Descent view 2017 The server later The Server lat		m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Entroy Bayers and Code (the Code). This Point is Objection Part III Annual Report Identification Information Complete all ministrations to the Form 5500 SF. This Point is Objection For calundar plan year beginning O 10012017 and ending 12012017 A This return/report is for: a single-employer plan and ending 12012017 B This instrum/report is for: a one-participant plan a foreign plan and ending 12012017 B This return/report is for: a one-participant plan a foreign plan a foreign plan a foreign plan B This return/report is for: a nameded return/report as and plan year return/report (sea than 12 months) DFVC program Part III Basic Plan Information—ment all requested information 1 Dimeter deal 10 Dimeter deal 10 Dimeter deal Part III Basic Plan Information—ment all requested information 10 Dimeter deal 20 Columbia DefEnder Code of the association of the second			This form is required to be filed		065 of the Employee Re	etirement	2017
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A This return/report is for: a single-employer plan a single-employer plan (multiemployer) (filers checking this box must attach a is for single project information in accordance with the form instructions.) B This return/report is a one-panticipant plan b for fast return/report a non-panticipant plan b for fast return/report a short plan year return/report b for fast return/report c C Check box if filing under: f c Effective date of plan f c Effective date of plan<th></th><th></th><th></th><th></th><th></th><th></th><th></th>							
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b Total number of participants at the end of the plan year	53 Total r	umbor of porticipante o	t the beginning of the plan year			5a	30
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gradare et empleyenplan openeel		Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor

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

Form 5500-SF (2017) v.170203

6a b c	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a 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 If "Yes" is checked, enter the My PAA confirmation number from the	an indeper and condit ot use Fo surance p	ndent qualified public accountant (ions.) rm 5500-SF and must instead us program (see ERISA section 4021)	IQPA) X Yes No se Form 5500. ? Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	1163567	1478457
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	1163567	1478457
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	61483	
	(2) Participants	8a(2)	107143	
	(3) Others (including rollovers)	8a(3)	0	
b		8b	188390	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		357016

04(0)		
8b	188390	
8c		357016
8d	28982	
8e	0	
8f	13144	
8g		
8h		42126
8i		314890
8i		
	8b 8c 8d 8e 8f 8g 8h 8i	8b 188390 8c

Part IVPlan Characteristics9aIf the plan provides pension benefits,

3	If the	plan	provic	les p	ension	benefits,	enter the a	pplicable	pension	feature	codes fro	m the	List of Plar	n Characteristi	c Codes in t	he instructions:
	2E	2F	2G	2J	2K	3D										

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	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond? 1	10c	x		500000
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		X	
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		X	
f	Has the plan failed to provide any benefit when due under the plan? 1	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 1	10g	X		993
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			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	: (3) F	'N(s)

For	m 5500-SF	Short Form Ann		eturn/Report Senefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be f			065 of the Employee R	etirement	2017
	partment of Labor enefits Security Administration	Income Security Act of 19	74 (ERISA	A), and sections 605 nue Code (the Code)	7(b) and 6058(a) of the	Internal	This Form is Open to Public Inspection
Pension Be	nefit Guaranty Corporation	Complete all entries i	in accord	ance with the instru	uctions to the Form 5	500-SF.	i asiic inopeenen
Part I	Annual Repor	t Identification Information	on				
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/2			and ending 12/3		
A This ret	urn/report is for:	X a single-employer plan	lis				ing this box must attach a ith the form instructions.)
B This retu	ırn/report is						
		the first return/report		e final return/report			
		an amended return/report	as	short plan year return	/report (less than 12 m	ionths)	
C Check b	oox if filing under:	Form 5558	au	utomatic extension		DFVC pr	ogram
		special extension (enter de	scription)				
Part II	Basic Plan Inf	formation—enter all requested	informatio	on			
1a Name						1b Three	e-digit
	STY MORENAN	TS, PSC 401(K) PROFIT SHARIN	IG PLAN				number 004
						(PN)	•
							tive date of plan 1/1995
Mailing	address (include ro	loyer, if for a single-employer plar oom, apt., suite no. and street, or F	P.O. Box)				oyer Identification Number 61-0957525
City or	town, state or provin Consultants PSC	nce, country, and ZIP or foreign po	ostal code	e (if foreign, see instr	uctions)		sor's telephone number (859) 278-9492
						2d Busin	less code (see instructions)
2424 Harrod Suite 200						6211	
Lexington, K 3a Plan ad		and address X Same as Plan S	ponsor.			3b Admi	nistrator's EIN
						3c Admi	nistrator's telephone number
4 If the r	and/or EIN of t	the plan sponsor or the plan name	has char	aged since the last re	turn/report filed for	4b EIN	
this pl	an, enter the plan sp	ponsor's name, EIN, the plan nam	e and the	plan number from th	e last return/report.		
a Sponso c Plan N	or's name ame					4d PN	
52 Total		ts at the beginning of the plan yea	ar			5a	30
		ts at the end of the plan year				5b	34
C Numbe	er of participants wit	h account balances as of the end	of the pla	n year (only defined	contribution plans	5c	27
		participants at the beginning of the				5d(1)	26
		participants at the end of the plan				5d(2)	25
e Numb	per of participants wh 100% vested	no terminated employment during	the plan y	year with accrued be	nefits that were less	5e	1
Under pena	alties of perjury and	e or incomplete filing of this ret other penalties set forth in the inst	tructions,	I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule
SB or Sche	dule MB completed	and signed by an enrolled actuary	y, as well	as the electronic ver	sion of this return/repo	rt, and to the	best of my knowledge and
SIGN	Call fl	12		3/16/2018	ERIKA MUSIC, MD		
HERE	Signature of plan	administrator		Date	Enter name of individ	lual signing	as plan administrator
SIGN							

SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
For Paperw	ork Reduction Act Notice, see the Instructions for Form 5500-SF.		Form 5500-SF (2017) v.170203

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)	X Yes No
	Are you claiming a waiver of the annual examination and report of a	an indepen	dent qualified public accountant (IC	PA)
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)	
	If you answered "No" to either line 6a or line 6b, the plan cann			
С	If the plan is a defined benefit plan, is it covered under the PBGC in			
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pr	emium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1163567	1478457
b	Total plan liabilities	7b		
с	Net plan assets (subtract line 7b from line 7a)	7c	1163567	1478457
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		01100	
	(1) Employers	8a(1)	61483	
	(2) Participants	8a(2)	107143	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	188390	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		357016
d		1210	28982	
	to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	13144	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		42126
i	Net income (loss) (subtract line 8h from line 8c)	8i		314890
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Characteri	istic Codes in the instructions:

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	Amount
а	Was there a failure to transmit to the plan any participant contr butions within the time period descr bed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
с	Was the plan covered by a fidelity bond?	10c	х		500000
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 plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		993
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			

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Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule S	В	Yes X No
			Yes X No
Enter the unpaid minimum required contr butions for all years from Schedule SB (Form 5500) line 40	11a		
ERISA?	n 302 of		Yes X No
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day	he date c /	f the letter ruling Year
ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
nter the minimum required contribution for this plan year	12b		
nter the amount contributed by the employer to the plan for this plan year	12c		
	12d		
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
/II Plan Terminations and Transfers of Assets			
Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
			Yes X No
) to		
3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?