Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Р	art I	Annual Report	ld	entification Information	n					
For	r calenda	ar plan year 2015 or fi	sca	l plan year beginning 12/01/2	/2015	and ending 11	/30/2	016		
A	This ret	urn/report is for:	X	a single-employer plan a one-participant plan			•	_		
В	This return/report is									
С	Check b	pox if filing under:		Form 5558 special extension (enter description	criptic	automatic extension		DFVC progr	am	
P	art II	Basic Plan Info	rn	nation—enter all requested in	nform	nation				
1a	Name	of plan		·			1b	Three-digit plan number (PN) ▶	001	
							1c		•	
2a	Mailing	address (include roo	m, a	apt., suite no. and street, or P.C				(EIN) 61-1	456454	
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attal list of participating employer information in accordance with the form instructions a foreign plan B This return/report is the first return/report the final return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan MEDICAL SPECIALISTS OF KENTUCKIANA, PLLC DEFINED BENEFIT PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 12/01/2004 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 2IP or foreign postal code (if foreign, see instructions) C Sponsor's telephone number 502-896-8166 2d Business code (see instructions) C Sponsor's telephone number 502-896-8166 C Sponsor's telepho										
SUIT	ΈA						2d	`	,	
3a	3a Plan administrator's name and address X Same as Plan Sponsor. 3c Administrator's telephone number									
4					e the	last return/report filed for this plan, enter the	4b	EIN		
а	Sponse	or's name					4c	PN		
5a	Total r	number of participants	at	the beginning of the plan year					5	
b				• •		ì	5	D	5	
С									0	
d	(1) Tota	al number of active pa	rtic	pants at the beginning of the pl	olan y	year	5d	(1)	4	
d	(2) Tota	al number of active pa	rtic	ipants at the end of the plan yea	ear		5d	(2)	4	
	than '	100% vested			·····	,			0	
SB	or Sche	edule MB completed a	nd :	signed by an enrolled actuary, a						

SIGN HERE

Filed with authorized/valid electronic signature.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

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

Preparer's telephone number

Form 5500-SF 2015		Page 2					
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepenand and condition	dent qualified public a	ccount	ant (IQ	PA)		
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information					_		
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year
a Total plan assets	7a		4084	·844 0			4551998 0
D Total plan liabilities C Net plan assets (subtract line 7b from line 7a)	7b 7c		4084				4551998
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	76	(a) Amou		044			(b) Total
a Contributions received or receivable from:		(a) Amot	4111				(b) Total
(1) Employers	8a(1)		290	221			
(2) Participants	8a(2)			0			
(3) Others (including rollovers)	8a(3)			0			
b Other income (loss)	8b		218	775			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						508996
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
f Administrative service providers (salaries, fees, commissions)	8f			0			
g Other expenses	8g		41	842			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						41842
i Net income (loss) (subtract line 8h from line 8c)	8i						467154
j Transfers to (from) the plan (see instructions)	8j			0			
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 1A 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instructions:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X		0
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		0
C Was the plan covered by a fidelity bond?			10c		Х		0
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		X		0
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e	X			12468
f Has the plan failed to provide any benefit when due under the pla							
			10f		X		0
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g		X		0
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X		
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance			,	1	<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding							RISA? Yes X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled 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).

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to

Pe	nsion Ger	netit Guaranty Corporation	► Complete all entries in a	accordance with the instr	uctions to the Form 5500)-SF,	- 404	c ilispection
	rt l		Identification Information					
For	alenda	ir plan year 2015 or fi	iscal plan year beginning	12/1/2015	and ending	11/3	2/2016	
A T	his roti	urn/report is for:	a single-employer plan		an (not multiemployer) (Fi ployer information in acco			
				trail			;	
Вт	is retu	rn/report is	the first return/report	the final return/report			:	
			an amended return/report	B short plan year return	n/report (less than 12 mont	(hs)	ļ	
Ç	heck b	ox if filing under:	Form 5558	automatic extension	•	[] 0	FVC progre)m
			Special extension (enter desci	ription)				
Pa	18	Basic Plan Info	ormation—enter all requested in	formation ·				
1a	Name (of plan			1	b Three		•
	Medic	cal Specialists of	Kentuckiana, PLLC Defined	Benefit Plan		plan n (PN)	umber :	001
					1		ive date of 12/1/2	
2a	Plan sp Malling	consor's name (emplo	oyer, if for a single-employer plan) im, apt., suite no. and street, or P.C	\ Paul	2			cation Number
	City or	town, state or provinc	co, country, and ZIP or foreign post		ructions)	(EIN)		-1456454 none number
М	edical	Specialists of Ke	entuckiana, PLLC		1	C Spon	502-896	
	13 Di dite A	upont Square No	rth	•	[2	2d Busin	ess code (s	ee instructions)
_	uisviil	le	KY				621	111
	207							
3a	Plan ad !	iministrator's name a	nd address Same as Plan Spons	sor.	3	SD Admir	istrator's E	iiN
	!				3	C Admir	istrator s to	olophono number
							:	
	i							
	 			.,				
			e plan sponsor has changed since imber from the last return/report.	the last return/report filed for	or this plan, enter the	ID EIN		
	1	or's namo	inber non the last return report.	i	4	ic PN		
5a	Total n	number of participants	s at the beginning of the plan year			5a		5
_	i		s at the end of the plan year		 	5b		5
			account balances as of the end of		—	5c		0
-37								
			articipants at the beginning of the pi	,		5d(1)		·
7		•	articipants at the end of the plan ye t terminated employment during the			5d(2)		4
	i than 1	100% vested		***********************************	,,	5e	l	0
Cau	tion; A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unioss reasonable cause	is estab	lished.	
ŞB c	r Scho	ities of perjury and of dule MB completed a rue, correct, and com	ther penalties set forth in the instru- ind signed by an enrolled actuary, a polete.	ctions, I declare that I have as well as the electronic ver	examined this return/report, a	rt, including indicate the land to the lan	g, if applica bost of my	knowledge and
sigi	3 00 37 40	\@~~~	n / Nodar	1	KRISHNA	- 5	NADI	A-12
HER	5 .43.4	Signature of plan		Date :	Enter name of individual	l signing a	s plan adm	inistrator
SIGI	v						1	
HER	E .	Signature of emple	oyor/plan sponsor	Date	Enter name of individua	l signing a	s amployar	or plan sponsor
Prep	arer's		name, if applicable) and address (li	iclude room or suite numbe	or) P	reparer's	telephone i	number
	! !						:	
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	!			1	6 (A) (A) (A) (A) (B) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	tand garry) in fraging in 15 March Break, in the	pravious carp to 1	ilo (Crossidaki alikurki 2009) (1997) (1996) 30 / 207 (1996) (1996) (1996)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

	Form 5500-SF 2015		Page 2								
b A u K	Mere all of the plan's assets during the plan year invested in eligible of you claiming a waiver of the annual examination and report of inder 29 CFR 2520,104-46? (See Instructions on weiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannuthe plan is a defined benefit plan, is it covered under the PBGC in	an indaper and condit ot use Fo	ndent qualified public actions.)rm 5500-SF and must	instea	int (IQ d use	PA) Form	5500.		_	res [] No
Part											
	lan Assets and Liabilities		(a) Boginning	of Yea	r			(b) End	of Year		
	otal plan assets	7a	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		8484	4		1-/		5199	8
	otal plan liabilities	7b				0					0
	let plan assets (subtract line 7b from line 7a)	7c	ı	40	8484	4			45	5199	98
	ncome, Expenses, and Transfers for this Plan Year	Yangan.	(a) Amou			"		(b) T	otal		
a c	Contributions received or recoivable from:	. 8a(1)_		· .	9022		Angelog Angelogia Angelogia			V	
	2) Participants	8a(2)				o 🖔 /	$\sum_{i \in \mathcal{I}} \frac{1}{ \mathcal{I}_i ^2} \frac{1}{ $	PROBLEM.	7)/#gibs:		
	3) Others (including rollovers)	8a(3)				o l		er kanal dari badan Kanal dari dari badan	la ne e Age La ne e Age	giệt, liệ	
	Other income (loss)	. 8b		2	1877	5			opposite artis.		en aparticipa da Constanto de esta
c 1	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				.il			5	0899	6
d e	senofits paid (including direct rollovers and insurance premiums	. 8d				٥	Windows R		Part of the second		2. (447.) 2. (447.)
	piprovide bonefits)	80				ō			jangan)	15.1.1.1.17 15.1.1.1.17	V-00 00
	dministrative service providers (salarios, foos, commissions)	87				0	· · · · ·		5	1	and the same
	Other expenses	. 8g			4184	2	7.77	grayar.		7400	
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h			gelighe)	· /w				4184	2
	let income (loss) (subtract line 8h from line 8c)	81	. Willy The Assessment Co	J. A	 				4	6715	4
	ransfers to (from) the plan (see instructions)	81			(C			registration Section (1986)	VEW (18)	Selveri degri e
	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	des from the List of Plan) Chars	ctoris	tic Cod	des in th	e instruct	ions:		
Part	V Compliance Questions						1 4//4			_	
10	During the plan year:				Yes	No	N/A		Amou	int	•
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary i	Fiduciary Correction	10a		1		:			
b	Were there any nonoxompt transactions with any party-in-interes reported on line 10a.)	t7 (Do not	include transactions	10b		~					
	Was the plan covered by a fidelity bond?			10c		1					
<u>_</u>	Did the plan have a loss, whether or not reimbursed by the plan's			100			Garage Co.				
_	by fraud or dishonesty?			10d		~	### / A				
ė	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See Instructions.)	ne or all o	f the benefits under	10 ¢	~						12468
f	Has the plan failed to provide any bonefit when due under the plan		· · · · · · · · · · · · · · · · · · ·	10f		~	(0.00 mm/100) (1.00 mm/100)	-			
g	Did the plan have any participant loans? (If "Yes," enter amount a	ns of year	end.)	10g		~					
_	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(Soc instr	ructions and 29 CFR	10h		-	min kyazy z(k) Wisymusia may Zin kyi (i Manuki Wisymusia zina		(2012/00) Mariantananan Mariantananan	(m)	Part Haller of the
ī	If 10h was answered "Yos," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i			ALTERNATION OF THE	Medicina and a second and a sec		roko a a 70	Programme and
j	Did the plan trust incur unrelated business taxable income?			10j			~				
Part	<u></u>		• н -								
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a bolow)	ments? (If	"Yes," see instructions	and co	mplete	Sche	dule SB	(Form		Yes	No
11a	Enter the unpaid minimum required contribution for all years from										
12	its this a defined contribution plan subject to the minimum funding							ERISA?	Ш.	Yes	No

PAGE 3/5 * RCVD AT 5/24/2017 12:27:39 PM [Eastern Daylight Time] * SVR: CBTVMVORFX PP20785 * CSID: ++5028051974 * DURATION (mm-ss): 04-30

i	Form 5500-SF 2015 Page 3 -						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12o below, as applicable.)						
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	nd e	nter the Day	e dato of	tho letter r Year	uling	_
If y	ou completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		406	<u>r</u>			—
b	Enter the minimum required contribution for this plan year		12b				
	Inter the amount contributed by the employer to the plan for this plan year		12c				
İ	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)		12d		- (7	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	<u> </u>
Part \							
13a	Has a resolution to terminate the plan been adopted in any plan year?			<u> </u>	e 🕢 No		
!	If "Yes," ontor the amount of any plan assots that reverted to the employer this year		13a	ļ <u> </u>			
i	Wore all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?] [Yes Z	No	····
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	s) to	1				
1	3c(1) Name of plan(s):	c(2)	EIN(s)		13c(3	PN(s))
Part	Ville: Trust Information						
14a N	Name of trust		146	Trust's El	N		
14c	Namo of trustee or custodian	· · · · · ·	14d		s or custo to number		
Part	IRS Compliance Questions			112.7			
15a	Is the plan a 401(k) plan?		[] Y	0 3	N	· .	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employe matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	r	🗆 🖁	lesign- ased sele arbor nethod		DP/AC	F
:	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?]	es	∐ No		
	Check the box to indicate the mothod used by the plan to satisfy the coverage requirements under section 410(b):			Ratio ercentage est	. [<u></u>	verage enefit t	losi
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		<u> </u>	es		·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
17a	Has the plan been timely amended for all required tax law changes?		\ 🗌 Y	ės	□N	, [N/A
	Date the lest plan amondment/restatement for the required tax law changes was adopted Enter t for tax law changes and codes).					nstruct	lions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is a advisory letter, enter the date of that favorable letter. and the letter's serial number.					on or	
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter		the pla	an's last f	avorable		
18	is the Plan maintained in a U.S. territory (i.u., Puerto Rico (if no election under ERISA section 1022(i)(2) has boor made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?		. □ Y	05	□ No	, 	
19	Were in-service distributions made during the plan year?		<u> </u>	ับร	No.		
	If "Yos," enter amount						
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or retired), as required under section 401(a)(9)?	TOL	1117	'es	No		N/A
	ignigo), as redelige alleg segment to NeVeV.						