## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN **HERE** 

## **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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit JOHN A. ROY, D.M.D., PSC 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 002 1c Effective date of plan 01/01/1985 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number JOHN A. ROY, D.M.D., PSC 61-1039788 (EIN) Sponsor's telephone number 270-825-3968 2618 CLUB COURT MADISONVILLE, KY 42431-3869 Business code (see instructions) 621210 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year ..... 5a 12 **b** Total number of participants at the end of the plan year..... 5b 13 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 13 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 10 d(2) Total number of active participants at the end of the plan year..... 5d(2) 11 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 Filed with authorized/valid electronic signature 10/12/2015 JOHN A. ROY, DMD **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator

Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

	Form 5500-SF 2014		Page <b>2</b>						
b	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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							X Yes	
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	)21)?		Yes	No	Not dete	rmined
Par	t III Financial Information	1	-						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o		000
	Total plan assets	7a	32155	036	-			3390	329
	Total plan liabilities	7b	32155	36				3390	320
	Net plan assets (subtract line 7b from line 7a)	7c					(b) T		020
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) To	itai	
	(1) Employers	8a(1)	485	534					
	2) Participants	8a(2)	781						
	(3) Others (including rollovers)	8a(3)	0.46	0					
	Other income (loss)	8b	846	506					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						211	254
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	117	790					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	246	671					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						36	461
	Net income (loss) (subtract line 8h from line 8c)							174	793
	Transfers to (from) the plan (see instructions)	8j							
Par		facture	adaa from the List of Dlan Char	o oto ri	otio Co	doo in	the inetruet	ionoi	
Эа	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2A 2E 2J 3D								
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
_									
Part						NI-	1		
10	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions withi	in the time period described in		Yes	No	,	Amount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.			10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X				400000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	and, that was caused by fraud						
	or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan			10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					Х			
i	2520.101-3.)	ne require	d notice or one of the	10h		^			
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Part			V    '((		0-1	L. I. O.	) /F I		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)			·	<u></u>			Yes	s No
	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39								
12	Is this a defined contribution plan subject to the minimum funding			or se	ection :	302 of	ERISA?	Yes	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being			ctions	and 4	enter th	ne date of th	e letter r	uling
a	granting the waiver.	-			, and t	Day		Year	y

	Form 5500-SF 2014	Page <b>3</b> - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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 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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	( No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to	)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	<b>13c(3)</b> P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benetits Security Administration Pension Densit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 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.

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I		Identification Information						
For calent	iar plan year 2014 or f		L/01/2014	and ending	12/31/2	014		
A This re	sturn/report is for:			lani(not multiemployer) yerinformation in acco				
			a foreign plan	<b>,</b>		,		
B This rei	turn/report is	the first return/report	he final return/report					
an amended return/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram		
		special extension (enter description	1)					
Part II	Danie Dies let	ormation—enter all requested informa		·····		***		
1a Name		ATTIALION—enter all requested informa	100 I		1 Alba 70 17 - 14			
	. Roy, D.M.D.		15 Three-digit plan number	r 032				
		,	T-1-2 + #4++		(PN)	002		
					1c Effective dat 01/01/1			
<b>2a</b> Plan s John A	porsor's name and ac	ldress; Include room or suite number (en , PSC	nployer, if for a single	-employer plan)		entification Number		
				į	2C Sponsor's te			
2618 C	lub Court			•	270-825-			
						de (see instructions)		
Madiso	nville	KY 42431-3869			621210	re (real distrib)		
3a Plan a	idministrator's name a	nd address XSame as Plan Sponsor.		•	3b Administrato	r's EIN		
		<del>-</del>		:				
					3c Administrato	r's telephone number		
				F.	1			
				•	1			
4 If the	name and/or FIN of the	e plan sponsor has changed since the la	of sale waterward files for	r this rise antestic	4%			
name	, EIN, and the plan nu	mber from the lest return/report.	ac sérini ki ébbit illett ti	wujis paan, enter the	4b EIN			
a Spons	or's name			:	4c PN			
5a Total	number of participants	at the beginning of the plan year	**************************************	***************************************	5a	12		
		at the end of the plan year						
<b>c</b> Numb	er of participants with	account balances as of the end of the pla	an vear (defined here	fii niane do not	<del>-</del>	13		
comp	ete this item)		444		5c	13		
d(1) Tot	al number of active per	ficipants at the beginning of the plan ye	#,		5d(1)	1.0		
<b>d(2)</b> Tot	al number of active pa	rticipants at the end of the plan year	~13141111244444	seesska ee ee, transad	5d(2)	11		
<ul><li>Numbe</li></ul>	r of participants that te	rminated employment during the plan ve	er with accrued bene	fits that were	5e			
ess in	an 100% vesteo		7.154455888888	PR	1	0		
Under nen	ponalty for the late of portugations	or incomplate filling of this return/repo	rt will be assessed (	iniess reasonable car	ise is established.			
	edule MB completed ar true, correct, and semi	ner penalties set forth in the instructions, id signed by an enrolled actuary, as well plete.	as the electronic vers	examined this return/re sion of this return/report	port, including, if app , and to the best of (	ilicable, a Schedule ny knowledge and		
ŞIGN	7	FaxuKe	10/8/15	John A. Roy,	CIMIT			
HERE	Signature of plan a	destruction						
CICH	Digital(III VI Diet: 8	Jimile ( acor	Dete	Enter name of individ	ual signing as plan s	dministrator		
SIGN HERE								
Orenacer's	Signature of employ	tér/plan sponsor	_Date	Enter name of individ	ual signing as emplo	yer or plan sponsor		
· reparers :	reme from and blue to	ame, if applicable) and address (include	room or suite number	) (optional)	Preparer's telepho	ne number (optional)		
						·		
				,				
	1.1							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

	Form 5500-SF 2014		Page 2							
.b	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 under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit of use Fo	ndent qualified public account ions.) rm 5500-SF and must insta	ant (IC	2PA) e Forn	1 5500.		[	X Yes	. ∏ No
_	If the plan is a defined benefit plan, is it covered under the PBGC in	ourance p	rogram (see ERISA section 4)	021)?		Yes	∐ No	∐ No	ot deter	mined
Pa	rt III   Financial Information		<u> </u>							
	Plan Assets and Liabilities		(a) Beginning of Ye		-		<u>(b) E</u>	id of \		
	Total plan linhilities	7a	32	1.55	36	-			3.	39032
	Total plan liabilities	7b	2.2	155	<del> </del> -				7	39032
8	Income, Expenses, and Transfers for this Plan Year	7c		J. J. J.	3 G					) <b>7</b> UJZ:
	Contributions received or receivable from:		(a) Amount				(2)	) Tota		<del></del>
	(1) Employers	8a(1)	·	485	34					
	(2) Participants	8a(2)		781	14					
****	(3) Others (including rollovers)	8æ(3)	-		0					
<u>b</u>	Other Income (loss)	85		846	06					
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b),	8c								21125
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			117:	90					
	Certain deemed and/or corrective distributions (see instructions)	8d		-L, , L- / ,	-	,			٠,	ببتب
	Administrative service providers (salaries, fees, commissions)	8e 8f		246	73					
	Other expenses	8g	, , , , , , , , , , , , , , , , , , , ,	240	<u> </u>					
	Total expenses (add lines 8d, 6e, 8f, and 8g)	8h			+					2545
	Net income (loss) (subtract line 8h from line 8c)	g)i								3646
$\overline{I}$	Transfers to (from) the plan (see instructions)		· · · · · · · · · · · · · · · · · · ·		-		<del></del>		· • · · ·	L74793
Par		8	<u> </u>							
	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; 2A 2E 2J 3D									
b	if the plan provides welfare benefits, enter the applicable welfare fe	ature code	ss from the List of Plan Chara	cterist	ic Cod	les in tr	e instru	ctions:		
Pari	V Compliance Questions		. (111)							
10	During the plan year:				1 1/2	1				
	Was there a failure to transmit to the plan any participant contribut	ions withir	the time period described in	<u> </u>	Yors	No		Am	ount	
	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)		***************************************	10b		х				
			;	10c	х				4	00000
	or dishonesty?			10đ		х				
0	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all a instructions.)	of the bene	AAS \ Chain ant minner stiffe	10e		х				
Ŧ	Has the plan failed to provide any benefit when due under the plan	17		10f		х				<del></del>
g						-				
	If this is an individual account plan, was there a blackout period? (	See instru	ctions and 29 CFR	10g		Х			;	,
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided th	e remitted	notice or one of the	10h		х				<del></del>
Bart	exceptions to providing the notice applied under 29 CFR 2520.101	-3		101						<u> </u>
11	scopy and the Ada believe to the first territory requirements in the complete Schedule SB (Form									
11a	Enter the unpeid minimum required contribution for current year fro	Cak					**********	<u>.                                    </u>	Yes	No
12	Is this a defined contribution plan subject to the minimum funding r	an ochodu	ue 86 (Form 5500) line 39		-#3378	11a		- 1-mg/		F 1
	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below:	es annilian	ble \			· I			***	X No
8	if a walver of the minimum funding standard for a prior year is being	a smortize	d in this plan year, ean instruc	tions,	and e	nter the	date of	the le	ter rul	ne
***	grenting the walver.	<u> </u>		h		Day		Yes		

	Form 5500-SF 2014	Page 3 -					
lf	you completed line 12z, complete lines 3, 9, and 10	of Schedule MB (Form 5500), and skip to line 13.					
		year	12b				
		plan for this plan year					
d	Subtract the amount in line 12c from the amount in lin negative amount)	ne 12b. Enter the result (enter a minus sign to the loft of a	12d				
Ð	Will the minimum funding amount reported on line 12:	d be met by the funding deadline?		Yes No NA			
Part	VII Plan Terminations and Transfers o	f Assets					
13a	Has a resolution to terminate the plan been adopted in ar	ny plan year?	Y.	ss X No			
	If "Yes," enter the amount of any plan assets that reve	arted to the employer this year	13a				
ь	Were all the plan assets distributed to participants or of the PBGC?	beneficiaries, transferred to enother plan, or brought und	er the control	☐ Yes 図 No			
C	if during this plan year, any assets or liabilities were to which assets or liabilities were transferred. (See Instri	ransferred from this plan to another plants), identify the p	lan(s) to				
1	3c(1) Name of plan(s):		13c(2) EIN	I(s) 13c(3) PN(s)			
				THE PARTY NAMED IN COLUMN TO THE PARTY NAMED			
		;					
		· 1		<b>.</b>			
			•				
·			<u>, , , , , , , , , , , , , , , , , , , </u>				
	VIII Trust information (optional)						
14a Name of trust			145 Tru	145 Trust's EIN			
		·	İ				

:

.