## 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** 

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit CITIZENS BANK OF CUMBERLAND COUNTY 401(K) PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2003 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 61-1365410 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number CITIZENS BANK OF CUMBERLAND COUNTY 270-864-2323 2d Business code (see instructions) P.O. BOX 810 522110 BURKESVILLE, KY 42717 **3a** Plan administrator's name and address | Same as Plan Sponsor. 3b Administrator's EIN 61-1365410 CITIZENS BANK OF CUMBERLAND COUNTY P.O. BOX 810 **BURKESVILLE, KY 42717** 3c Administrator's telephone number 270-864-2323 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a 25 5a Total number of participants at the beginning of the plan year ...... 5b 22 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 18 5c complete this item)..... 22 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 21 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	rue, correct, and complete.							
HERE	Filed with authorized/valid electronic signature.	06/23/2017	TERESA LONG					
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include	room or suite number	r)	Preparer's telephone number				

Form 5500-SF 2016 Page **2** 

	Were all of the plan's assets during the plan year invested in eligib		,						X	res 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								X	res No
	If you answered "No" to either line 6a or line 6b, the plan canr		,						ш	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	[	Yes	No	Not o	determined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	d of Year	
а	Total plan assets	7a		297763					1453	636
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1	297763	3				1453	636
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b)	Total	
	Contributions received or receivable from:	90(4)		36900						
	(1) Employers	8a(1)		43749	_					
	(2) Participants	8a(2)		.07.10						
	(3) Others (including rollovers)	8a(3) 8b		99220	)					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							179	869
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d		23846	j					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		150	)					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								996
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				1558			873	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2R 2T	feature co	odes from the List of Pl	lan Cha	racteri	stic Co	odes in	the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	les from the List of Pla	n Char	acteris	tic Cod	des in t	he inst	ructions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	ınt
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V					X				
	Program)			10a						
D	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X				
С				10c	X					200000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Χ				
h		(See instru	uctions and 29 CFR	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	he require	d notice or one of the	10ii						

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Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
lf	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent 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:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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 sepa		Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

## 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to.
Public Inspection

	or fiscal plan year beginning	01/01/2016	and ending	12/31/20	16			
Por calcinual plan year 2010	x a single-employer plan	a multiple-employer pl	an (not multiemployer) (I	ilers checking this	box must attach a			
A This return/report is for:		list of participating en	nployer information in ac	cordance with the f	orm instructions.)			
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report		ultiemployer) (Filers checking this box formation in accordance with the form formation in accordance with the formation in accordance with				
	an amended return/report	a short plan year retur	m/report (less than 12 mo	onths)				
C Check box if filing under:	Form 5558	automatic extension	1	DEVC program				
	special extension (enter descr		_ ,	_ Di vo program				
Part II Basic Plan	Information—enter all requested int							
1a Name of plan	The first and requested in			1b Three-digit				
CITIZENS BANK OF	CUMBERLAND COUNTY 401(K)	PROFIT SHARING	PLAN		001			
			tale)		te of plan			
	employer, if for a single-employer plan)	) P)						
	e room, apt., suite no. and street, or P.C ovince, country, and ZIP or foreign post		tructions)					
	CUMBERLAND COUNTY	i		Control of the contro	A STATE OF THE PARTY OF THE PAR			
P.O. BOX 810				522110				
BURKESVILLE	KY 42717							
	me and address Same as Plan Spor	nsor.		3b Administrato	or's EIN			
CITIZENS BANK OF								
P.O. BOX 810				270-804-2	.525			
BURKESVILLE	KY 42717							
	of the plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
name, EIN, and the pla	n number from the last return/report.			40 000				
a Sponsor's name								
	pants at the beginning of the plan year.				25			
	pants at the end of the plan year with account balances as of the end of				22			
	with account balances as of the end of			5c	18			
d(1) Total number of activ	ve participants at the beginning of the pl	lan year		5d(1)	22			
d(2) Total number of activ	ve participants at the end of the plan ye	ar		5d(2)	21			
	that terminated employment during the			5e	0			
Caution: A penalty for the	late or incomplete filing of this return	n/report will be assessed	unless reasonable ca	use is established	I.			
Under penalties of perjury a	nd other penalties set forth in the instruc	ctions, I declare that I have	e examined this return/re	port, including, if a	pplicable, a Schedule			
belief, it is true, correct, and		35 Well as the electronic ve	Total of this retaininepor	t, and to the boot o	- my knowledge dild			
SIGN Suresay	Long	6/23/17	TERESA LONG					
HERE Signature of p	lan administrator	Date	Enter name of individ	ual signing as plan administrator				
SIGN (Graf	Clas 1000	6/26/17	CAROL ANN SEL	LLS				
	mployer/plan sponsor	Date						
Preparer's name (including f	firm name, if applicable) and address (ir	nclude room or suite numb	er)	Preparer's teleph	one number			
,								
9 S4								
2				The property of the				

6a Were all of the plan's assets during the plan year invested in eligib	ole assets? (	See Instructions.)				X Yes
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and condition of use Fort	lent qualified public accountan ns.) n 5500-SF and must instead	t (IQF use l	A) Form	5500.	X Yes []
${f C}$ If t he plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section 402	1)?		Yes	No Not determin
Part III Financial Information	T			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
7 Plan Assets and Liabilities		(a) Beginning of Year			{	b) End of Year
a Total plan assets	. 7a	1,297,70	53			1,453,
bT otal plan liabilities	7b	7 000 0			***************************************	3 453
c Net plan assets (subtract line 7b from line 7a)	7c	1,297,76	63			1,453,
8 Income, Expenses, and Transfers for this Plan Year	<u> </u>	(a) Amount				(b) Total
a Contributions received or receivable from:     (1) Employers	. 8a(1)	36,90	00			
(2) Participants	. 8a(2)	43,74	19			
(3) Others (including rollovers)	8a(3)					
bOthe rincome (loss)	. 8b	99,22	20		····	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				~~~	179,
dBenefit s paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	23,8	46			
e Certain deemed and/or corrective distributions (see instructions)	. 8e		_			
f Administrative service providers (salaries, fees, commissions)	. 8f	1.	50			
gOthe rexpenses	. 8g			· 		
hT otal expenses (add lines 8d, 8e, 8f, and 8g)	8h					23,
i Net income (loss) (subtract line 8h from line 8c)	. 8i					155,
j Transfers to (from) the plan (see instructions)	· 8j					·
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2R 2T						
b If the plan provides welfare benefits, enter the applicable welfare	feature code	s from the List of Plan Charac	teristi	c Cod	les in t	he instructions:
Part V Compliance Questions						
10 During the plan year:			Yes	No	N/A	Amount

10	During the plan year:		Yes	No	N/A	Amount
а	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)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х		
С	Was the plan covered by a fidelity bond?	10c	Х	<u> </u>		2,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х		
е	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		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х		
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	10i		<u> </u>		

	Form 5500-SF 2016	Page 3-						
Part \	/I Pension Funding Compliance					-,		
	Is this a defined benefit plan subject to minimum funding re (Form 5500) and line 11a below)	equirements? (If "Yes," see instruc	lions an	d complete Sch	edule S	В	Ye	s 🛮 No
11a	Enter the unpaid minimum required contributions for all ye							,
12	Is this a defined contribution plan subject to the minimum ERISA?	funding requirements of section 41	i2 of the	Code or section	n 302 of	f	. Ye	s 🛭 No
а	If a waiver of the minimum funding standard for a prior year granting the waiver.	ar is being amortized in this plan ye	ar, see	instructions, and	d enter t Day	ihe date	of the letter Year	ruling
If v	ou completed line 12a, complete lines 3, 9, and 10 of S	Schedule MB (Form 5500), and sl	cip to li	ne 13.				~~~
-	Enter the minimum required contribution for this plan year				12b	<u> </u>	w	
C I	Enter the amount contributed by the employer to the plan for	or this plan year			12c	<u> </u>		
dS	Subtr act the amount in line 12c from the amount in line 12 negative amount)				12d			<del></del>
е	Will the minimum funding amount reported on line 12d be	met by the funding deadline?				Yes	∐ No [	N/A
Part \	/II Plan Terminations and Transfers of As	sets						***************************************
13a	Has a resolution to terminate the plan been adopted in any plan	an year?				Yes	s X No	
***************************************	If "Yes," 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 ben control of the PBGC?	eficiaries, transferred to another pla	an, or bi	rought under the	•		☐ Yes 🏻	No
С	If, during this plan year, any assets or liabilities were tran- which assets or liabilities were transferred. (See instruction		an(s), id	lentify the plan(s	s) to			
1	3c(1) Name of plan(s):			13c(2	EIN(s	)	13c(3)	PN(s)
Part	VIII Trust Information							
14a	Name of trust				14b	Trust's	EIN	
14c	Name of trustee or custodian				14d		's or custodi ne number	an's
Pari	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan? If "No," skip b	,,,,,		Yes			☐ No	
	How did the plan satisfy the nondiscrimination requiremen 401(k)(3) for the plan year? Check all that apply:			U safe ∏ "Cur	ign-base harbor rent yea ' test		☐ "Prior ye test ☐ N/A	ar" ADP
16a	What testing method was used to satisfy the coverage rec year? Check all that apply:	quirements under section 410(b) fo	r the pla	en Rat Den test	centage		verage enefit test	□ N/A
	Did the plan satisfy the coverage and nondiscrimination refor the plan year by combining this plan with any other pla	n under the permissive aggregatio	n rules?	······			∏ No	
	If the plan is a master and prototype plan (M&P) or volum the letter and the serial number	e submitter plan that received a fav er	vorable	IRS opinion lett				
17b	If the plan is an individually-designed plan that received a	favorable determination letter from	the IR	S, enter the dat	e of the	most rec	ænt determir	nation

No No

☐ No

Yes

Yes

letter

18 Defined Benefit Plan or Money Purchase Pension Plan Only:

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

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? .....