Form 5500	Annual Return/Repor	rt of Employee Benefit Plan		OMB Nos. 12	210-0110 210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed for employee benefit plans 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).		2016		
Department of Labor Employee Benefits Security Administration		entries in accordance with ons to the Form 5500.			
Pension Benefit Guaranty Corporation			This	Form is Open to Pu Inspection	ublic
	entification Information				
For calendar plan year 2016 or fisca	plan year beginning 06/01/2016	and ending 05/31/20	)17		
<b>A</b> This return/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking the participating employer information in accord			ns.)
	X a single-employer plan	a DFE (specify)			
<b>B</b> This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year return/report (less than 12	2 months)	)	
<b>C</b> If the plan is a collectively-bargain	ned plan, check here			•	
<b>D</b> Check box if filing under:	Form 5558	automatic extension	the	e DFVC program	
Γ	special extension (enter description)				
Part II Basic Plan Inform	ation—enter all requested information	n			
<b>1a</b> Name of plan PRIMARY CARE MEDICAL CENTE	R EMPLOYEE BENEFIT PLAN		1b	Three-digit plan number (PN) ▶	501
			1c	Effective date of pl 06/01/2009	an
City or town, state or province, o	apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code	(if foreign, see instructions)	2b	Employer Identifica Number (EIN) 61-1246752	ation
PRIMARY CARE MEDICAL CENTER	₹, PSC		2c	Plan Sponsor's tele number 270-759-9200	•
1000 SOUTH 12TH STREET MURRAY, KY 42071	1000 SOUT MURRAY, I	TH 12TH STREET KY 42071	2d	Business code (see instructions) 621111	e

## 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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/15/2018	ROBERT C HUGHES		
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN HERE	Filed with authorized/valid electronic signature.	03/15/2018	ROBERT C HUGHES		
neke	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		
SIGN HERE					
HERE	Signature of DFE	Date	Enter name of individual signing as DFE		
Preparer	's name (including firm name, if applicable) and address (include r	room or suite numbe	Preparer's telephone number		
For Pap	erwork Reduction Act Notice, see the Instructions for Form 5	500.	Form 5500 (2016	5)	

3a	Plan administrator's name and address 🛛 Same as Plan Sponsor	3b Adm	inistrator's EIN
		3c Adm	inistrator's telephone ber
		4	
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	4b EIN	
а	Sponsor's name	<b>4c</b> PN	
5	Total number of participants at the beginning of the plan year	5	84
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(′	1) Total number of active participants at the beginning of the plan year	6a(1)	84
a(2	2) Total number of active participants at the end of the plan year	6a(2)	73
b	Retired or separated participants receiving benefits	6b	1
С	Other retired or separated participants entitled to future benefits	6C	0
d	Subtotal. Add lines 6a(2), 6b, and 6c.	6d	74
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f	Total. Add lines 6d and 6e	6f	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Cod	es in the in	structions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A 4B 4L

9a	Plan fu	Inding	arrangement (check all that apply)	9b	Plan b	enef	it a	rrangement (check all that apply)
	(1)	X	Insurance		(1)	×	(	Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)			Code section 412(e)(3) insurance contracts
	(3)		Trust		(3)			Trust
	(4)	X	General assets of the sponsor		(4)	>	(	General assets of the sponsor
10	Check	all ap	plicable boxes in 10a and 10b to indicate which schedules are at	tache	d, and,	whe	re i	indicated, enter the number attached. (See instructions)
а	Pensio	on Scl	hedules	b	Gene	ral S	che	edules
	(1)		R (Retirement Plan Information)		(1)		]	H (Financial Information)
	(2)	Π	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X	<	I (Financial Information – Small Plan)
			Purchase Plan Actuarial Information) - signed by the plan		(3)	X	C	<u>3</u> A (Insurance Information)
			actuary		(4)			C (Service Provider Information)
	(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		]	<b>D</b> (DFE/Participating Plan Information)
			Information) - signed by the plan actuary		(6)			<b>G</b> (Financial Transaction Schedules)

Receipt Confirmation Code\_

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)				
	plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR .101-2.)				
lf "Ye	If "Yes" is checked, complete lines 11b and 11c.				
<b>11b</b> Is the	e plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)				
Rece	r the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the ipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid ipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)				

SCHEDULE	Α	Insuran	ce Informatio	n		01	
(Form 5500	)						B No. 1210-0110
Department of the Treas Internal Revenue Servi		This schedule is require Employee Retirement In					2016
Department of Labor Employee Benefits Security Adr		File as an a	attachment to Form 55	500.	,		
Pension Benefit Guaranty Co		Insurance companies	are required to provide t	the informa	tion	This For	m is Open to Public
		•	ERISA section 103(a)(2)	·			Inspection
For calendar plan year 207 <b>A</b> Name of plan	16 or fiscal plar	year beginning 06/01/2016		and er	•	1/2017	
	AL CENTER EN	IPLOYEE BENEFIT PLAN			e-digit number (Pl	N) 🕨	501
				_			
C Plan sponsor's name a PRIMARY CARE MEDICA					oyer Identific 1246752	ation Number	(EIN)
FRIMART CARE MEDICA	L CLINILIN, FX			01-	1240752		
		ning Insurance Contract					
i	ate Schedule A	. Individual contracts grouped a	is a unit in Parts II and I	II can be re	ported on a	single Schedul	е А
1 Coverage Information:							
(a) Name of insurance car							
HCC LIFE INSURANCE CO	OMPANY						
	(c) NAIC	(d) Contract or	(e) Approximate n	umber of		Policy or co	ontract year
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To
35-1817054	92711	HCL80745	73	73 06/01/20		6	05/31/2017
2 Insurance fee and comr descending order of the		ation. Enter the total fees and tot	al commissions paid. L	ist in line 3	the agents,	brokers, and o	ther persons in
	amount of comr	nissions paid		<b>(b)</b> T	otal amount	of fees paid	
		237					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).			
	. /	nd address of the agent, broker,	· · · · ·	m commiss	sions or fees	were paid	
NORTH AMERICA ADMINI	STRATORS, L		LM HILL PIKE /ILLE, TN 37210				
(b) Amount of sales ar	d base	Fee	es and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpos	е		(e) Organization code
	237						5
	(a) Name a	nd address of the agent, broker,	, or other person to who	m commise	sions or fees	were paid	
	I	_					1
(b) Amount of sales ar commissions pai		(c) Amount	es and other commissio	ns paid (d) Purpos	e		(e) Organization code
serimooreno pu							

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Page **2 –** 1

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	Fees and other commissions paid		
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		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

P	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier may	he treated as	a unit for purposes of
		this report.			
4	Curr	ent value of plan's interest under this contract in the general account at year e	end	4	
-	Curr	ent value of plan's interest under this contract in separate accounts at year er	nd	5	
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	C d	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in cor retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
	-	(3) ☐ other (specify) ►			
	4	If contract purchased in whole on in part to distribute here fits from a termin	eting along along book have		
7	f	If contract purchased, in whole or in part, to distribute benefits from a termin	<u> </u>		
1		tracts With Unallocated Funds (Do not include portions of these contracts mai			
	а		te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividende and credite	7c(2)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		<ul><li>(3) Interest credited during the year</li></ul>	7c(3) 7c(4)		
		(3) Interest credited during the year	7c(3)		
		<ul><li>(3) Interest credited during the year</li></ul>	7c(3) 7c(4)		
		<ul><li>(3) Interest credited during the year</li></ul>	7c(3) 7c(4)		
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)	7c(6)	
	d	<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)       7c(4)       7c(5)	7c(6)	
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)       7c(4)       7c(5)	7c(6) 7d	
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)		
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)         7c(1)		
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)		
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)         7c(1)         7e(2)		
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)         7c(1)         7e(2)         7e(3)		
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)         7c(1)         7e(2)         7e(3)		
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)         7c(1)         7e(2)         7e(3)		
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)         7c(1)         7e(2)         7e(3)         7e(4)		

Specify nature of costs.

Ρ	art	If mo the in	fare Benefit Contract Informative re than one contract covers the same iformation may be combined for report oyees, the entire group of such individ	group of employees	h contracts are exp	erience-rated as a unit	t. Where cor	ntracts cover indiv	
8	Ben	efit and con	tract type (check all applicable boxes)						
	а	Health (o	ther than dental or vision)	<b>b</b> Dental	С	Vision		d X Life insuran	ice
	e	Tempora	ry disability (accident and sickness)	f Long-term d	lisability <b>g</b>	Supplemental unem	ployment	h Prescription	n drug
	iΓ		(large deductible)	j   HMO contra		PPO contract		I Indemnity c	ontract
	m		Decify) ACCIDENTAL DEATH AND		L				onnaor
			PACCIDENTAL DEATH AND	DISIVIEIVIDERIVIEIN	1				
9	Expe	erience-rate	d contracts:						
-			(1) Amount received		9a(1)			1	
		(2) Increase	e (decrease) in amount due but unpaid	1				1	
			e (decrease) in unearned premium res					1	
		(4) Earned	((1) + (2) - (3))		·····		. 9a(4)		
	b	Benefit cha	arges (1) Claims paid		9b(1)				
		(2) Increase	e (decrease) in claim reserves		9b(2)				
		(3) Incurred	d claims (add <b>(1)</b> and <b>(2)</b> )				9b(3)		
		(4) Claims	charged				9b(4)		
	С	Remainder	r of premium: (1) Retention charges (o	n an accrual basis)					
		(A) Coi	mmissions		9c(1)(A)				
		(B) Adr	ministrative service or other fees						
		(C) Oth	ner specific acquisition costs						
		(D) Oth	ner expenses					_	
		(E) Tax	kes					_	
			arges for risks or other contingencies .					4	
			ner retention charges						
		( )	al retention		_		9c(1)(H)		
			ids or retroactive rate refunds. (These				9c(2)		
	d	•	olicyholder reserves at end of year: (1	, ,			9d(1)	_	
		(2) Claim r	eserves				9d(2)	_	
		(-)	eserves				9d(3)		
			or retroactive rate refunds due. (Do n	ot include amount e	entered in line 9c(2)	.)	9e		
10			e-rated contracts:				<u> </u>		
	а	•	iums or subscription charges paid to c				10a	+	1708
	b		er, service, or other organization incuri f the contract or policy, other than rep				10b		

Part IV	Provision of Information			
11 Did th	insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
12 If the a	inswer to line 11 is "Yes," specify the information not provided.			

SCHEDULE	A	Insuran	ce Informatio	n			DMB No. 1210-0110
(Form 5500	))						JMB NO. 1210-0110
Department of the Treas Internal Revenue Serv		This schedule is required Employee Retirement Ind					2016
Department of Labo Employee Benefits Security Ad			attachment to Form 55		,.		2010
Pension Benefit Guaranty Co		Insurance companies a pursuant to E	are required to provide t RISA section 103(a)(2)		ion	This F	orm is Open to Public Inspection
For calendar plan year 20	16 or fiscal plar	year beginning 06/01/2016		and en	iding 05/3	1/2017	mopeonon
A Name of plan				<b>B</b> Thre	e-digit		
PRIMARY CARE MEDIC	AL CENTER EN	IPLOYEE BENEFIT PLAN		plan	number (Pl	N) 🕨	501
				_			
C Plan sponsor's name a PRIMARY CARE MEDICA					oyer Identific 1246752	ation Numbe	er (EIN)
		ning Insurance Contract					
1 Coverage Information:	ate Schedule A	. Individual contracts grouped as		il call be le	poneu on a	single Sched	luie A.
(a) Name of insurance ca							
	(-) NAIO	(II) Oraclassical	(e) Approximate nu	umber of		Policy or	contract year
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	t end of	(f)	From	(g) To
5-1817054	92711	HCL17166	64		06/01/2010	6	05/31/2017
		ation. Enter the total fees and tota	al commissions paid. L	ist in line 3	the agents,	brokers, and	other persons in
descending order of the (a) Total	amount paid.	nissions paid		<b>(b)</b> To	otal amount	of fees paid	
		0				•	1714
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid	
HS SUB, INC.		SUITE 6	MMERCE STREET 601 ILLE, TN 37201				
(h) Amount of color of	ad bass	Fee	es and other commission	ns paid			
(b) Amount of sales an commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code
		864 CC	OMMISSION OVERRID	E			5
	(a) Namo o	nd address of the agent, broker,	or other person to who	m commise	ions or foco	were paid	
IORTH AMERICA ADMIN		P. 1826 El	LM HILL PIKE ILLE, TN 37210	oominiss			
	I						
(b) Amount of sales an		(c) Amount	es and other commission		0		
commissions pa			OMMISSION OVERRID	(d) Purpos E	6		(e) Organization cod
							1

Page **2 –** 1

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

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P	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier may	he treated as	a unit for purposes of
		this report.			
4	Curr	ent value of plan's interest under this contract in the general account at year e	end	4	
-	Curr	ent value of plan's interest under this contract in separate accounts at year er	nd	5	
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	C d	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in cor retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
	-	(3) ☐ other (specify) ►			
	4	If contract purchased in whole on in part to distribute here fits from a termin	eting along along book have		
7	f	If contract purchased, in whole or in part, to distribute benefits from a termin	<u> </u>		
1		tracts With Unallocated Funds (Do not include portions of these contracts mai			
	а		te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividende and credite	7c(2)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		<ul><li>(3) Interest credited during the year</li></ul>	7c(3) 7c(4)		
		(3) Interest credited during the year	7c(3)		
		<ul><li>(3) Interest credited during the year</li></ul>	7c(3) 7c(4)		
		<ul><li>(3) Interest credited during the year</li></ul>	7c(3) 7c(4)		
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)	7c(6)	
	d	<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)	7c(6)	
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)	7c(6) 7d	
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)           7c(4)           7c(5)		
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)         7c(1)		
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)           7c(4)           7c(5)		
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)         7c(1)         7e(2)		
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)         7c(1)         7e(2)         7e(3)		
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)         7c(1)         7e(2)         7e(3)		
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)         7c(1)         7e(2)         7e(3)		
		<ul> <li>(3) Interest credited during the year</li></ul>	7c(3)         7c(4)         7c(5)         7c(1)         7e(2)         7e(3)         7e(4)		

Specify nature of costs.

	Part		Welfare Benefit Contract Information If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	group of employees of th ing purposes if such cor	ntracts are exp	erience-rated as a unit	. Where con	tracts cover individual
8	Ben	efit ar	nd contract type (check all applicable boxes)					
	a 🔉	K He	alth (other than dental or vision)	<b>b</b> Dental	c	Vision	(	d Life insurance
	е	Те	mporary disability (accident and sickness)	f Long-term disabi	lity <b>g</b>	Supplemental unemp	oloyment	<b>h</b> X Prescription drug
	i D		op loss (large deductible)	j   HMO contract		PPO contract		I Indemnity contract
	- <u>-</u>				N L			
	m	Ot	her (specify)					
- 0		riona	ce-rated contracts:					
	•		iums: (1) Amount received		9a(1)			-
			ncrease (decrease) in amount due but unpaid					
		. ,	ncrease (decrease) in unearned premium res					
		• •	arned ((1) + (2) - (3))				9a(4)	
	-	• •	efit charges (1) Claims paid					
			ncrease (decrease) in claim reserves					
		(3) Ir	ncurred claims (add (1) and (2))				9b(3)	
		(4) C	laims charged				9b(4)	
	С	Rem	nainder of premium: (1) Retention charges (c	n an accrual basis)				
		(	(A) Commissions		9c(1)(A)			
		(	(B) Administrative service or other fees					
		(	(C) Other specific acquisition costs					
			(D) Other expenses					
		(	(E) Taxes					
			(F) Charges for risks or other contingencies .					
			(G) Other retention charges				<b>a</b> (1)(1))	
			(H) Total retention	—			9c(1)(H)	
			Dividends or retroactive rate refunds. (These				9c(2)	
	d		us of policyholder reserves at end of year: (1	, · · ·			9d(1)	
		• •	Claim reserves				9d(2)	
		• •	Other reserves				9d(3)	
_	e		dends or retroactive rate refunds due. (Do n	ot include amount entere	ed in line 9c(2)	.)	9e	
1		•	erience-rated contracts:				40-	
	а		I premiums or subscription charges paid to c				10a	171431
	b		e carrier, service, or other organization incuri				10b	

Pa	t IV Provision of Information			
11	Did the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
12	f the answer to line 11 is "Yes," specify the information not provided.			

SC	HEDULE	Α	Insuran	ce Informatio	n		0	AD No. 1010 0110
(F	orm 5500	)						/IB No. 1210-0110
				red to be filed under section 104 of the Income Security Act of 1974 (ERISA).			2016	
Department of Labor Employee Benefits Security Administration File as an				n attachment to Form 5500.				
Pension B	enefit Guaranty Co	prporation	<ul> <li>Insurance companies pursuant to</li> </ul>	are required to provide t ERISA section 103(a)(2)		tion	This Fo	rm is Open to Public Inspection
For calenda	r plan year 20	16 or fiscal plar	n year beginning 06/01/2016		and er	nding 05/31	/2017	•
A Name of PRIMARY C		AL CENTER EN	IPLOYEE BENEFIT PLAN			e-digit number (PN	I) ►	501
		as shown on line	e 2a of Form 5500 SC		-	oyer Identifica	ation Number	(EIN)
Part I			ning Insurance Contrac . Individual contracts grouped a					
1 Coverage	e Information:							
.,	f insurance ca	rrier SURANCE CO	MPANY					
(h)		(c) NAIC	(d) Contract or	(e) Approximate number persons covered at end				contract year
(d)	EIN	code	identification number	policy or contract		(f)	From	<b>(g)</b> To
6-2739571		79413	1000920	66	3	06/01/2016		05/31/2017
	e fee and com ng order of the		ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents, I	prokers, and o	other persons in
	<b>(a)</b> Total a	amount of comr			<b>(b)</b> T	otal amount o	of fees paid	
			665					0
3 Persons	receiving com		ees. (Complete as many entries	· · ·	. ,			
NORTH AME	RICA ADMIN	<b>(a)</b> Name a ISTRATORS, L		, or other person to who LM HILL PIKE /ILLE, TN 37210	m commiss	SIONS OF TEES	were paid	
<b>(b)</b> Amo	unt of sales ar	nd base	Fe	es and other commissio	ns paid			
	mmissions pa	id	(c) Amount		(d) Purpos	e		(e) Organization code
		665						5
		<b>(a)</b> Name a	nd address of the agent, broker	, or other person to who	m commiss	ions or fees	were paid	
			Fa	es and other commissio	ns paid			
	unt of sales ar mmissions pa		(c) Amount		(d) Purpos	e		(e) Organization code

For Paperwork Reduction Act Notice	e, see the Instructions for Form	5500.

Page **2 –** 1

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
			Ĺ		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		

P	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier may	he treated as	s a unit for purposes of
		this report.			
4	Curr	rent value of plan's interest under this contract in the general account at year e	end	4	
-	Curr	rent value of plan's interest under this contract in separate accounts at year er	nd	5	
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				<u>a</u>	
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in cor retention of the contract or policy, enter amount		6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	lannuity		
	-	(3) ☐ other (specify) ►			
	4	lé sentes et avec la sent is vehicle as is most to distribute homefite forme a termin	eting along shoots have 🔊 🗖		
7	f	If contract purchased, in whole or in part, to distribute benefits from a termin			
1		tracts With Unallocated Funds (Do not include portions of these contracts mai			
	а		te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year			
			7c(1)		
		(2) Dividends and credits	7c(2)		
		<ul><li>(2) Dividends and credits</li></ul>	7c(2) 7c(3)		
		<ul><li>(2) Dividends and credits</li></ul>	7c(2)           7c(3)           7c(4)		
		<ul><li>(2) Dividends and credits</li></ul>	7c(2) 7c(3)		
		<ul><li>(2) Dividends and credits</li></ul>	7c(2)           7c(3)           7c(4)		
		<ul><li>(2) Dividends and credits</li></ul>	7c(2)           7c(3)           7c(4)		
		<ul> <li>(2) Dividends and credits</li></ul>	7c(2)         7c(3)         7c(4)         7c(5)	7c(6)	
	d	<ul> <li>(2) Dividends and credits</li></ul>	7c(2)         7c(3)         7c(4)         7c(5)	7c(6)	
		<ul> <li>(2) Dividends and credits</li></ul>	7c(2)         7c(3)         7c(4)         7c(5)	7c(6) 7d	
		<ul> <li>(2) Dividends and credits</li></ul>	7c(2)         7c(3)         7c(4)         7c(5)		
		<ul> <li>(2) Dividends and credits</li></ul>	7c(2)         7c(3)         7c(4)         7c(5)         7e(1)		
		<ul> <li>(2) Dividends and credits</li></ul>	7c(2)         7c(3)         7c(4)         7c(5)		
		<ul> <li>(2) Dividends and credits</li></ul>	7c(2)         7c(3)         7c(4)         7c(5)         7c(1)         7e(2)		
		<ul> <li>(2) Dividends and credits</li></ul>	7c(2)         7c(3)         7c(4)         7c(5)         7c(1)         7e(2)         7e(3)		
		<ul> <li>(2) Dividends and credits</li></ul>	7c(2)         7c(3)         7c(4)         7c(5)         7c(1)         7e(2)         7e(3)		
		<ul> <li>(2) Dividends and credits</li></ul>	7c(2)         7c(3)         7c(4)         7c(5)         7c(1)         7e(2)         7e(3)		
		<ul> <li>(2) Dividends and credits</li></ul>	7c(2)         7c(3)         7c(4)         7c(5)         7c(1)         7e(2)         7e(3)         7e(4)		

Specify nature of costs.

Ρ	Part III Welfare Benefit Contract Information										
		If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual									
8	Ron	ofit o	employees, the entire group of such individu nd contract type (check all applicable boxes)	ual contracts with each	carrier may be	treated as a unit for pl	irposes of th	піз тероп.			
0	-										
	a	× He	ealth (other than dental or vision)	<b>b</b> Dental		Vision		<b>d</b> Life insurance			
	е	Те	mporary disability (accident and sickness)	f Long-term disat		Supplemental unemp	oloyment	<b>h</b> Prescription drug			
	i	Sto	op loss (large deductible)	<b>j</b> HMO contract	k	PPO contract		I Indemnity contract			
	m	Ot	her (specify)								
9	Expe	erienc	ce-rated contracts:		r			_			
	a	Prem	iums: (1) Amount received					_			
		(2) Ir	ncrease (decrease) in amount due but unpaid	l				_			
			ncrease (decrease) in unearned premium res								
	_	``	arned ( <b>(1) + (2) - (3)</b> )				9a(4)				
	b		efit charges (1) Claims paid								
		• •	ncrease (decrease) in claim reserves				1				
		(3) Ir	ncurred claims (add (1) and (2))				9b(3)				
		• •	Claims charged				9b(4)				
	С	Rem	nainder of premium: (1) Retention charges (or	n an accrual basis)	r			_			
		(	(A) Commissions					_			
		(	(B) Administrative service or other fees					_			
			(C) Other specific acquisition costs					_			
		(	(D) Other expenses					_			
		(	(E) Taxes								
		(	(F) Charges for risks or other contingencies								
		(	(G) Other retention charges		9c(1)(G)						
	(H) Total retention						9c(1)(H)				
		(2) E	Dividends or retroactive rate refunds. (These	amounts were paid	in cash, or	credited.)	9c(2)				
	d	Stat	us of policyholder reserves at end of year: (1)	) Amount held to provid	le benefits after	retirement	9d(1)				
		(2) (	Claim reserves				9d(2)				
	(3) Other reserves						9d(3)				
	е	Divid	dends or retroactive rate refunds due. (Do no	ot include amount enter	red in line <b>9c(2)</b>	.)	9e				
10	) No	nexp	erience-rated contracts:								
	а	Tota	al premiums or subscription charges paid to ca	arrier			10a	6635			
	b	If the	e carrier, service, or other organization incurre	ed any specific costs ir	o connection wit	h the acquisition or					
			ntion of the contract or policy, other than repo				10b				

Part	Provision of Information			
<b>11</b> Di	he insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
<b>12</b> If	e answer to line 11 is "Yes," specify the information not provided.			

(Form 5500) Presentative frame "many and the "instance"         This schedule is required to be field under section 104 of the Emergine The ender the standy duration of the ender of the theory of theory of the theory of t		SCHEDULE I	Einonoiol In	form	otion	Small	Dlan			OMB No. 1210-0110	
Description         2016           Description         This Security Act 10 94 (EIRS, and accine 0.054 of the Endoy.)         This Form is Open to Public Internal Revenue Code the Code.)           Provide Marking Assimutation         File as an attachment to Form 500.         This Form is Open to Public Internal Revenue Code the Code.)           Provide Revenue Action Actio Action Action Action Action Action Action Action Acti			Financial in	IOIIII	ation—	Small	Fian				
International biology         Periodic Security Act of 1974 (ERSA), and section 605(a) of the Image Control Code.         This Form is Open to Public ImageColon.           Period Beach Code (Senting Control Code).         Period Beach Code.         This Form is Open to Public ImageColon.           Period Beach Code (Senting Control Code).         Period Beach Code.         This Form is Open to Public ImageColon.           Period Beach Code (Senting Control Code).         Period Beach Code.         This Form is Open to Public ImageColon.           Period Beach Code (Senting Control Code).         Period Beach Code.         Soft           Period Beach Code (Senting Code).         D         Employer Identification Number (EIN).           Period Beach Code (Senting Code).         D         Employer Identification Number (EIN).           Period Beach Code (Senting Code).         D         Employer Identification Number (EIN).           Period Beach Code (Senting Code).         D         Employer Identification Number (EIN).           Period Beach Code (Senting Code).         Code (Senting Code).         D         Employer Identification Number (EIN).           Period Beach Code (Senting Code).         Code (Senting Senting Code).         D         Employer Identification Number (EIN).           Period Beach Code (Senting Senting Code).         Code (Senting Senting Code).         Employer Identification Number (EIN).         Employer Identification Number (EIN).		. ,	This schedule is required t	o be file	d under sect	ion 104 of	the Empl	ovee		2016	
Line processes         ▶ File as an attachment to Form 5500.         Insepection           For calendary log year beginning         0.001/2018         and ending         0531/2017           A Name of plan         B         Three-digit         051/2018         and ending         0531/2017           A Name of plan         B         Three-digit         051/2018         and ending         0531/2017           C         Plan sported's name as shown on line 2a of Form 5500         D         Employer identification Number (FN)         501           Complex Substitute         If the plan number (FN)         S01         511/26/152         501           Complex Substitute         If the plan number (FN)         S01         511/26/152         501           Part         Small Plan Financial Information         Report black the Unrent value of assist and liabilities. Income, espenses, transfers and changes in set assets during the plan year. Combine the value of plan sobstitute of the ported of all comment on proprises of the plan including ary trues(s) or sobstately maintained fund(s) and sny payment-three plan liabilities:         1         1         1         1         1         1         1         1         2         2         1         2         2         1         1         1         1         1         1         1         1         1         1			Retirement Income Security	Act of 19	974 (ERISA),	and section				This Form is Open to Public	
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A Name of plan       B       Three-digit plan number (PN)       501         PRIMARY CARE MEDICAL CENTER EMPLOYEE BENEFIT PLAN       B       Three-digit plan number (PN)       501         C Plan sponsor's name as shown on line 2a of Form 5500       D       Employer Identification Number (EIN)       61-1246752         Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. Your may also complete Schedule I if you are filing as a simple number (BS-120 participants). Complete Schedule H if reporting as a large plan or bear 08-120 participants and tabilities, income. expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets field in more than one true. Do not entite the value of the portion of an insurance contract that guarantees during the plan year. Combine the value of plan assets field in more than one true. To not entite the value of the portion of an insurance contract that guarantees during the plan year. Combine the value of the portion of an insurance contract that guarantees during the plan year to pay as specific dollar insurance contract that guarantees during the plan year. Specific dollar insurance contract that guarantees during the plan year. Specific dollar insurance contract that guarantees during the plan year. Specific dollar insurance contract that guarantees during the plan year. Specific dollar insurance contract that guarantees during the plan year. Specific dollar insurance contract that guarantees during the plan year. Specific dollar insurance contract that guarantees during the plan year. Specific dollar insurance contract that guarantees during the plan year. Specific dollar insurance contract that guarantees during the plan year. Specific dollar insurance contract that guarantees during the plan year. Specif		File as			nment to Fo	orm 5500.					
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C     Plan sponsar's name as shown on line 2a of Form 5500       PRIMARY CARE MEDICAL CENTER, PSC     D     Employer identification Number (EIN) 61-1246/522       Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a samp plan under the Sci 2b participants in die Sen hanductions). Complete Schedule I if you are filing as a samp plan under the Sci 2b participants in die Sen hanductions. Complete Schedule I if you are filing as a samp plan under the Sci 2b participants in die Sen hanductions). Complete Schedule I if you are filing as a samp plan under the Sci 2b participant is die Sen handucting ary trust(s) or separate/armaintaine fund(s) and any payametris/receipts form insurance carriers. Round off amounts to the nearest dollar.       1     Plan Assets is dubtract line 1b from line 1a)     16     274493     81019       2     Income, Expenses, and Transfers for this Plan Year:     (a) Amount     (b) End of Year       (1)     Employers     2a(2)     06142       2)     Participants     2a(3)     81019       2     Income, Expenses, and Transfers for this Plan Year:     (a) Amount     (b) Total       (2)     Participants     2a(2)     06142       3)     Other income     2a     7668309       4)     Total plan tabilities     2a     7668309       (3)     Other income     2a     7668309       4)     Total plan (aduling rollovers)     2a		•	MPLOYEE BENEFIT PLAN				•		•	501	
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Report below the current value of assets and liabilities. Income. expenses, transfers and changes in net asset bid in more than one trus. Do not enter the value of the print odd and purposed experises during the plan year. Combine the value of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance caringt that guarantees during this plan year to pay a specific dollar insurance caringt that guarantees during the plan year. Combine the value of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance caringt that guarantees during the plan year. But the value of the plan text to the nearest dollar.         1       Plan Assets and Liabilities:       (a) Beginning of Year       (b) End of Year         1       Total plan assets       16       27493       81019         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total       (b) Total         2       Contributions received or receivable:	sma	all plan under the 80-120 participant r	rule (see instructions). Complete	Schedu	le H if reporti	e plan year. ng as a larg	you may ge plan oi	DFE.	npiete	Schedule i if you are filing as a	
Report below the current value of assets and liabilities. Income. expenses, transfers and changes in net asset bid in more than one trus. Do not enter the value of the print odd and purposed experises during the plan year. Combine the value of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance caringt that guarantees during this plan year to pay a specific dollar insurance caringt that guarantees during the plan year. Combine the value of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance caringt that guarantees during the plan year. But the value of the plan text to the nearest dollar.         1       Plan Assets and Liabilities:       (a) Beginning of Year       (b) End of Year         1       Total plan assets       16       27493       81019         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total       (b) Total         2       Contributions received or receivable:	Pa	rt I Small Plan Financial	Information								
benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.          1       Plan Assets and Liabilities:       i       (a) Beginning of Year       (b) End of Year         1       Plan Assets and Liabilities:       ia       27493       81019         b       Total plan assets       1b        (b) End of Year         1       Total plan assets (subtract line 1b from line 1a)       1c       27493       81019         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         2       Income, Expenses, and Transfers for this Plan Year:       2a(2)       86142         (a) Others (including rollovers)       2a(3)        (b) Total         0       Other income       2a(3)        821925         0       Benifis paid (including rollovers)       2a       768399       821925         0       Cortain deemed distributions of participant loans (see instructions)       2f        768399         1       Total expenses       2i         53526         1       Total expenses (add lines 2a, 21, 2a, 2a, and 2b)       2k        53526         1       Total exp				ses, tran	sfers and ch	anges in n	et assets	during th	he pla	n year. Combine the value of plan	
Insurance carriers. Round off amounts to the nearest dollar.       1     Plan Assets and Liabilities:     1a     (a) Beginning of Year     (b) End of Year       1     Total plan assets     1a     27493     81019       b     Total plan iabilities:     1b     27493     81019       c     Net plan assets (subtract line to from line ta)     1c     27493     81019       c     Net plan assets (subtract line to from line ta)     1c     27493     81019       a     Contributions received or receivable:     (a) Amount     (b) Total       (1)     Employers     2a(1)     735783       (2)     Participants     2a(2)     86142       (3)     Others (including rollovers)     2a(2)     86142       (3)     Others (including direct rollovers)     2a     768399       c     Other income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)     2d     768399       f     Corrective distributions (see instructions)     2t     2g       g     Certain demed distributions of participant loans     2g     768399       f     Total sepanses (add lines 2e, 2t, 2g, 2h, and 2i)     2i     768399       i     Other expenses (add lines 2e, 2t, 2g, 2h, and 2i)     2i     53526       1     Transfers to (from) the plan (see instructions)     2i     1 <td></td>											
a       Total plan assets       1a       27493       81019         b       Total plan liabilities       1b       1			• •	ciuding	any nusi(s) c	n separate	iy mama		u(s) a	nd any payments/receipts to/nom	
b       Total plan liabilities       Ib       Z7493       81019         c       Net plan assets (subtract line 1b from line 1a)       1c       27493       81019         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a       Contributions received or receivable:       2a(1)       735783         (2)       Participants       2a(2)       86142         (3)       Other income.       2b       2b         c       Other income.       2c       2d         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2e       768399         f       Corrective distributions (see instructions)       2f       2g         g       Certain deemed distributions of participant loans (see instructions)       2f       2g         g       Certain deemed distributions of participant loans (see instructions)       2g       53226         i       Other expenses       2i       768399       53226         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       2j       53226         3       Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate t	1	Plan Assets and Liabilities:			(a)	Beginning	of Year			(b) End of Year	
c       Net plan assets (subtract line 1b from line 1a)	а	Total plan assets		. 1a			27493	}		81019	
2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a       Contributions received or receivable:       2a(1)       7.35783         (2)       Participants.       2a(2)       86142         (3)       Others (including rollovers)       2a(3)	b	Total plan liabilities		1b							
a       Contributions received or receivable:       Image: Contribution in the plan set of the end of the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining the plan set of the end of the plan year in any of the following categories, check "Yes" and enter the current value of any assets of more than on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       Yes       Amount         a       Partnership/joint venture interests       3a       X       Yes       Amount         a       Partnership/joint venture interests       3d       X       Image: Add Add Add Add Add Add Add Add Add Ad	С	Net plan assets (subtract line 1b fr	om line 1a)	1c			27493	}	81019		
(1) Employers	2	Income, Expenses, and Transfer	rs for this Plan Year:			<b>(a)</b> Amo	unt		(b) Total		
(2) Participants       2a(2)       86142         (3) Others (including rollovers)       2a(3)	а	Contributions received or receivab	le:								
(3) Others (including rollovers)       Za(3)         b       Noncash contributions       Zb         c       Other income       Zc         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       Zd       821925         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       Zd       821925         f       Corrective distributions (see instructions)       Zt       821925         g       Certain deemed distributions of participant loans (see instructions)       Zg       1         g       Certain deemed distributions of participant loans (see instructions)       Zg       1         h       Administrative service providers (salaries, fees, and commissions)       Zg       1         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       Zj       768399         k       Net income (loss) (subtract line 2j from line 2d)       Zk       53526         1       Transfers to (from) the plan (see instructions)       Zl       1         3       Specific Assets: If the plan held assets at any time during the plan's interest in a commingted trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests       3a		(1) Employers		2a(1)			735783	}			
b       Noncash contributions       2b         c       Other income       2c         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       821925         e       Benefits paid (including direct rollovers)       2e       768399         f       Corrective distributions (see instructions)       2f       2g         g       Certain deemed distributions of participant loans (see instructions)       2g       768399         i       Other expenses       2i       768399         i       Other expenses       2i       768399         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       768399         k       Net income (loss) (subtract line 2j from line 2d)       2k       768399         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       768399         k       Net income (loss) (subtract line 2j from line 2d)       2k       53526         j       Transfers to (from) the plan (see instructions)       2j       2i       768399         k       Patinership/joint venture interests       3a       X       53526         j       Transfers to (from) the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan's int		(2) Participants					86142	2			
c       Other income       2c       2d       821925         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       821925         e       Benefits paid (including direct rollovers)       2e       768399         f       Corrective distributions (see instructions)       2f       2g         g       Certain deemed distributions of participant loans (see instructions)       2g       768399         f       Administrative service providers (salaries, fees, and commissions)       2h       768399         i       Other expenses       2i       768399         f       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       768399         k       Net income (loss) (subtract line 2j from line 2d)       2k       53526         1       Transfers to (from) the plan (see instructions)       2l       768399         k       Net income (loss) (subtract line 2j from line 2d)       2k       53526         1       Transfers to (from) the plan (see instructions)       2l       768399         k       Net income (loss) (subtract line 2j from line 2d)       2k       53526         1       Transfers to (from) the plan (see instructions)       2l       3a       X         k       Partinship/joint venture interests <t< th=""><td></td><td>., ,</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		., ,									
d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       821925         e       Benefits paid (including direct rollovers)       2e       768399         f       Corrective distributions (see instructions)       2f       2g         g       Certain deemed distributions of participant loans (see instructions)       2g       4         h       Administrative service providers (salaries, fees, and commissions)       2g       768399         i       Other expenses       2i       768399         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       768399         k       Net income (loss) (subtract line 2j from line 2d)       2k       53526         1       Transfers to (from) the plan (see instructions)       2l       768399         S       Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       3a       x         d       Employer real property       3a       x       3a       x         b       Employer real property       3c       x       3a	b								-		
e       Benefits paid (including direct rollovers)       2e       768399         f       Corrective distributions (see instructions)       2f         g       Certain deemed distributions of participant loans (see instructions)       2g         h       Administrative service providers (salaries, fees, and commissions)       2h         i       Other expenses       2i         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2k         i       Transfers to (from) the plan (see instructions)       2k         i       Transfers to (from) the plan (see instructions)       2l         3       Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       X             b       Employer real property.       3b       X           c       Real estate (other than employer real property)       3c       X           c       Real estate (other than employer real property)       3d											
f       Corrective distributions (see instructions)       2f         g       Certain deemed distributions of participant loans (see instructions)       2g         h       Administrative service providers (salaries, fees, and commissions)       2g         i       Other expenses       2i         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2i         i       Other expenses       2i         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2k         i       Transfers to (from) the plan (see instructions)       2i         3       Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingred trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.         a       Partnership/joint venture interests       3a         b       Employer real property       3b         c       Real estate (other than employer real property)       3c         d       Employer securities       3d         g       Participant loans       3f         g       Tangible personal property       3g	a		, , , ,							821925	
g       Certain deemed distributions of participant loans (see instructions)	e f						768399	)	-		
i       (see instructions)       2g         h       Administrative service providers (salaries, fees, and commissions)       2h         i       Other expenses       2i         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j         k       Net income (loss) (subtract line 2j from line 2d)       2k         i       Transfers to (from) the plan (see instructions)       2i         i       Transfers to (from) the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan set of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.         v       Yes       No       Amount         a       Partnership/joint venture interests       3a       X         b       Employer real property       3b       X         c       Real estate (other than employer real property)       3c       X         d       Employer securities       3d       X         e       Participant loans       3e       X         g       Tangible personal property       3g       X	n U			21					-		
i       Commissions)       2h         j       Other expenses       2i         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2k         i       Transfers to (from) the plan (see instructions)       2k         i       Transfers to (from) the plan (see instructions)       2l         i       Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.         a       Partnership/joint venture interests       3a       X         b       Employer real property       3b       X         c       Real estate (other than employer real property)       3c       X         d       Employer securities       3d       X         e       Participant loans       3e       X         f       Loans (other than to participants)       3f       X         g       Tangible personal property       3g       X	Э	•	•	2g							
i       Other expenses       2i       768399         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	h										
j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	;	,									
k       Net income (loss) (subtract line 2j from line 2d)		•		-							
I       Transfers to (from) the plan (see instructions)       2I         3       Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests       3a       X	] 1-		-								
<ul> <li>Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.</li> <li>Yes No Amount</li> <li>Partnership/joint venture interests</li></ul>	ĸ		,							53526	
remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.          Yes       No       Amount         a       Partnership/joint venture interests       3a       x         b       Employer real property       3b       x         c       Real estate (other than employer real property)       3c       x         d       Employer securities       3d       x         e       Participant loans       3e       x         f       Loans (other than to participants)       3f       x         g       Tangible personal property       3g       x	2		,	1	v of the follow	ving optogor	ion chool	"Voo" or		or the ourrent value of any accete	
YesNoAmountaPartnership/joint venture interests3aXbEmployer real property3bXcReal estate (other than employer real property)3cXdEmployer securities3dXeParticipant loans3eXfLoans (other than to participants)3fXgTangible personal property3gX	5	remaining in the plan as of the end of	f the plan year. Allocate the value	of the pla	an's interest ir	n a comming	gled trust	containing	g the a	assets of more than one plan on a	
aPartnership/joint venture interests3aXbEmployer real property3bXcReal estate (other than employer real property)3cXdEmployer securities3dXeParticipant loans3eXfLoans (other than to participants)3fXgTangible personal property3gX							-			-	
b       Employer real property       3b       X         c       Real estate (other than employer real property)       3c       X         d       Employer securities       3d       X         e       Participant loans       3e       X         f       Loans (other than to participants)       3f       X         g       Tangible personal property       3g       X	~	Dorthorobin/inint sectors interests				0-	Yes			Amount	
C       Real estate (other than employer real property)		.,									
d     Employer securities       e     Participant loans       f     Loans (other than to participants)       g     Tangible personal property	a							Х			
e       Participant loans       3e       X         f       Loans (other than to participants)       3f       X         g       Tangible personal property       3g       X	С	Real estate (other than employer r	eal property)			3c		Х			
f     Loans (other than to participants)       g     Tangible personal property.       3g     X	d	Employer securities				3d		Х			
g Tangible personal property	е	•						Х			
	f							Х			
	g					3g		Х		Schedule I (Form 5500) 2016	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Pa	art II Compliance Questions						
4	During the plan year:		Yes	No		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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X			
C	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X			
е	Was the plan covered by a fidelity bond?	4e		Х			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	. 4f		X			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	. 4g		x			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	. 4i		x			
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	. 4j		X			
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X				
Т	Has the plan failed to provide any benefit when due under the plan?	41		Х			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m					
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n					
0	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?	40					
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan yea	r?					
5b	If "Yes," enter the amount of any plan assets that reverted to the employer this year If, during this plan year, any assets or liabilities were transferred from this plan to another plan transferred. (See instructions.)					ssets or liabilitie	
	5b(1) Name of plan(s)					5 <b>b(2)</b> EIN(s)	5b(3) PN(s)
	f the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERIs f "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for th						determined. ee instructions.)
Pa	rt III Trust Information						
6a	Name of trust				<b>6b</b> ⊺	Γrust's EIN	
60	6c Name of trustee or custodian     6d Trustee's or custodian to						