Form 5500-SF		Short Form Annua	t of Small Employe	OMB Nos. 1210- 1210-					
Department of the Treasury Internal Revenue Service		This form is required to be filed							
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the Inter e).	rnal	This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the inst	ructions to the Form 5500-	SF.	Public Inspection			
Part I	Annual Report Io	10/21/	2016						
For calenda	ar plan year 2016 or fisc			and ending 12/31/2		a this have severe attach a			
A This ret	turn/report is for:	a single-employer plan		lan (not multiemployer) (Filers nployer information in accord		-			
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 months	s)				
C Check	box if filing under:	Form 5558	automatic extension		OFVC pro	gram			
		special extension (enter descri	,						
Part II		mation—enter all requested info	ormation	I		I			
1a Name SOMERSET		401K PROFIT SHARING PLAN		16	Three- plan nu (PN)	umber			
				1c	Effectiv	ve date of plan 01/01/2008			
Mailing	g address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		tructions)	(EIN)	yer Identification Number 20-5327328			
	CARDIOLOGY, P.S.C.	······,, ·····························		2c	2c Sponsor's telephone number 606-679-1189				
850 HALL KN SOMERSET,	NOB ROAD, SUITE A , KY 42503			2d	Busine	ss code (see instructions) 621399			
3a Plan a	dministrator's name and	address X Same as Plan Spon	sor.	3b	Admini	strator's EIN			
				3c	Admini	strator's telephone number			
		blan sponsor has changed since t per from the last return/report.	he last return/report filed) EIN				
	or's name				4c PN				
5a Total r	number of participants at	t the beginning of the plan year			5a	4			
		t the end of the plan year count balances as of the end of t			5b	5			
					5c	5			
• • •	•	cipants at the beginning of the pla		-	d(1)	4			
e Numb	per of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued be	enefits that were less	d(2) 5e	4			
		incomplete filing of this return				ished			
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruc signed by an enrolled actuary, a	tions, I declare that I have	e examined this return/report,	including	g, if applicable, a Schedule			
SIGN		ilid electronic signature.	09/15/2017	KHALED SALEH					
HERE	Signature of plan adr	ministrator	Date	Enter name of individual s	igning as	s plan administrator			
SIGN					0 0				
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individual s	igning as	employer or plan sponsor			
Preparer's		ne, if applicable) and address (in	clude room or suite numb	er) Pre	eparer's t	elephone number			
		one the Instructions for Form FEOO				Earm 5500 SE (2016)			

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
		isurance p)? Yes No Not determined					
Pa	rt III Financial Information	ì	r						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
a	Total plan assets	7a	244296	276591					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	244296	276591					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	9163						
	(2) Participants	8a(2)	1891						
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	21241						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		32295					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions).	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0					
i	Net income (loss) (subtract line 8h from line 8c)	8i		32295					
j	Transfers to (from) the plan (see instructions)	8j							

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 3D 2R

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	X			5672
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		
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 co m 5500) and line 11a below)					י 🗌 י	′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					. П Y	′es 🗙	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	uction	is, and	enter t	he date	of the lette	r 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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive 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 XN	0	
		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 🗙	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
	,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an's	
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:		Desigi safe h	n-basec arbor	[Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	ntage		verage enefit test	N/	A
16b		ne 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		-			-			ł
17b	10 11	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [No		

For			OMB Nos. 1210-0 1210-0			
Depart Intern	tment of the Treasury nal Revenue Service	This form is required to be fil	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Re Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).			
Employee Be	partment of Labor enefits Security Administration	<u>n</u>				
	nefit Guaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form 5	500-SF.	Public Inspection
Part I		rt Identification Information		and anding	10/2	1 /2016
For calenda	ir plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending		31/2016
A This retu	urn/report is for:	X a single-employer plan				king this box must attach ith the form instructions.)
B This retu	ırn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	
C Check b	box if filing under:	X Form 5558	automatic extension		X DFVC p	rogram
Part II	Basic Plan In	formation-enter all requested i				
1a Name	a second designed and the second s				1b Three	e-diait
		, P.S.C. 401K PROFIT	SHARING PLAN			number 001
	· · · ·					tive date of plan 1/2008
Mailing	address (include ro	bloyer, if for a single-employer plan) bom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos	.O. Box)	ructions)		oyer Identification Number 20-5327328
	ET CARDIOLOG		stal code (il loreign, see insi	rucuons)		nsor's telephone number 679-1189
850 HAL	L KNOB ROAD	, SUITE A			2d Busir 6213	ness code (see instruction 99
SOMERSE	T	KY 42503				
		KY 42503 and address X Same as Plan Sp	onsor.		the second second	nistrator's EIN nistrator's telephone num
3a Plan ac 4 If the n	dministrator's name	and address X Same as Plan Spotter		or this plan, enter the	the second second	un el compositor processiones presentationes
3a Plan ac 4 If the n	dministrator's name name and/or EIN of t EIN, and the plan r	and address 🛛 Same as Plan Sp		or this plan, enter the	3c Admi 4b EIN	un el compositor por el presenta com
 3a Plan ac 4 If the n name, a Sponse 	dministrator's name name and/or EIN of t EIN, and the plan r or's name	and address Same as Plan Spotter the plan sponsor has changed since number from the last return/report.	e the last return/report filed t		3c Admi 4b EIN 4c PN	un el compositor por el presenta com
 3a Plan ac 4 If the n name, a Sponso 5a Total n 	dministrator's name name and/or EIN of t EIN, and the plan r or's name number of participan	and address Same as Plan Spotter the plan sponsor has changed since number from the last return/report.	e the last return/report filed t		3c Admi 4b EIN 4c PN 5a	un el compositor por el presenta com
 3a Plan ac 4 If the n name, a Sponso 5a Total n b Total n c Number 	dministrator's name name and/or EIN of f EIN, and the plan r or's name number of participan number of participan er of participants wit	and address Same as Plan Spotter the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year the at the end of the plan year	e the last return/report filed t	contribution plans	3c Admi 4b EIN 4c PN 5a	un el compositor por el presenta com
 3a Plan ad 4 If the n name, a Sponso 5a Total n b Total n c Number complete 	dministrator's name name and/or EIN of t EIN, and the plan r or's name number of participan number of participan er of participants wit ete this item)	and address Same as Plan Spotter the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year the at the end of the plan year	e the last return/report filed t	contribution plans	3c Admi 4b EIN 4c PN 5a 5b 5c	un el compositor por el presenta com
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 3a Plan ac 4 If the n name, a Sponse 5a Total n b Total n c Number completed (1) Total d(2) Total e Number (2) Total 	dministrator's name name and/or EIN of t EIN, and the plan r or's name number of participan number of participants wit ete this item) al number of active p al number of active p per of participants the	and address Same as Plan Spo the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year the account balances as of the end of participants at the beginning of the plan year participants at the beginning of the plan year terminated employment during the	e the last return/report filed t of the plan year (only defined plan year ear ne plan year with accrued be	contribution plans	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)	un el compositor por el presenta com
 3a Plan ad 4 If the n name, a Sponse 5a Total n b Total n c Numbe complet d(1) Total d(2) Total e Numbe than 1 	dministrator's name name and/or EIN of t EIN, and the plan r or's name number of participan er of participants wit ete this item) al number of active p al number of active p per of participants that 100% vested	and address Same as Plan Spotter the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year that the end of the plan year th account balances as of the end of participants at the beginning of the plan year contricipants at the end of the plan year terminated employment during the	e the last return/report filed t of the plan year (only defined plan year ear	l contribution plans	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	nistrator's telephone num
 3a Plan ad 4 If the n name, a Sponse 5a Total n b Total n c Numbe completed (1) Total d(2) Total e Numbe than 1 Caution: A Under pena SB or Scher 	dministrator's name name and/or EIN of t EIN, and the plan r or's name number of participan number of participan er of participants wit ete this item) al number of active p al number of active p oer of participants th 100% vested penalty for the lat alties of perjury and	and address Same as Plan Spot the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year that at the end of the plan year that account balances as of the end of participants at the beginning of the plan year terminated employment during the participants at the end of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary,	e the last return/report filed to of the plan year (only defined plan year ear ne plan year with accrued be rn/report will be assessed uctions. I declare that I have	nefits that were less	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estat	nistrator's telephone num
 3a Plan ad 4 If the n name, a Sponse 5a Total n b Total n c Numbe completed of the second second	dministrator's name name and/or EIN of t EIN, and the plan r or's name number of participan er of participants wit ete this item)	and address Same as Plan Spot the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year that at the end of the plan year that account balances as of the end of participants at the beginning of the plan year terminated employment during the participants at the end of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary,	e the last return/report filed to of the plan year (only defined plan year he plan year with accrued be rn/report will be assessed uctions, I declare that I have as well as the electronic ve	nefits that were less	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estat	nistrator's telephone num
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 3a Plan ad 4 If the n name, a Sponse 5a Total n b Total n c Number completed of the completed of	dministrator's name hame and/or EIN of the EIN, and the plan re or's name humber of participant number of participants er of participants with ete this item)	and address Same as Plan Spin the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year the account balances as of the end of the account balances as of the end of participants at the beginning of the plan year terminated employment during the participants at the end of the plan year at terminated employment during the e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	e the last return/report filed to of the plan year (only defined plan year ear the plan year with accrued be rn/report will be assessed uctions, I declare that I have as well as the electronic ve 9(LS/17)	nefits that were less unless reasonable ca examined this return/report	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estat sport, includi rt, and to the	nistrator's telephone num Dished. ng, if applicable, a Sched best of my knowledge ar
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 3a Plan ad 4 If the n name, a Sponse 5a Total n b Total n c Numbe comple d(1) Total d(2) Total e Numbe than 1 Caution: A Under pena SB or Schee belief, it is transported belief, it is transported belief. SIGN HERE 	dministrator's name name and/or EIN of t EIN, and the plan r or's name number of participan er of participants wit ete this item)	and address Same as Plan Spint the plan sponsor has changed sinch number from the last return/report. Its at the beginning of the plan year that at the end of the plan year the account balances as of the end of participants at the beginning of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	e the last return/report filed to of the plan year (only defined plan year ear the plan year with accrued be uctions, I declare that I have as well as the electronic ve 9 (LS(1)7) Date 9 (LS(1)7) Date	contribution plans mefits that were less unless reasonable ca examined this return/report KHALED SALEH Enter name of individ KHALED SALEH	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estat oport, includi rt, and to the	nistrator's telephone num Dished. ng, if applicable, a Sched best of my knowledge ar
 3a Plan ad 4 If the n name, a Sponse 5a Total n b Total n c Numbe completed of the completed of t	dministrator's name name and/or EIN of f EIN, and the plan r or's name number of participan er of participants wit ete this item) al number of active p al number of activ	and address Same as Plan Spint the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year that the end of the plan year the account balances as of the end of participants at the beginning of the plan year terminated employment during the participants at the end of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete. Addy administrator administrator aname, if applicable) and address (e the last return/report filed to of the plan year (only defined plan year	contribution plans mefits that were less unless reasonable ca examined this return/report KHALED SALEH Enter name of individ KHALED SALEH	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estat oport, includi rt, and to the	nistrator's telephone num blished. ng, if applicable, a Sched best of my knowledge an as plan administrator as employer or plan spon
 3a Plan ad 4 If the n name, a Sponse 5a Total n b Total n c Numbe completed of the completed of t	dministrator's name name and/or EIN of f EIN, and the plan r or's name number of participan er of participants wit ete this item) al number of active p al number of activ	and address Same as Plan Spin the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year that at the end of the plan year the account balances as of the end of participants at the beginning of the plan year terminated employment during the participants at the end of the plan year terminated employment during the participants at the set forth in the instru- and signed by an enrolled actuary, mplete.	e the last return/report filed to of the plan year (only defined plan year	contribution plans mefits that were less unless reasonable ca examined this return/report KHALED SALEH Enter name of individ KHALED SALEH	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estat oport, includi rt, and to the	nistrator's telephone num blished. ng, if applicable, a Sched best of my knowledge an as plan administrator as employer or plan spon

	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	an indepen and conditi	dent qualified public a	account	ant (IC	QPA)				Yes 🗌 No Yes 🗌 No
С	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 in						-		Not	determined
	rt III Financial Information				021).	····· _	100			
7	Plan Assets and Liabilities		(a) Beginning	of Voar				(b) End c	of Voar	
<u>.</u>	Total plan assets	7a	(a) Deginning (244,					n rear	276,591
b	Total plan liabilities	7u 7b		,						.,
	Net plan assets (subtract line 7b from line 7a)	7c		244,	296					276,591
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun					(b) To	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	(1)		163			(4)		
	(2) Participants	8a(2)		1,	891					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		21,	241					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								32,295
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i	Net income (loss) (subtract line 8h from line 8c)	8i								32,295
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 2G 2J 3D 2R	feature coo	des from the List of PI	an Cha	racteri	stic Co	odes in	the instru	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acteris	tic Coo	des in t	he instrue	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
а	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	х					5,672
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c		х				
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				
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		х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		х				
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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Part	VI	Pension Funding Compliance							
11	ls thi	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an m 5500) and line 11a below)				В		Yes	No
11a	1	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		1					
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the SA?	Code or	section	n 302 of	:		Yes	X No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ting the waiver.		ns, and	l enter t _ Day		e of the le Yea		ling
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ie 13.	-					
b	Enter	the minimum required contribution for this plan year			12b				
C	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 th tive amount)			12d				
е	Will t	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?				Ye	s X	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 bro rol of the PBGC?	ought und	der the			Yes	X I	No
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide h assets or liabilities were transferred. (See instructions.)				<u> </u>			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		130	:(3) P	N(s)
Part	VIII	Trust Information							
		of trust			1/h 1	Trust's			
14a	Name				140	iiusi s			
14c	Name	e of trustee or custodian					's or cust ne numb		'S
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:		Desig safe h	n-basec arbor	ł	"Prior test	year'	' ADP
	401(K			"Curre ADP t	ent year est	33	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plar ? Check all that apply:		Ratio perce test	entage		verage enefit tes	t [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		
	If the the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IF etter and the serial number	RS opinio						
	letter		, enter th	e date	of the m	nost rec	ent deter	minat	ion
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 so ce?		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		