		Х		
е	carrie	e any fees or commissions paid to any brokers, agents, or other persons by an insurance er, insurance service, or other organization that provides some or all of the benefits under plan? (See instructions.)	10e	X			420
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR).101-3.)	10h		Х		
i		h was answered "Yes," check the box if you either provided the required notice or one of the providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No	
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No	
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-		
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling	
	gran	ting the waiver	onth _		_ Day		_ Year		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No	
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to				
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information							
14a	Name	e of trust			14b ⊺	Frust's E	IN		
14c	Name	e of trustee or custodian					s or custo ne number		
Par	t IX	IRS Compliance Questions							
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:			gn-based "Prior year" ADP harbor test				
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		
16a		t 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 test	□ N/A	
16b		he 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		
	the le		-			-			
	letter		er the	e date	of the m	nost rece	ent determ	ination	
18	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 separce?		from	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No		

For	n 5500-SF	Short Form Annua	rt of Small Employ	yee	MB Nos. 1210-0110 1210-0089				
Departn Interna	ment of the Treasury al Revenue Service	This form is required to be filed					2016		
Employee Ben	artment of Labor leftls Security Administration	Income Security Act of 1974	057(b) and 6058(a) of the In de).	iternal		orm is Open to c Inspection			
	efit Guaranty Corporation	 Complete all entries in a 	iccordance with the ins	tructions to the Form 550	0-SF.				
		Identification Information	The set of the set of the set of the	d southers	10	101 1001	n		
For calendar	pian year 2016 or he	scal plan year beginning	01/01/2016	and ending	- A	31/201			
A This return	rn/report is for:	X a single-employer plan		plan (not multiemployer) (Fil employer information in acco					
B This return	n/renort is	the first return/report	the final return/report	t					
		an amended return/report		urn/report (less than 12 mon	iths)				
C Check bo	ox if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descri							
		rmation-enter all requested info	ormation						
1a Name of The Sande		, PSC Profit Sharing	Plan		(PN) 1c Effec	number	,		
	2a Plan sponsor's name (employer, if for a single-employer plan)					01/1993 oyer Identif	cation Number		
City or to	own, state or province	n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		structions)	(EIN) 31-1318427 2c Sponsor's telephone number				
The Sande	ers Law Firm,	PSC				9)491-3			
				2	2d Business code (see instructions)				
1017 Russ	sell Street				541110				
Carrington			K	Y 41011-3052					
Covingtor		d address 🕅 Same as Plan Spon			3b Admi	nistrator's E	IN		
	ministrator s name an	address a Game as rian opon	301.		, , , , , , , , , , , , , , , , , , , 				
					3c Admi	nistrator's te	elephone number		
		plan sponsor has changed since the	he last return/report filed	for this plan, enter the	4b EIN				
a Sponsor		nber from the last return/report.			IC PN				
and the second se		at the beginning of the plan year			5a		11		
					5b		g		
		at the end of the plan year account balances as of the end of th							
					5c		g		
d(1) Total r	number of active part	ticipants at the beginning of the pla	n year		5d(1)		8		
d(2) Total I	number of active part	ticipants at the end of the plan yea	r		5d(2)		6		
e Number	of participants that t	erminated employment during the	plan year with accrued b	enefits that were less	5e				
than 100	0% vested	r-incomplete filing of this return				liebod	1		
Under penalti SB or Schedu	es of periony and oth	er penalties set forth in the instruct signed by an enrolled actuary, as	ions. I declare that I have	e examined this return/repo	rt, încludir	ng, if applic	able, a Schedule knowledge and		
SIGN	A MARY	Then a Ali	1 5-17-17	Robert E. Sande	re				
HERE	00041						inistrator		
S	Signature of plan ad	ministrator	Date	Enter name of individua	i signing a	as pian adm	unistrator		
SIGN HERE									
S	Signature of employ		Date	Enter name of individua					
Preparer's na	me (including firm na	ime, if applicable) and address (inc	nude room or suite numb	per)	reparer's	telephone	number		
For Paperwork	Reduction Act Notice	see the Instructions for Form 5500-	SE			Fo	orm 5500-SF (2016)		

Form 5500-SF 2016

	Were all of the plan's assets during the plan year invested in eligib		•						X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	ons.)						X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan canr					_				
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?	·····	Yes	No []	Not determi	ned
Pa	rt III Financial Information									
7	Plan Assets and Liabilities	1.1.1	(a) Beginning	of Year			(t) End of `	Year	
а	Total plan assets	7a	1,	768,	756				1,948,	476
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	768,	756				1,948,	476
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tota	1	
a	Contributions received or receivable from: (1) Employers	8a(1)		48,	278		20 A		(1) Sept16	
	(2) Participants	8a(2)		88,	327	_			_	
	(3) Others (including rollovers)	8a(3)								-
b	Other income (loss)	8b		101,	148				in elven in	-
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							237,	753
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		45,	545		1			
e	Certain deemed and/or corrective distributions (see instructions)	8e				_		_	121.00	_
f	Administrative service providers (salaries, fees, commissions)	8f		12,	488		100	111.20		
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							58,	033
i	Net income (loss) (subtract line 8h from line 8c)	8i]			179,	720		
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics	·								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature cod	les from the List of Pl	an Cha	racteri	stic C	odes in tl	he instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Pla	n Chara	acteris	tic Co	des in th	e instructio	ons:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	A	Amount	
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fic	duciary Correction						0	
b	Program) Were there any nonexempt transactions with any party-in-interest	0 (De net in	aluda transpatiana	10a	Х				8,	227
b	reported on line 10a.)	.? (Do not in	ciude transactions	10b		X				
с				10c	Х				200,	000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bone	d, that was caused	10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		10e	X					420	
f				10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-en	id.)	10g		X				
h		(See instruc	tions and 29 CFR	10g		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	101				5		

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 instructions and comple (Form 5500) and line 11a below)	ete Schedu	ile SE	}		Yes 🏼	No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		la		0		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or ERISA?					Yes 🛛	No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructio granting the waiver. Month	ons, and en	ter th Day	ne date o	f the let Year		g
lf	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	13	2b				
C	Enter the amount contributed by the employer to the plan for this plan year	1	2c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		2d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/.	Α
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	a	_	_		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unc control of the PBGC?] Yes	X No	
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to					
1	3c(1) Name of plan(s):	13c(2) EIN	√(s)		13c	(3) PN(s	.)
Dert							
Part		1.4	41				
14a M	Name of trust	74	id Tr	rust's Ell	N		
14c	Name of trustee or custodian	14		rustee's elephone			
Part	IX IRS Compliance Questions	1					
15a	Is the plan a 401(k) plan? If "No," skip b	Yes			No		
15b 4	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section [1] 101(k)(3) for the plan year? Check all that apply:	Design-ba safe harb "Current y	ог		"Priory test N/A	year" A[)P
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	ADP test Ratio percenta test	ge		rage efit test		N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No		
17a	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinior the letter and the serial number	n letter or a	advis	ory letter	, enter t	he date	of
	f the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the etter	e date of th	ne mo	st recen	t deterrr	nination	
V	Defined Benefit Plan or Money Purchase Pension Plan Only: Vere any distributions made during the plan year to an employee who attained age 62 and had not separated the service?	from	Yes		No		
19 V	Vas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No		