-	rm 5500-SF	Short Form Annu	al Return/Repo Benefit Plan		oyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be file	d under sections 104 and	d 4065 of the Employee Re		2016			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Public In							
	enefit Guaranty Corporation	structions to the Form 55	00-SF.						
For calend	Annual Report Ic ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/2	016	and ending 12	/31/2016				
		a single-employer plan		plan (not multiemployer) (I		ing this box must attach a			
A This ref	urn/report is for:	] a one-participant plan		employer information in ac					
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC p	rogram			
		special extension (enter descr	,						
Part II		mation—enter all requested inf	ormation		41				
<b>1a</b> Name JOHNNIE L.	of plan TURNER, PSC PROFIT	SHARING PLAN			1b Three plan (PN)	number			
					1c Effect	tive date of plan 01/01/1999			
Mailing	g address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.C		atruationa)	2b Empl (EIN)	oyer Identification Number 61-1334792			
	TURNER, PSC	country, and ZIP or foreign posta	ai code (il loreign, see in	situciions)	2c Sponsor's telephone number 606-573-9000				
114 SOUTH HARLAN, KY	FIRST STREET / 40831			·	2d Business code (see instructions) 541110				
<b>3a</b> Plan a	dministrator's name and	address X Same as Plan Spor	nsor.		<b>3b</b> Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
<b>4</b>									
name	, EIN, and the plan numb	blan sponsor has changed since ber from the last return/report.	d for this plan, enter the	4b EIN 4c PN					
·	or's name	the basis is a file of a second			40 PN	7			
		t the beginning of the plan year			5a 5b	6			
C Numb	er of participants with ac	t the end of the plan year	the plan year (only define	ed contribution plans	50 50	4			
	,	cipants at the beginning of the pla			5d(1)	3			
<b>d(2)</b> Tot	al number of active parti	cipants at the end of the plan yea	ar		5d(2)	6			
e Numb	per of participants that te	rminated employment during the	plan year with accrued b	penefits that were less	5e	C			
		incomplete filing of this return							
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, a stere.							
SIGN	Filed with authorized/va	lid electronic signature.	10/12/2017	JOHNNIE L. TURNER					
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	ual signing a	as plan administrator			
SIGN									
HERE	Signature of employe		Date			as employer or plan sponsor			
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite num	ber )	Preparer's	telephone number			
		see the Instructions for Form 5500				Form 5500-SF (2016)			

6a b											
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined										
Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
a	Total plan assets	7a	1769963	1605831							
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	1769963	1605831							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)	280								
	(3) Others (including rollovers)	8a(3)									

b	Other income (loss)	8b	158892	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		159172
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	297557	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	25747	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		323304
i	Net income (loss) (subtract line 8h from line 8c)	8i		-164132
j	Transfers to (from) the plan (see instructions)	8j		

## Part IV Plan Characteristics

9a	If the	plan	provi	des p	ension	benefits,	enter the	applicable	pension fe	ature o	codes from	the Li	ist of Plan	Characte	ristic C	odes in	the ins	tructions:
	2A	2E	2J	2K														

**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	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		
C	Was the plan covered by a fidelity bond?	10c	Х			1000000
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		x		
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				

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)					🗌 Y	es 🗙 No	
11a	Ente	r 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					ΓY	es 🗙 No	
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						<u> </u>	
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	ns, and	l enter t	he date	of the lette	r ruling	
	<u> </u>	ting the waiver			_ Day	′	Year _		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the least of the matter 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?				X Yes	s N	C	
	lf "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?	-				Yes X	No	
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to				
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	13c(3) PN(s)	
Part	VIII	Trust Information							
		of trust			14b 1	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custodi	an's	
						leiepho	ne number		
Par	ı ıv	IRS Compliance Questions							
rai									
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:		Desig safe h	n-basec arbor	1	Prior ye test	ar" ADP	
				"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		nter the	e date	of the m	ost rec	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 ce?		from	Yes	s [	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No		

Form 5500-SF Short Form Annual Return/Report of Small Employee										
Department of the Treasury Internal Revenue Service	This form is required to be		and 4065 of the Employee		2016					
Department of Labor Employee Benefits Security Administration	Retirement Income Security A		section 6057(b) and 6058(	a) of	is Form is Open to Public Inspection					
Pension Benefit Guaranty Corporation	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
	dentification Information	01/01/2016	and ending	12/31/	2016					
For calendar plan year 2016 or fisc										
A This return/report is for:          a single-employer plan       a multiple-employer plan (not multiemployer) (Filers checking this box must a list of participating employer information in accordance with the form instruction in a coordance with the form instruction in a foreign plan										
B This return/report is:	the first return/report	the final return/report								
	an amended return/report	a short plan year retu	im/report (less than 12 mo	onlhs)						
C Check box if filing under:	$\mathbf{x}$ Form 5558 special extension (enter descri	aulomatic extension			/C program					
Part II Basic Plan Infor	mation enter all requested i	nformalion —								
1a Name of plan	PSC PROFIT SHARING PLAN			1b Three- plan nu (PN) ►	umber					
			-		ve date of plan					
				01/0:	1/1999					
2a Plan sponsor's name (employ Mailing Address (include room City or lown, state or province	er, if for a single-employer plan) n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post	). Box) al code (if foreign, see ins	tructions)		yer Identification Number 61-1334792					
JOHNNIE L. TURNER, I					or's telephone number ) 573-9000					
114 SOUTH FIRST STRE	EET			2d Busine 5411:	ess code (see instructions) 10					
US HARLAN KY 40831				26. 4 4 - 2 - 2						
3a Plan administrator's name and	d address 🖾 Same as Plan Spo	INSOF		JD Admini	istrator's EIN					
			-	3c Admini	istrator's telephone number					
	plan sponsor has changed since ber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN						
a Sponsor's name				4c PN						
5a Total number of participants a										
<ul> <li>b Total number of participants a</li> <li>c Number of participants with ac</li> </ul>	t the end of the plan year				0					
				5c	4					
d(1) Total number of active partic	cipants at the beginning of the pla	n year		5d(1)	3					
d(2) Total number of active partie	cipants at the end of the plan year	*****	*****	5d(2)	6					
e Number of participants that te less than 100% vested	rminated employment during the p			5e	0					
Caution: A penalty for the late o				se is establ	Ished.					
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is frue, correct, and comp	er penalties set forth in the instruct d signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/rep	ort, including	g, if applicable, a Schedule					
R QQ X		V1,212-12	Johnnie L. Turne	r						
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator										
SIGN SAME										
HERE Signature of employer/	signing as e	mployer or plan sponsor								
HERE         Signature of employer/plan sponsor         Date         Enler name of individual signing as employer or plan sponsor           Preparer's name (including firm name, if applicable) and address (include room or suite number)         Preparer's telephone number         Skip this question										
For Paperwork Reduction Act N	olice, see the instructions for F	orm 5500-SF.			Form 5500-SF (2016) v.160205					

	Form 5500-SF 2016	-	Page 2			-			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (S	See instructions.)				*****	<u>x</u> Y	'es 🔲 No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	in independ	ent qualified public acco	ountar	nt (IQF	PA)		🔀 Y	'es 🔲 No
	If you answered "No" to either line 6a or line 6b, the plan canno							_	_
с	If the plan is a defined benefit plan, is it covered under the PBGC in							No No	ot determined
P	art III Financial Information								
7	Plan Assels and Liabilities		(a) Beginning o	of Yea	ir .		(1	b) End of Yea	r
_	Total plan assets	7a		69,9					05,831
<u>a</u>		7b	-1-1	00,0	00	+			
<u>b</u>	Total plan liabilities		1 7/	<b>c</b> n 0	63	+		1.6	05,831
0	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount	69,9	03	+	_	(b) Total	00,001
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:					+			
a	(1) Employers	8a(1)							
	(2) Participants	8a(2)		2	80	1			
	(2) Others (including rollovers)	8a(3)							
<u> </u>	Other income (loss)	8b	1	50,0	92				
<u>b</u>			· ·······	50,0					50 170
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				+		<u>*</u>	59,172
d	to provide benefits)	8d	2	97,5	57				
e	Certain deemed and/or corrective distributions (see instructions)	80							
-		8f		25,7	47				
<u></u>	Administrative service providers (salaries, fees, commissions)	1				-			
g	Other expenses	8g			_				22 204
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-	_		23,304
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	Bi					_	(16	4,132)
j	Transfers to (from) the plan (see instructions)	8							
Pa	art IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	s from the List of Plan C	harad	lerist	ic Coc	les in the	Instructions:	
	2A 2E 2J 2K								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Ch	aracl	eristic	Code	es in the ir	nstructions:	
D	ut V Compliance Questions								
	rt V Compliance Questions				Vac	No	N/A	Arnou	nt
<u>10</u>	During the plan year:	tione conthin	the time period		Yes	NO	0//5	Allou	<u> </u>
а									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	•		100		x			
	Program)			10a		~			_
	<ul> <li>Were there any nonexempt transactions with any party-in-interest' reported on line 10a.)</li> </ul>	•		10b		x			
				100				1	,000,000
C				100		-		4	.,,
d	by fraud or dishonesty?	*******		10d		x			
0	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.)					x			
f	Has the plan failed to provide any benefit when due under the plan	1?	*******	10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	d.)	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 th exceptions to providing the notice applied under 29 CFR 2520.101	e required r	notice or one of the	101					

Form 5500-SF 2016

Page **3 -**

Par	t VI	Pension Funding Compliance								
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar 5500 and line 11a below)					Yes 🛛	No No		
<b>11</b> a	1a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a									
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a 		iver of the minimum funding standard for a prior year is being amortized in this plan year, see g lhe waiver			nler lhe dai <u>Day</u>	te of the		uling		
lfy	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.							
b		he minimum required contribution for this plan year								
C		he amount contributed by the employer to the plan for the plan year			;					
d		et the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to l re amount)		1 14-1	í					
e	Will the	minimum funding amount reported on line 12d be met by the funding deadline?		[	Yes 🗌	No		/A		
Par	: VII	Plan Terminations and Transfers of Assets								
13a	Has a i	esolution 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	L			0		
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?	-			Yes	X No			
c	lf, durir	ig this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide assets or liabilities were transferred. (See instructions.)								
1:	Sc(1) Na	me of plan(s):	13c(2	) EIN(s)		13c(3) PN(s)				
Part	VIII	Trust Information - Skip These Questions								
14a	Name o	of trust			<b>b</b> Trust's E					
14c	Name	f Iruslee or cuslodian		14	d Trustee o telephone					
Part	IX	IRS Compliance Questions - Skip These Questions				_				
15a	is the p	lan a 401(k) plan? If "No," skip b.		Yes			No			
15b	How dia 401(k)(3	I the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design safe ha			"Prior ye test	ar" ADP		
				"Currer ADP te			N/A			
16a	16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:									
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4 plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
17a	lf the pi the lette	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IF	RS opinion	letter or	advisory le	tter, er	iter the d	ate of		
	letter _	an is an individually-designed plan that received a favorable determination letter from the IRS,	, enter the	date of t	he most re	cent de	terminat	ion 		
	Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not se			🗌 Yes		No			
19	Was an	y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	************		🗌 Yes		No			