## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## **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. OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti	Allilual Report	dentification information							
For calendar	plan year 2017 or f	iscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017				
A This retu	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
D		a one-participant plan							
<b>B</b> This retur	n/report is	the first return/report							
		an amended return/report	onths)						
C Check bo	ox if filing under:	X Form 5558	automatic extension	[	DFVC program	m			
		special extension (enter desc	. ,						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name of CUMBERLAN		OLOGY PSC PROFIT SHARING F	PLAN		1b Three-digit plan number (PN) ▶				
				-	1c Effective d	ate of plan 01/01/2002			
2a Plan spo	onsor's name (emplo	oyer, if for a single-employer plan)				dentification Number			
Mailing	address (include roc	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		ructions)	(EIN) 31-1552575				
	D GASTROENTER		lai code (ii ioreign, see inst	ructions)	<b>2c</b> Sponsor's telephone number 606-677-2913				
					<b>2d</b> Business c	ode (see instructions)			
56 TOWER CI	RCLE KY 42503-3476				621111				
3a Plan administrator's name and address X Same as Plan Sponsor.					<b>3b</b> Administrator's EIN				
					3c Administrat	tor's telephone number			
4 If the na	ame and/or EIN of th	e plan sponsor or the plan name h	as changed since the last r	return/report filed for	<b>4b</b> EIN				
this pla	n, enter the plan spo	onsor's name, EIN, the plan name a			<b>4d</b> PN				
a Sponso C Plan Na					<b>40</b> PN				
• Hamita									
<b>5a</b> Total nu	umber of participants	s at the beginning of the plan year.			5a	21			
		s at the end of the plan year			5b	19			
		account balances as of the end of		-	5c	19			
<b>d(1)</b> Total	number of active pa	articipants at the beginning of the p	lan year	<u> </u>	5d(1)	17			
d(2) Total number of active participants at the end of the plan year						16			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						1			
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau					
SB or Sched		ther penalties set forth in the instruand signed by an enrolled actuary, and lete.							
0.0	Filed with authorized	d/valid electronic signature.	08/23/2018	SAMIR COOK					
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	n administrator			
SIGN									
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	of individual signing as employer or plan sponsor				

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b	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> <li>If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year</li> </ul>											
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year				
а	Total plan assets	7a	25	81307				3120453				
b	Total plan liabilities	. 7b										
С	Net plan assets (subtract line 7b from line 7a)	7c	25	81307		3120453						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total					
а	Contributions received or receivable from:	- 40		50000								
	(1) Employers	8a(1)		58303								
	(2) Participants	8a(2)		85391				654768				
	(3) Others (including rollovers)	8a(3)	4	0								
	Other income (loss)	8b	4	11074				05.4700				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						654768				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	15622								
е	Certain deemed and/or corrective distributions (see instructions)	8e		0								
f	Administrative service providers (salaries, fees, commissions)	8f		0								
q	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						115622				
	Net income (loss) (subtract line 8h from line 8c)	8i						539146				
j	Transfers to (from) the plan (see instructions)	8j										
Pai	rt IV Plan Characteristics	, o <u>j</u>										
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe											
Par	t V Compliance Questions											
10	During the plan year:				Yes	No		Amount				
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ						
С	Was the plan covered by a fidelity bond?			10c	X			300000				
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Х						
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)							10935				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X						
	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Χ						
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Χ						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i								

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Part	VI Pension Funding Compliance									
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a								
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling					
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative 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	s X N	0					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a								
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		Yes X No							
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	) to								
1	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)	(s) <b>13c(3)</b> PN(s)							

## Form 5500-\$F

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

2017

OMB Nos. 1210-0110

1210-0089

This Form Is Open to Public Inspection

	ment Guaranty Corporation	▶ Complete all entries in a	ccordance with the instr	ructions to the Form 5500-	SF.				
Part I		t Identification Information							
For calendar plan year 2017 or fiscel plan year beginning 01/01/2017 and ending 12/31/2017									
A This ret	um/report is for:	an (not multiemployer) (Filer nployer Information in accord							
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 months)									
C Check b	oox if filling under:	Form 5558	automatic extension	_ t	PFVC progr	am			
	<b>-</b>	special extension (enter descri	· ·						
Part II		ormation—enter all requested Inf	ormation	1		<del></del>			
1a Name o	of plan ND GASTROENTER	11	Three-dig plan num (PN) ▶						
				10	Effective 01/01/20	date of plan 102			
Mailing	address (Include ro	loyer, if for a single-employer plen) om, apt., sulle no. and street, or P.O				r Identification Number 1552575			
_	town, state or provin Gastroenterology Pa	nce, country, and ZIP or foreign posta SC	al code (if foreign, see insli	20	Sponsor	s telephone number (606) 677-2913			
56 TOWER	56 TOWER CIRCLE					2d Business code (see Instructions) 621111			
	, KY 42503-3476								
3a Plan admínistrator's name and address 🗴 Same las Plan Sponsor.					• Administi	ator's EIN			
				30	: Administr	alor's lelephone number			
		he plan sponsor or the plan name ha			EIN				
<b>a</b> Sponso	or's name	onsor's name, EIN, the plan name a	nα the plan number from t		4d PN				
C Plan N	ame								
<b>5a</b> Total r	number of participan	ts at the beginning of the plan year		<u> </u>	<b>5a</b> 21				
_		ls at the end of the plan year			5b	19			
	<b>-</b>	h account balances as of the end of t		The state of the s	5c	19			
		articipants at the beginning of the pla			d(1)	17			
d(2) Total number of active participants at the end of the plan year					d(2)	16			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	1			
Caution: A Under pena SB or Sche	penalty for the late alties of perjury and o	e or incomplete filing of this return other penalties set forth in the instruc and signed by an enrolled actuary, a	/report will be assessed tions, I declare that I have	unless reasonable cause examined this return/report,	including,	lf applicable, a Schedule			
SIGN	- Les		8/23/2018	Samir Cook					
HERE	Signature of plan	administrator	Date	Enter name of individual s	lgning as p	lan administrator			
SIGN									
HERE	Signature of emo	lover/plan sponsor	Date	Enter name of Individual of	Enter name of Individual signing as employer or plan spor				

2013/01/27 GQ 1680 SG((ESGA)) 20500-0

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See Instructions on waiver eligibility in If you answered "No" to either line 6a or line 6b, the plan cann	an Indeper and condit	ndent qualified public a	ccounte	ant (IQ	PA)		X Yes [	No T	
C	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	surance p	rogrem (see ERISA se	ction 40	021)? .		Yes No	Not delerr (See Instruct		
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o		_		(b) End (			
<u>a</u>	Total plan assets	7a		258130	7			3120453	<u> </u>	
<u>b</u>	Total plan liabilities	7b			_				<u></u>	
C	Net plan assets (subtract line 7b from line 7a)	7c	<u></u>	258130	7		3120453			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Te	otal		
а 	Contributions received or receivable from:  (1) Employers	Be(1)		15830	<del>-</del>			<u>x</u>		
	(2) Participants	8a(2)		8539	-	•	<u>a de la companya de</u>	• • •	-	
	(3) Others (including rollovers)	8a(3)			0				<u> </u>	
<u> </u>	Other Income (loss)	θb		41107			<u> </u>	<u>·'··</u>		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			$\dashv$			654768		
d	Benefils paid (Including direct rollovers and Insurance premiums to provide benefits)	8d		11562	2			and the same	11. 4.	
_	Certain deemed and/or corrective distributions (see Instructions)							5.56		
<del>_</del>	Administrative service providers (salaries, fees, commissions) 8f				ō i	a.	<del>- 1 - 1 - 1 - 1</del>			
<del>_</del>	Other expenses	<del> </del>	<del>                                     </del>		_					
_ <del>y</del>			and the second second		$\dashv$		***************************************	115622	<u>-</u>	
÷	Total expenses (add lines 8d, 8e, 8f, and 8g)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	٠.	+			539146		
÷	Net Income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)									
		BJ	<u> </u>					***	. 24 %	
9a	If the plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2T 3D	feature co	odes from the List of Pl	ал Сћа	racteris	elic Co	des in the instr	uctions:		
ь	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	des from the List of Pla	n Chera	acterisi	ic Cod	es in the instru	ctions:		
Pa	rt V Compliance Questions									
10	During the plan year:	•	· · ·		Yes	No	Α	mount		
•	Mas there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-1027 (See instructions and DOL's Program)	Voluntary I	Fiduciary Correction	10a		×				
	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10Ь		×				
	C Was the plan covered by a fidelity bond?	,		10c	х				300000	
_	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	ond, that was caused	10d		×				
	Were any fees or commissions paid to any brokers, agents, or of cerrier, insurance service, or other organization that provides sor the plan? (See instructions.)	her person ne or all of	ns by an insurance f the benefils under	10e	×				10935	
1	Has the plan falled to provide any benefit when due under the pla	an7		10f		х				
	Did the plan have any participant toans? (If "Yes," enter amount a	as of year-	end.)	10g		х	<u> </u>			
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	**-*	,.,	10h		х				
Ī	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10			10i						

Form 5500-SF 2017 Page <b>3</b> - 1					
Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions (Form 5500) and line 11a below)				Ŭ Y€	es ⊠ No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line	40	11a			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of		1 302 of	****	∏ Y€	es 🛭 No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, so granting the waiver.	ee instructions, and Month	l enter ti Day	he date o	f the letter Year	ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to					
<b>b</b> Enter the minimum required contribution for this plan year		12b			
C Enter the amount contributed by the employer to the plan for this plan year		12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)		12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	·		Yes	No L	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	⊠ No	>
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or control of the PBGC?				Yes 🛭	No
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See Instructions.)	, identify the plan(s	) to			
13c(1) Name of plan(s):	13c(2)	ElN(s)		13c(3)	PN(e)