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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calend	ar plan year 2017 or fi	scal plan year beginning 01/01/20	017	ar	nd ending 1:	2/31/2017					
A This re	turn/report is for:	a single-employer plan				Filers checking this becordance with the for					
D T U:		a one-participant plan	a foreign plan								
B This reti	urn/report is	the first return/report	the final return/re								
•		an amended return/report			rn/report (less than 12 months)						
C Check	box if filing under:	X Form 5558	☐ automatic extension ☐ DFVC program								
Dant II	Dania Dian Info	special extension (enter descri	. ,								
Part II		ermation—enter all requested info	ormation			46 Thomas (1999)					
1a Name	of plan INCIATO 401(K) PLAN	I				1b Three-digit plan number					
KELLT ANO	INCIATO 401(K) PLAN	I				(PN)	001				
						1c Effective date	of plan 01/2006				
Mailing	g address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O.				2b Employer Iden (EIN) 27-	tification Number				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KELLY RAFF ANUNCIATO DO PSC						2c Sponsor's tele	phone number 14-6274				
						2d Business code (see instructions)					
	605 KENTUCKY AVE.					621111					
SUITE 502 PADUCAH, KY 42003											
33 Plan a	idministrator's name or	nd address X Same as Plan Spon	oor			3b Administrator's	EIN				
Ja Flalla	idililiistrator s riame ar	did address A Same as Flan Spon	501.			3D Administrators	LIIV				
						3c Administrator's	telephone number				
4 If the	name and/or EIN of the	e plan sponsor or the plan name ha	s changed since the	ast return/repo	ort filed for	4b EIN					
•		nsor's name, EIN, the plan name ar	nd the plan number fr	om the last re	turn/report.	4.1					
•	sor's name					4d PN					
C Plan N	Name										
5a Total	number of participants	at the beginning of the plan year				5a					
b Total	number of participants	at the end of the plan year				5b	12				
		account balances as of the end of the				5c	12				
d(1) Tot	al number of active pa	rticipants at the beginning of the pla	an year			5d(1)	11				
		rticipants at the end of the plan yea				5d(2)	8				
		terminated employment during the				5e	1				
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be asses	ssed unless r	easonable ca						
SB or Sche		her penalties set forth in the instruct nd signed by an enrolled actuary, as plete.									
SIGN		/valid electronic signature.	10/15/2018	KELLY	RAFF ANUNC	CIATO					
HERE	Signature of plan a	dministrator	Date	Enter r	name of individ	lual signing as plan a	dministrator				
SIGN	Filed with authorized	/valid electronic signature.	10/15/2018	KELLY	KELLY RAFF ANUNCIATO						

Date

Signature of employer/plan sponsor

HERE

Enter name of individual signing as employer or plan sponsor

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 							X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							X Yes	No
_	If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in					_		Not determin	aad
C	If "Yes" is checked, enter the My PAA confirmation number from the		-				· -	. (See instruction	
			Termain ming for this p	ian you				(000 1110111001101	10.)
Pa	rt III Financial Information								
_7	Plan Assets and Liabilities		(a) Beginning ((b) End	of Year	
<u>a</u>	Total plan assets	7a	122	25741				1604539	
<u> </u>	Total plan liabilities	7b		0				0	
	Net plan assets (subtract line 7b from line 7a)	7c		25741				1604539	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	<u>Fotal</u>	
а	Contributions received or receivable from: (1) Employers	8a(1)	(63467					
	(2) Participants	8a(2)	Ļ	58708					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	26	67547					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					389722		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8151					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	dministrative service providers (salaries, fees, commissions) 8f							
g	Other expenses								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							10924	
i_	Net income (loss) (subtract line 8h from line 8c)							378798	
j	Transfers to (from) the plan (see instructions)	8j							
Par	t 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 Plant	an Cha	racteris	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:	
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest			100					
	reported on line 10a.)			10b		X			
С				10c	X			125000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Χ			
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	n?	·····	10f		X			_
g		-		10g		Χ			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X 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 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, an 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	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2017

	- Deticament Income Consult Autor					.017		
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of the Internal	f 1974 (ERISA), and al Revenue Code (the		a) of		s Open to Public spection		
Pension Benefit Guaranty Corporation	► Complete all entries in accord	lance with the instr	uctions to the Form 5500-	-SF.		эрсоцоп		
	Identification Information							
or calendar plan year 2017 or fis	ical plan year beginning	01/01/2017	and ending	12,	/31/2017	MAN AND COLUMN TO THE COLUMN T		
A This return/report is for: 3 This return/report is:	a one-participant plan the first return/report	a list of participating a foreign plan the final return/repor	plan (not multiemployer) (F employer information in ac t urn/report (less than 12 mo	cordar				
Check box if filing under:		automatic extension			DFVC progra	m		
Part II Basic Plan Info	rmation enter all requested inform	mation						
a Name of plan KELLY ANUNCIATO 401		mation.		1c E	hree-digit lan number PN) ►	001 f plan		
Mailing Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Bo	ox)	A	2b E		fication Number		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KELLY RAFF ANUNCIATO DO PSC				(EIN) 27-0238473 2c Sponsor's telephone number (270) 444-6274				
2605 KENTUCKY AVE. SUITE 502 US PADUCAH KY 42003	* .*			2d B		see instructions)		
a Plan administrator's name a	nd address X Same as Plan Sponsor	r		3b A	dministrator's l	EIN		
			-	3c A	dministrator's t	elephone number		
If the name and/or EIN of the this plan, enter the plan spor	e plan sponsor or the plan name has chasor's name, EIN, the plan name and the	anged since the last e plan number from	return/report filed for	4b E	IN			
Sponsor's name Plan Name				4d P	N			
Total number of participants	at the beginning of the plan year			5a	T	14		
rotal number of participants	at the end of the plan year			5b		12		
complete this item)	account balances as of the end of the pl	lan year (only defined	d contribution plans	5c		12		
(1) Total number of active part	icipants at the beginning of the plan yea	ar		5d(1)		11		
Number of participants who to	icipants at the end of the plan year erminated employment during the plan	vear with accrued he	nefite that ware	5d(2)		8		
AGG MAN 100 /3 VESTED	***************************************	******************************		5e		1		
B or Schedule MB completed are elief, it is true, correct, and comp						able, a Schedule knowledge and		
sign thlea		10-15-18	KELLY RAFF ANUNCI	ATO		***************************************		
HERE Signature of plan admi	nistrator	Date	Enter name of individual s		as plan admin	istrator		
sign _ Koloa		10-15-18	KELLY RAFF ANUNCI		as plati auffilli	ionat01		
IERE Signature of employer/	plan sponsor	Date	Enter name of individual s		as amplaus -	r place and and		
		1	mente of manyidual s	rigitili [G	as ciribioxel o	102000 Ibiu		

r-	FFAA	0	001-
Form	2200	SE	2017

Page	2

b	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			untar	nt (IQI	PA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)			.,,,,,,,,		•••••	X Yes No		
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use Fo	rm 5500-SF and must ins	stead	use	Form	5500.				
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance	program (see ERISA section	on 40	21)?		Yes	☐ No [Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this year						ee instructions.)		
	rt III. Financial Information		7								
***************************************	Plan Assets and Liabilities	Shere in	(a) Beginning o	f Ves	r	T		(b) End of	Voor		
-	Total plan assets	. 7a				-					
	Total plan liabilities		1,2	25,1	0	+-			1,604,539		
	Net plan assets (subtract line 7b from line 7a)	7	1 0						0		
	Income, Expenses, and Transfers for this Plan Year	7c	1,22 (a) Amount		41	+			1,604,539		
a	Contributions received or receivable from:	F-9800 3017	(a) Amount			-		(b) To	tai		
	(1) Employers	8a(1)		63,4	67	0.00		pia in c			
	(2) Participants	8a(2)		58,7	08	d.00	Latell .	100	ar Defending to the control		
~~~	(3) Others (including rollovers)	8a(3)					paintille.		<del></del>		
b	Other income (loss)	8b	24	67,5	47	g/mil			1 1 2 2 2 2		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	The state of the s			(d)	ata (Catherine)		200 700		
d	Benefits paid (including direct rollovers and insurance premiums		115/06/51-2	Shill Server		100	3347	1.118	389,722		
	to provide benefits)	8d		8,1	51	Part and the second					
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f						MRR major All Street and All Street			
g	Other expenses	8g		2,773				- Kilo	7 ¹⁷⁰ An		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Sec. 20 Spring Sec. 20 Spring St.						10,924		
i	Net income (loss) (subtract line 8h from line 8c)	8i	appropriate the second			(1)		<del>*************************************</del>	378,798		
للم	Transfers to (from) the plan (see instructions)	81		-		1160	1.7 T. 1.	graph of	11-11-11		
Pa	rt IV Plan Characteristics	-	<del></del>			1,7,5	<u> </u>	M. C.	- indicate the second		
9a	If the plan provides pension benefits, enter the applicable pension for	aatura cor	for from the List of Dir. O	h							
	2E 2F 2G 2J 2K 3D	sature cot	des from the List of Plan C	narac	nenst	ic Coc	es in th	ie instructio	ns:		
b											
	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	instruction	s:		
Pa	TV Compliance Questions										
10	T = 1F. Marie Gardions										
-	During the plan year:				Yes	No	N/A	A	mount		
a	Was there a failure to transmit to the plan any participant contributed and in 20.057 and a second of the plan any participant contributed and the plan and th	tions with	in the time period				1000				
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fi	duciary Correction				100				
b		*************	***************************************	10a		Х					
	Were there any nonexempt transactions with any party-in-interest' reported on line 10a)			10b		х	100				
	Was the plan covered by a fidelity bond?			10c	x		2021		125,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		x.	27 K-1	***************************************			
	Were any fees or commissions paid to any brokers, agents, or oth	Ar DATEOR	s by an incurance	100		A .	agailet agailea				
е	Carrier, insurance service, or other organization that provides some	a or all of	the henefite under	1			equia -				
е	the plan? (See instructions.)	*************		10e		х	$q_{\rm p}, \theta_{\rm p}^{\rm ext}$				
		parties any borront when due thide the plan?				x	in special				
f				10f			diality.				
f g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	end.)	10g	P. P. Barrero	x	el de la				
f g	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period?	s of year e	end.)				protesting	protest Logicos			
f g	Did the plan have any participant loans? (If "Yes," enter amount as	See instru	end.)	10g		х	- 116				

	For	m 5500-SF 2017			Page 3 -					
Pari	VI	Pension Funding Compliand	e		J				***************************************	
11	Is this	a defined benefit plan subject to minimu 5500 and line 11a below)	um funding requirem	nents? (If "Yes," see	instructions	s and complete S	chedule	SB	☐ Yes	X No
11a	Enter t	he unpaid minimum required contribution	ons for all years from	n Schedule SB (For	n 5500) line	40	11a	<u> </u>		
12	Is this ERISA	a defined contribution plan subject to the 2 september 2 september 12a or lines 12b, 12c	he minimum funding	requirements of se	ction 412 of	the Code or sec	tion 302	of	☐ Yes	X No
a	granting the waiver Month DayYear									
		pleted line 12a, complete lines 3, 9,					<del></del>			
b	Enter t	he minimum required contribution for th	is plan year				12b			
С	Enter t	he amount contributed by the employer	to the plan for the p	olan year		***************************************	12c			
d ——	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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes No N/A				
Part	VII	Plan Terminations and Trans	sfers of Assets							
13a	Has a	resolution to terminate the plan been ac	dopted in any plan y	ear?	••••		ΤΞ	Yes	X N	0
		," enter the amount of any plan assets t					13a			
b	control	all the plan assets distributed to particip of the PBGC?				***************************************			Yes X	No
с	which	ng this plan year, any assets or liabilitie assets or liabilities were transferred. (Se	s were transferred fr	rom this plan to ano	ther plan(s),	identify the plan	(s) to			
1;	3c(1) Na	ame of plan(s):				13c(2) E	IN(s)		13c(3)	PN(s)
									,,,,	