## 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** 

		ort Identification Information							
For	calendar plan year 2016 d	or fiscal plan year beginning 01/01/	2016	and ending 12	2/31/2016				
A This return/report is for:		a single-employer plan		plan (not multiemployer) ( employer information in ac	-				
, ,	This retain/report is for.	a one-participant plan	a foreign plan						
Вт	his return/report is	the first return/report	the final return/repo	rt					
		an amended return/report	a short plan year re	turn/report (less than 12 m	onths)				
C Check box if filing under:									
		special extension (enter desc	cription)						
Pa	rt II Basic Plan II	nformation—enter all requested in	nformation						
	Name of plan LE & SETTLE, P.S.C. PR	OFIT SHARING PLAN & TRUST			1b Three-digit plan number (PN) ▶	er 001			
					1c Effective da	ate of plan 01/01/1987			
		nployer, if for a single-employer plan) room, apt., suite no. and street, or P.	O Box)		' '	dentification Number			
		vince, country, and ZIP or foreign pos		nstructions)	(EIN) 61-1293809 <b>2c</b> Sponsor's telephone number 859-333-7968				
						ode (see instructions)			
	EACON HILL ROAD EHEAD, KY 40351-6030				621210				
_					01				
За	Plan administrator's nam		<b>3b</b> Administrat	or's EIN					
					<b>3c</b> Administrator's telephone number				
4		f the plan sponsor has changed since number from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN				
a	Sponsor's name				4c PN				
5a	Total number of participa	ants at the beginning of the plan year			5a	16			
b		ants at the end of the plan year with account balances as of the end of			5b	16			
					5c	16			
•	•	participants at the beginning of the p	•		5d(1) 5d(2)	15 12			
	· -	e participants at the end of the plan ye hat terminated employment during th			<u> </u>				
	than 100% vested	ate or incomplete filing of this retui			5e	A			
Und	er penalties of perjury and	d other penalties set forth in the instru	uctions, I declare that I ha	ve examined this return/re	port, including, if a	applicable, a Schedule			
	or Schedule MB complete ef, it is true, correct, and c	d and signed by an enrolled actuary, omplete.	as well as the electronic	version of this return/repor	t, and to the best	of my knowledge and			
SIG		zed/valid electronic signature.	08/11/2017	EMILY T SETTLE					
	Signature of pla	nn administrator	Date	Enter name of individ	lual signing as pla	n administrator			
SIG	?F	unlover/nlan change	Data	Enter name of individual	luol oigning	alouar or alon as sees			
Prer		nployer/plan sponsor m name, if applicable) and address (i	Date include room or suite nun		Preparer's telep	oloyer or plan sponsor none number			
	,			,	,				

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6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	' (See instructions.)						X Yes	No	
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.)								X Yes	No	
•	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-		Not dete	rminad	
		isurarice p	ologiam (see ENISA se		021):		162		Not deter	IIIIIIeu	
_ <u>Pa</u>	rt III Financial Information Plan Assets and Liabilities		(a) Baninninn	of Voor	. 1			(la) E : a d   a d	. V		
a	Total plan assets	72	(a) Beginning	or Year 011551			(	(b) End of	1092736		
_	Total plan liabilities	7a 7b		3007							
	Net plan assets (subtract line 7b from line 7a)	7c	1	008544					1092736		
8	Income, Expenses, and Transfers for this Plan Year							(b) Tot	al		
	Contributions received or receivable from:		(a) Amour					(6) 10	.ui		
	(1) Employers	8a(1)		15000							
	(2) Participants	8a(2)	8506								
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		69327							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							92833		
d	Benefits paid (including direct rollovers and insurance premiums	04		14725							
	to provide benefits)										
	Administrative service providers (salaries, fees, commissions)	8e 8f		-6084							
_ <u>'</u>											
	Other expenses	8g 8h			-				8641		
<del>-</del> "	Net income (loss) (subtract line 8h from line 8c)	8i						84192			
÷	Transfers to (from) the plan (see instructions)										
,	, , , , ,	8j									
9a	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension	footuro co	ados from the List of D	an Cha	ractori	etic Co	odoc in	the inetru	ctions:		
	2A 2E 2F 2G 2J 2R 3D	rieature co	des nom the List of Fi	an Cna	racteri	Silc CC	Jues III	tile ilistiu	CHOHS.		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruc	tions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	40-		X					
b		t? (Do not	include transactions	10a		X					
	reported on line 10a.)			10b 10c	X					200000	
d				10d		X					
е	<ul> <li>by fraud or dishonesty?</li> <li>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.)</li> </ul>			10e	Х					2462	
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				·	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X					
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 to exceptions to providing the notice applied under 29 CFR 2520.10			10i							

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Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No		
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?								
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling		
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1				
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d					
		ne 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 X N	lo		
	If "Y€	s," 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 brougol of the PBGC?		er the			Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)	EIN(s) 13c(3) PN				
Part	VIII	Trust Information								
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN			
14c	Name	of trustee or custodian					s or custod ne number	ian's		
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor					
				"Curre	ent year test	ar"				
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	Average N/A benefit test				
	for the	e 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	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation		
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 e?		rom	Ye	s [	No			
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No			

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## 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 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).

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to Public Inspection

Pension B	enetit Guaranty Corporation	▶ Complete all entries in	accordance with the inst	ructions to the Form 5	500-SF.			
Part I		Identification Information	1					
For calend	ar plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	12/31/			
A This re	turn/report is for:	a single-employer plan			(Filers checking this box must attach a accordance with the form instructions.)			
		a one-participant plan	a foreign plan					
<b>B</b> This ret	urn/report is	the first return/report	the final return/report					
		an amended return/report	☐ a short plan year retu	rn/report (less than 12 m	nontns)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	3		
		special extension (enter desc						
Part II		rmation—enter all requested in	formation		T	· · · · · · · · · · · · · · · · · · ·		
1a Name	,				1b Three-digit			
	& Settle, P.S Sharing Plan				plan numbe (PN) ▶	001		
FLOLIC	ougring Light	& ITUSC			1c Effective da			
					01/01/:	1987		
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C				dentification Number -1293809		
	Town, state or provinc & Settle, P.S	e, country, and ZIP or foreign pos- ,C.	tal code (it toreign, see insi	(ructions)	<b>2c</b> Sponsor's telephone number (606) 776–9933			
						ode (see instructions)		
OFF Dan	con Hill Road				621210	sac (see monachons)		
Morehea		nd address K Same as Plan Spo	KY	40351-6030	3b Administrat	······································		
					3c Administrat	or's telephone number		
name	, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN			
<b>a</b> Spons	or's name				4c PN			
		at the beginning of the plan year.			<del></del>	1, 6		
		at the end of the plan year			5b	1.6		
		account balances as of the end of			5c	<u>]</u>		
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the p	an year	*******************************	5d(1)	1.5		
d(2) Tota	al number of active pa	rticipants at the end of the plan ye	ar		5d(2)	12		
		terminated employment during the			5e			
		or incomplete filing of this retur						
SB or Sche		her penalties set forth in the instruind signed by an enrolled actuary, a						
SIGN		7.55	8-11-17	EMILY T SETTL	E			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as plar	n administrator		
SIGN								
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual signing as emi	oloyer or plan sponsor		
Preparer's		ame, if applicable) and address (in			Preparer's telept			

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þ	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  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.).  Yes I flyou 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 is	nsurance p	program (see ERISA s	ection 4	1021)?	[	Yes	No [	Not determined		
Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r			(b) End of	Year		
a	Total plan assets	7a	1,	011,					1,092,736		
	Total plan liabilities	7b	3,007								
	Net plan assets (subtract line 7b from line 7a)	7c	1,	008,	544				1,092,736		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tot	al		
a	Contributions received or receivable from: (1) Employers	8a(1)			000						
	(2) Participants	8a(2)		8,	506						
	(3) Others (including rollovers)	8a(3)		·····							
b	Other income (loss)	8b		69,	327						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							92,833		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		14,725							
	Certain deemed and/or corrective distributions (see instructions)	8e		-6,084				<u> </u>			
f_	Administrative service providers (salaries, fees, commissions)	8f									
<u>g</u>	Other expenses		3g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)								8,641		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)					84,					
	Transfers to (from) the plan (see instructions)	8j	8j				<u> </u>				
	t IV Plan Characteristics							· · · · · · · · · · · · · · · · · · ·	····		
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D	feature co	ides from the List of P	an Cha	racteri	stic Co	odes in	the instru	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Char	acteris	tic Cod	des in t	he instruct	ions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iductary Correction	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ					
С	Was the plan covered by a fidelity bond?			10c	Х				200,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's 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	Χ				2,462		
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year-e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			<del></del>		
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 required	notice or one of the	10i							

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D								
Part							·	
11	Is this a defined benefit plan subject to minimum (Form 5500) and line 11a below)	funding requirements? (If "Yes," se	ee instructions	and complete Sch	edule S	В	Yes	i ⊠ No
11a	Enter the unpaid minimum required contributions				11a			
12	Is this a defined contribution plan subject to the ERISA?	***************************************	section 412 of	the Code or sectio	n 302 o		Yes	⊠ No
	(If "Yes," complete line 12a or lines 12b, 12c, 12							
a	If a waiver of the minimum funding standard for a granting the waiver.				d enter t Day		of the letter ru Year	uling
If	ou completed line 12a, complete lines 3, 9, an	d 10 of Schedule MB (Form 5500	), and skip to	line 13.				
<u>b</u>	Enter the minimum required contribution for this p	an year	*************		12b			,.
	Enter the amount contributed by the employer to t				12c			
d 	Subtract the amount in line 12c from the amount negative amount)				12d			
е	Will the minimum funding amount reported on line	12d be met by the funding deadli	ne?			Yes	No	N/A
Part \	/II Plan Terminations and Transfers	of Assets						
13a	Has a resolution to terminate the plan been adopted	in any plan year?				Yes	⊠ 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 participant control of the PBGC?				Yes 🛛 N	vo.		
С	If, during this plan year, any assets or liabilities which assets or liabilities were transferred. (See	ere transferred from this plan to ar						
1	13c(1) Name of plan(s): 13c(				EIN(s)		13c(3) P	N(s)
Part	VIII Trust Information							
14a	lame of trust				14b 1	rust's El	N	
14c	Name of trustee or custodian						or custodian e number	'S
Part	IX IRS Compliance Questions							
15a	s the plan a 401(k) plan? If "No," skip b		**************	Yes			No	
	How did the plan satisfy the nondiscrimination req 01(k)(3) for the plan year? Check all that apply: .			☐ safe h	ent year'		"Prior year" test N/A	ADP
	What testing method was used to satisfy the cove year? Check all that apply:				entage		erage nefit test	N/A
	Did the plan satisfy the coverage and nondiscrimit or the plan year by combining this plan with any c	ther plan under the permissive ago	regation rules	?			No	***************************************
	f the plan is a master and prototype plan (M&P) o the letter and the seria		ed a favorable	RS opinion letter	or advi	sory lette	r, enter the d	ate of
	f the plan is an individually-designed plan that receletter	eived a favorable determination le	tter from the II	RS, enter the date	of the m	ost recei	nt determinati	ion
	Defined Benefit Plan or Money Purchase Pension Were any distributions made during the plan year service?	to an employee who attained age			Yes		No	
19		ained at least age 70 ½ during the	prior plan yea	r?	Yes		No	