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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I Annual Repor	rt Identification Informatio	n							
For calendar plan year 2015 or	fiscal plan year beginning 01/01	1/2015 and ending 12	2/31/20	15					
A This return/report is for:	A This return/report is for: 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) a foreign plan								
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)							
C Check box if filing under:	Form 5558 special extension (enter des			DFVC progr	ram				
Part II Basic Plan Inf	formation—enter all requested	information							
1a Name of plan MICHAEL GOODWIN MD PSC	401K			Three-digit plan number (PN)	001				
				Effective date of	¹ plan 1/1992				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)			2b Employer Identification Number (EIN) 61-1213539						
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) IICHAEL J. GOODWIN, MD, PSC				2c Sponsor's telephone number 606-325-0227					
000 ASHLAND DRIVE SUITE 103 SHLAND, KY 41101 1000 ASHLAND DRIVE SUITE 103 ASHLAND, KY 41101				2d Business code (see instructions) 621111					
3a Plan administrator's name	and address XSame as Plan Spo	nsor.	3b /	Administrator's E	EIN				
			3c /	Administrator's t	elephone number				
	he plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed for this plan, enter the	4b	EIN					
a Sponsor's name				4c PN					
5a Total number of participan	ts at the beginning of the plan year	r	5a		11				
b Total number of participan	ts at the end of the plan year		5b)	11				
·		of the plan year (defined benefit plans do not	5c		11				
d(1) Total number of active p	participants at the beginning of the	plan year	5d(10				
d(2) Total number of active p	participants at the end of the plan y	ear	5d(2	2)	10				
than 100% vested		ne plan year with accrued benefits that were less	5e		2				
Caurion: A penalty for the late	e or incomplete tiling of this refi	irn/report will be assessed libless reasonable cal	use is e	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 t	rue, correct, and complete.		T				
	Filed with authorized/valid electronic signature.	06/06/2016	MICHAEL J. GOODWIN, MD				
HERE	Signature of plan administrator	Enter name of individ	individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	dual signing as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address (include room of			r)	Preparer's telephone number			

Form 5500-SF 2015		Page 2						
 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 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an indepenand	dent qualified public a	ccount	ant (IQ	PA)			X Yes X Yes X
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No 📗	Not determine
Part III Financial Information					1			
7 Plan Assets and Liabilities		(a) Beginning					(b) End (
a Total plan assets	7a		1991	606				1832310
b Total plan liabilities	7b		1991	606				1832310
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		000			(b) To	
a Contributions received or receivable from:		(a) Amou	ant				(b) 10	Jiai
(1) Employers	8a(1)		68	8060				
(2) Participants	8a(2)			2323				
(3) Others (including rollovers)	8a(3)			5550				
b Other income (loss)	8b		-68	8859				7074
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7074
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		152	2609				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f		13	3761				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							166370
i Net income (loss) (subtract line 8h from line 8c)	8i							-159296
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension								
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	instruction	ons:
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A		Amount
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 Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest			401-		X			
reported on line 10a.)			10b					
C Was the plan covered by a fidelity bond?			10c	X				2500
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the pla					X			
			10f					
g Did the plan have any participant loans? (If "Yes," enter amount a	•		10g		X			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		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		X			
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance				•	-			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a		
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of EF	RISA?	Yes X

	F	orm 5500-SF 2015 Page 3 - 1								
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing			
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui				
b	Enter t	ne minimum required contribution for this plan year		12b						
С	Enter th	ne amount contributed by the employer to the plan for this plan 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									
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A			
Part		Plan Terminations and Transfers of Assets			100	110	1471			
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No				
		s," 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 brough	ght under the co	ontrol		Yes X	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part	: VIII	Trust Information								
14a	Name o	f trust		14b Trust's EIN						
14c	Name	of trustee or custodian		14d Trustee's or custodian's						
140 Name of trustee of custodian						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method						
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable				
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	" enter amount	······	19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A			

Form 5500-SF

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).

2015

OMB Nos. 1210-0110

1210-0089

Pension Benefit Guaranty Corporation Complete all entrice	es in accordance with		the Fo	orm 5500-SF.		n is Open Inspection			
Part I Annual Report Identification Infor	mation								
For calendar plan year 2015 or fiscal plan year beginning	01/01/20	15	and er	nding 12,	/31/20:	15			
A This return/report is for:		le-employer plan (not m							
of participating employer information in accordance with the form instructions) a one-participant plan the first return/report an amended return/report an amended return/report This return/report is a foreign plan the final return/report a short plan year return/report (less than 12 months) automatic extension DFVC program									
Part II Basic Plan Information - enter all rec	uested information					· · · · · · · · · · · · · · · · · · ·			
1a Name of plan MICHAEL GOODWIN MD PSC 401K	<u></u>	Three-digit plan number (PN) Effective date of page 17.4.0.1	olan	001					
2a Plan sponsor's name (employer, if for a single-emplo Mailing address (include room, apt., suite no. and str City or town, state or province, country, and ZIP or for MICHAEL J. GOODWIN, MD, FSC	oreign, see instr.)		01/01/1992 2b Employer Identification Number (EIN) 61-1213539						
1000 ASHLAND DRIVE SUITE 103			(60	Sponsor's telephological Sponsor's telephological Sponsor's telephological Sponsor and a Company of the Company	227				
ASHLAND KY 41				Business code (s 621111		ons)			
3a Plan administrator's name and address 🛚 Same a	s Plan Sponsor.		3b	Administrator's EIN					
		3с	3c Administrator's telephone number						
4 If the name and/or EIN of the plan sponsor has chang	ed since the last return	n/report filed for this	4b	EIN		***************************************			
plan, enter the name, EIN, and the plan number from	the last return/report.								
a Sponsor's name			4c	PN					
5a Total number of participants at the beginning of the	plan year		5a			11			
b Total number of participants at the end of the plan			5b			11			
C Number of participants with account balances as of		`	.			11			
			5c			11			
d (1) Total number of active participants at the begin			5d(1) 5d(2)			10 10			
 d (2) Total number of active participants at the end o e Number of participants that terminated employmen 			3u(2)			10			
benefits that were less than 100% vested			5e			2			
Caution: A penalty for the late or incomplete filing of	this return/report wil	l be assessed unles	s reas	onable cause is e	established				
Under penalties of perjury and other penalties set forth in Schedule SB or Schedule MB completed and signed by my knowledge and belief, it is true correct, and complete	an enrolied actuary, as	clare that I have exam well as the electroni	nined th c version	nis return/report, in on of this return/re	ncluding, if a eport, and to	applicable, a the best of			
SIGN Myhallogue		MICHAEL J	GO	ODWIN, MD)				
Signature of plan administrator	Date /	Enter name of indiv	iouai si	igning as plan aon	ninistrator				
SIGN HERE	Date		, ,						
Signature of employer/plan sponsor	idual si	igning as employe							
Preparer's name (including firm name, if applicable) and	address (include room	or suite number)		Preparer's teleph	one numbe	r			

		Page	2				
·2 (Caa inat						No.	т
						A Yes	∐ No
Are you claiming a waiver of the annual examination and report of an independent qualified public accountant							п.,
na condition	1S.)					A Yes	∐ No
					_	п	
(SEE ENION S	ection 4021)	<u> </u>		Yes	No	Not de	termined
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8a(2)							
8a(3)							
8b			688	159	STAT	EMENT	
8c					<u> </u>		7074
8d		1	526	09	STAT	EMENT	2
8e							
8f			137	61	STAT	EMENT	3
8g							
8h						1	66370
8i						-1	59296
8j							
			***************************************	V-11			
e codes fro	n the List c	f Plan	Char	acteris	tic Codes	in the inst	ructions:
codes from	the List of	Plan (Charac	teristi	c Codes in	the instru	ctions:
							
		Yes	No	N/A		Amount	
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	sendent quand condition orm 5500-S (see ERISA secretary see ERISA secretary see ERISA secretary	s? (See instructions.) pendent qualified public and conditions.) orm 5500-SF and mus (see ERISA section 4021)	s? (See instructions.) pendent qualified public according conditions.) orm 5500-SF and must inst (see ERISA section 4021)? (a) Beginning	See ERISA section 4021)?	s? (See instructions.) pendent qualified public accountant account and conditions.) porm 5500-SF and must instead use For (see ERISA section 4021)? (a) Beginning of Year	See instructions. Seed of the property of	## Second State

10j

Yes

Yes

X No

X No

section 302 of ERISA?

Did the plan trust incur unrelated business taxable income?

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or

Part VI Pension Funding Compliance

Schedule SB (Form 5500) and line 11a below)

Form	orm 5500-SF 2015 Page 3-									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as a	pplicable.)								
а	a If a waiver of the minimum funding standard for a prior year is being an	nortized in this plan year,	see instru	ctions	s, ar	nd enter	the d	ate of t	he letter	
ruling granting the waiver. Month Day Year										
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
					2b					
	Enter the amount contributed by the employer to the plan for this plan			_ 1	2c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the	result (enter a minus sigr	to	-						
	the left of a negative amount)			1	2d					
	Will the minimum funding amount reported on line 12d be met by the funding a mount reported on line 12d be m			<u> </u>	es	No		N/A		
	art VII Plan Terminations and Transfers of Assets									
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?					'es	X _{No}			
	If "Yes," enter the amount of any plan assets that reverted to the empl				За					
D	Were all the plan assets distributed to participants or beneficiaries, train		_				П.		[3]	
	under the control of the PBGC?				ــــا			es .	X No	
C	If during this plan year, any assets or liabilities were transferred from the	is plan to another plan(s)	, identify th	ne pla	an(s)	to whic	h ass	ets or		
	liabilities were transferred. (See instructions.)			=:						
	13c(1) Name of plan(s):		130	(2) EI	N(s)			3c(3) F	N(s)	
Par	art VIII Trust Information									
	3 Name of trust		14h	Tru	et'e	EINI				
1 14	A Name of trust		1 12	Hu	315	LIIN				
14c	Name of trustee or custodian		14d	d Trustee's or custodian's						
				telephone number						
Pa	art IX IRS Compliance Questions									
15a	3 Is the plan a 401(k) plan?				Ye			No		
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination require		rrals and		Design-based ADP/AC				ACP	
	employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Ш		ethod	<u>"</u>	test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP test	ing for the plan year usin	g the							
	"current year testing method" for nonhighly compensated employees (reas. Reg sections		_						
	1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?			Ш	Ye			No		
16a	Check the box to indicate the method used by the plan to satisfy the c	overage requirements un	der	١,,		itio rcentag	e 🗂	Aver	age	
	section 410(b):			Ш	tes			bene	fit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of section			_			_			
	combining this plan with any other plans under the permissive aggrega			Ш	Ye	s		No		
***********	Has the plan been timely amended for all required tax law changes?			Ш	Ye			No	N/A	
17b	Date the last plan amendment/restatement for the required tax law cha	nges was adopted		. Ent	er th	re applic	cable o	code _		
	(See instructions for tax law changes and codes).	,								
17c	c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS								RS	
	opinion or advisory letter, enter the date of that favorable letter and the letter's serial number .									
17d	If the plan is an individually-designed plan and received a favorable det	ermination letter from the	IRS, ente	the	date	of the	olan's	last		
	favorable determination letter .									
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election									
	has been made), American Samoa, Guam, the Commonwealth of the N						[]			
40	U.S. Virgin Islands)?			- -	Ye		-H	No_		
19	Were in-service distributions made during the plan year?			ليل	Ye	s		No		
00	If "Yes," enter amount			19						
20	Were required minimum distributions made to 5% owners who have at				, <i>.</i>		П		П	
	whether or not retired), as required under section 401(a)(9)?			Ш	Ye	S		No	N/A	