Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		t Identification Information				
For calend	ar plan year 2016 or f	fiscal plan year beginning 12/01/2	2016 	and ending 1	1/30/2017	
A This re	turn/report is for:	X a single-employer plan		r plan (not multiemployer) employer information in a		
		a one-participant plan	a foreign plan			,
B This ret	urn/report is	the first return/report	the final return/repo	ort		
		an amended return/report	a short plan year re	eturn/report (less than 12 n	nonths)	
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic extension	on	DFVC program	1
Dort II	Pacia Blan Infe					
Part II 1a Name		ormation—enter all requested in	Tormation		1b Three-digit	
		TUCKIANA, PLLC DEFINED BEN	EFIT PLAN		plan numbe	er
		, -			(PN) ▶	001
					1c Effective da	te of plan 2/01/2004
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	D. Box)			lentification Number
	r town, state or provin PECIALISTS OF KEN	ce, country, and ZIP or foreign post ITUCKIANA, PLLC	tal code (if foreign, see ii	nstructions)	2c Sponsor's t	elephone number -896-6166
						ode (see instructions)
1013 DUPOI SUITE A	NT SQUARE NORTH				•	521111
LOUISVILLE	KY 40207					
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administrate	or's EIN
					3c Administrate	or's telephone number
		ne plan sponsor has changed since umber from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN	
a Spons	or's name				4c PN	
5a Total	number of participant	s at the beginning of the plan year.			5a	
		s at the end of the plan year			5b	
	er of participants with lete this item)	account balances as of the end of	the plan year (only defin	ned contribution plans	5c	
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	
		articipants at the end of the plan ye			5d(2)	
than	100% vested	t terminated employment during the			5e	
		e or incomplete filing of this return other penalties set forth in the instru				
SB or Sche		and signed by an enrolled actuary, a				
SIGN	Filed with authorized	d/valid electronic signature.	05/23/2018	KRISHNA S NADAR		
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plar	administrator
SIGN						
HERE Preparer's		oyer/plan sponsor name, if applicable) and address (ii	Date		dual signing as emp	ployer or plan sponsor
FiehaleiS	name (including illff)	name, ii applicable) and address (ii	noidue room or Suite Hur	iibei)	i-Teparer S telepr	IONE HUMBEI

Form 5500-SF 2016 Page **2**

c Was the plan covered by a fidelity bond?	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
If you answered "No" to either line 6 aor line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									e ∏ No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		· · · · · · · · · · · · · · · · · · ·		,							3 NO
7 Plan Assets and Liabilities	С						_	_	_	Not de	termined
7 Plan Assets and Liabilities	Pa	rt III Financial Information						-			
a Total plan assets	7			(a) Beginning	of Year				(b) End	of Year	
C Net plan seastes (subtract line 7b from line 7a)	а	Total plan assets	7a						,		7 6
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 232549 (2) Participants. (3) Others (including rollovers). 8a(2) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b	Total plan liabilities	7b		0)					0
a Contributions received or receivable from: (1) Employers (2) Participants	С	Net plan assets (subtract line 7b from line 7a)	7c	4	551998	1				498167	7 6
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) ⁻	Γotal	
(2) Participants	а		- 411		232540						
(a) Others (including rollovers)											
b Other income (loss). b Other income (loss). c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		` ' ' ' '				_					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			` ′								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)					201004	-				47009) o
to provide benefits)			8c							47000	
f Administrative service providers (salaries, fees, commissions)	u		8d		0						
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		C						
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		40405						
Transfers to (from)the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4040)5
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: 1	i	Net income (loss) (subtract line 8h from line 8c)	8i							42967	7 8
Part IV Plan Characteristics	j	Transfers to (from) the plan (see instructions)	8i		C						
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	Pai	t IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: a 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)	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	des in t	he instr	uctions:	
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10					Yes	No	N/A		Amoun	t
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		X				0
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b				10b		X				0
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?		10c		X				0	
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d						X				0
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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									12468
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the pla					X				0
2520.101-3.)			enter amount as of year-end.)				X				0
	h	2520.101-3.)	•		10h		X				
	i				10i						

Form	5500	-SF	201	6

Page 3-	1
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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Y€	s," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP
				"Curre	ent year test	<u>"</u>	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	entage		verage enefit test	□ N/A
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No	

Form 5500-SF

Department of the Treesury Internal Revenue Service

Department of Labor Employee Benefits Security Admini

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0099

2016

This Form is Open to

Fension Sens	III Guaranty Corporation	Complete all entries in	accordance with the instru	ictions to the Form 55	00-SF.	Public Inspection
		Identification information				
For catendar	plan year 2016 or fis	ical plan year beginning	12/1/2016	and ending	11/30/	
A This retur	n/report is for:	a single-emptoyer plan	list of participating em	an (not multlemployer) player information in ac		ng this box must attach a the form instructions)
		a one-participant plan	a foreign plan			
B This return	/report is	the first return/report	the final return/report			
_		an emended return/report	a short plan year return	report (less than 12 mo	onths) —	
C Check bo	x if filing under:	Form 5558 special extension (enter desc	automatic extension ription)			VC program
Part II	Basic Plan Info	rmation—onter all requested in				.
1a Name of		THE			1b Three-d	iigit
	-	na, PLLC Defined Benefit Plan			plan nui (PN) ▶	1 001
						e date of plan 12/1/2004
Mailing a	address (include roo	yer, if for a single-employer plan) n, apt., suite no. and street, or P.0	O. Box)			er Identification Number 51-1456454
	wn, state or provinc cialists of Kentuckia	e, country, and ZIP or foreign pos na, PLLC	tal code (if foreign, see instr	uctions)		or's telephone number 502-896-6166
1013 Dupon Sulto A	t Square North				2d Busines	ss code (see instructions)
Louisville 40207		кү			6	521111
	ninistrator's name ar	vd address PSame as Plan Spon	nsor.		3b Adminie	strator's EIN
					3c Adminis	strator's telephone number
		plan sponsor has changed since mber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN	
2 Sponsor	s name				4c PN	····
		at the beginning of the plan year.			5a	5
		at the end of the plan year account balances as of the end of			5b	
					5c	0
d(1) Totel	number of active pa	rticipants at the beginning of the p	olan yoar		5d(1)	4
• •	,	rticipants at the end of the plan ye terminated employment during th			5d(2)	4
than 10	0% vested				50	0
Under penalt SB or Sched	ies of perjury and ot	or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary, plete.	ictions, i declare that I have	examined this return/re	port, including,	, if applicable, a Schedule
SIGN	Omm		05)43)18	KRISHNA	S.N	ADAR_
HERE	Signature of plan a	dministrator	Date	Enter name of Individ		
SIGN HERE	12000	· Nadas	5/23/18	VANIKA	(A)) A~	
5.00	Signature of emplo	oyer/plan sponsor / name, if applicable) and address (Date			employer or plan aponsor dephone number
Preparers n	ame (including tirm i	ате, в вррксиве) ана асстеза (iliciada lootii ot sulta ilulioa	'')	rieparei s te	septione number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5508-SF.

Form 5500-SF (2016)

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PAGE 4/5 * RCVD AT 5/25/2018 4:10:56 PM [Eastern Daylight Time] * SVR:CBTVMVORFXAPP1P/8 * DUIS:3955265 * CSID:NextivaFax * DURATION (mm-ss):02-49

F	orm 5500-SF 2016		Page 2			_			
Ra Were	all of the plan's assets during the plan year invested in eligit	nin assets?	(See instructions.)					F	Yes No
b Are yo	u claiming a walver of the annual examination and report of 29 CFR 2520,104-46? (See instructions on walver eligibility	an Indepen and conditi	ident qualified public ac	counta	nt (IQF	PA)		_	Yes No
	answered "No" to either line 6s or line 6b, the plan can:							las II ar	ot determined
	an is a defined benefit plan, is it covered under the PBGC is	neurance p	rogram (see ERISA sec	DON 40	21)1	ш.	168	NO 14	Of Garattill 100
Part III	Financial Information	Later to the state							
	ssets and Liabilities	3 5.7 .7 3	(a) Beginning of		200		(0)	End of Ye	
	lan assets	. 7a	· · · · · · · · · · · · · · · · · · ·	45511				****	4981676
	dan ilabilities	1		4551:	0 008		•		4981676
	an assets (subtract line 7b from line 7a)	7c			980			(b) Total	4801010
	e, Expenses, and Transfers for this Plan Year	1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1	(a) Amount		-	15.0	5	(U) ICIAI	10 1 (10 mm)
	butions received or receivable from:	8e(1)		<u> 232</u>		The fire			
(2) P	articipants	. 8a(2)			0	1111			interior de la Companya del Companya del Companya de la Companya d
(3) (3)	ners (Including rollovers)	8a(3)			_0	10 (1) 11 (1) (1)			<u>an tha a' dealth an </u>
b Other	income (loss)	8b		237	534	. 15, 1	er fer i veri	Again and Air	
	ncome (edd lines 8a(1), 8a(2), 8a(3), and 8b)	8c			* (6 · · · ·			470083
	ts paid (including direct rollovers and insurance premiums vide benefits)	8d			0				
e Certai	n deemed and/or corrective distributions (see instructions)	8e			0 .			ya da eksis	
f Admir	istrative service providers (salaries, fees, commissions)	8f			0	41.00		<u>, 1144 - 115</u>	
	expenses			40	405	$\{\rho_{i}^{(i)}\}$	- 1 1:	gar at the	
	expenses (add lines 8d, 8e, 8f, and 8g)	1							40405
	come (loss) (subtract line 8h from line 8c)	1							429678
	fers to (from) the plan (see instructions)	_1- '			0	1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Si Seri		
Part IV	Plan Characteristics					•			
9a If the	plan provides pension benefits, enter the applicable pension 3D								
b if the	pian provides welfare benefits, enter the applicable welfare	feature cod	des from the List of Plan	n Chara	cterisi	tic Cod	los in th	e instruction	ns:
Part V	Compliance Questions				_				
	ng the plan year:				Yes	No	N/A	Aı	mount
a War	there a failure to transmit to the plan any participant contrib cribed in 29 CFR 2510.3-1027 (See instructions and DOL's	Voluntary I	Fiduciary Correction	10a					
b Wei	there any nonexempt transactions with any party-in-intere	st? (Do not	include transactions						
repo	orted on line 10s.),			10b	<u> </u>				
	s the plan covered by a fidelity bond?	1.1.1000		10c		~			
by1	the plan have a loss, whether or not reimbursed by the plan raud or dishonesty?		**********	10d		_			
CBÚ	ne any fees or commissions paid to any brokers, agents, or offer, insurance service, or other organization that provides so plan? (See instructions.)	oma or all o	t the benefits under	10e	-				1248
	the plan falled to provide any benefit when due under the p			10f		-	10		
	the plan have any participant loans? (If "Yes," enter amount			10g		~			·
h if ti 252	is is an Individual account plan, was there a blackout period 0.101-3.)	1? (See Inst	ructions and 29 CFR	10h		~		***	
15.2	On was answered "Yes," check the box if you either provided eptions to providing the notice applied under 29 CFR 2520.	d the requin	ed notice or one of the	101					

bage:

	F	orm 5500-SF 2016 Page 3-						
	<i>a</i> 1 c							
	is this	ension Funding Compliance a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp						Yes 🛭 No
		5500) and line 11e below)						
11a	is this	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	OF S	ection	302 of		T	Yes 🗸 No
	ERIS/	? s," complete line 12s or lines 12b, 12c, 12d, and 12e below, as applicable.)					<u> </u>	
	grant.	iver of the minimum funding standard for a prior year is being emortized in this plan year, see instruction the waiver. Mont	tion: th	s, and	enter t Day	ne dete	of the let	ter ruling
H y	ou co	npleted line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		1	401			
bε	inter t	e minimum required contribution for this plan year	*****	******	12b			
CE	inter t	e amount contributed by the employer to the plan for this plan year			12c	<u> </u>		
		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of amount)			12d			
0	Will t	e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	∐ No	∐ N/A
Part \	ДΙ	lan Terminations and Transfers of Assets						
		resolution to terminate the plan boen adopted in any plan year?				Ŭ Y€	** 2	No
		," enter the amount of any plan assets that reverted to the employer this year			13a			
ь	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	und	or the	*******		Yes	₽ №
C	ff, du	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify to assets or liabilities were transferred. (See instructions.)						
1:		lame of plan(s):	1	3c(2)	EIN(s)		130	(3) PN(s)
		Trust information of trust			14b	Trust's	EIN	
14¢ (Name	of trustee or custodian			14d		s or cust one numb	
Part	1X	IRS Compliance Questions						
		plan e 401(k) plan? If "No," skip b		Yes			No	
		d the plan actisfy the nondiscrimination requirements for employee deferrals under section	П		n-base	d		year" ADP
acı	110W (401(k)	(3) for the plan year? Check all that apply:		safe t		_	⊔ test	
			$ \sqcup $	ADP 1	ent yea lest	•	☐ N/A	
16a	What year?	testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:			ntago		Average benefit to:	ıt 🔲 N/A
16b	Did t	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			[] No	
17a	If the	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op	oink	n letter	or adv	dsory l	atter, ente	r the date of
17b	the le If the letter	oter set individually-designed plan that received a favorable determination letter from the IRS, enter	or the	e date	of the	most re	cent dete	mination
18	Defin	d 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 separa e?	sted	from	_ Y	5 5	☐ No	
19		any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		.,	🗌 Y	3 5	No	
					 			