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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

Pa	rt I	Annual Report	: Id	entification Information	1						
For	calenda	ar plan year 2015 or f	isca	I plan year beginning 01/01/	201	15 and ending 13	2/31/2	015			
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attact list of participating employer information in accordance with the form instructions) a foreign plan											
B This return/report is ☐ the first return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)											
C	Check b	oox if filing under:	X	Form 5558 special extension (enter desc	ript	automatic extension tion)		DFVC progr	ram		
Pa	rt II	Basic Plan Info	orm	nation—enter all requested in	nfor	rmation					
	Name (1(K)	PROFIT SHARING PLA			1b	Three-digit plan number (PN)	001		
							1c	Effective date of 07/0			
	Mailing	address (include roo	m, a	r, if for a single-employer plan) apt., suite no. and street, or P.0			2b Employer Identification Number (EIN) 61-1293270				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PAYROLL SOLUTIONS, INC.						code (If foreign, see instructions)	2c Sponsor's telephone number 859-255-7020				
770 ENTERPRISE DR LEXINGTON, KY 40510							2d Business code (see instructions)				
								5412			
3a	Plan ad	dministrator's name a	nd a	address XSame as Plan Spon	sor	r.	3b Administrator's EIN				
3c Administrator's telephone number								elephone number			
	name,	EIN, and the plan nu		an sponsor has changed since er from the last return/report.	the	e last return/report filed for this plan, enter the	4b EIN 4c PN				
_	Sponsor's name Total number of participants at the beginning of the plan year							a	16		
_								b	17		
Total number of participants at the end of the plan year							5c		15		
d(1) Total number of active participants at the beginning of the plan year						5d(1)		15			
d (2	2) Tota	al number of active pa	artic	ipants at the end of the plan ye	ar.		5d	(2)	16		
е	Numb than 1	er of participants tha	ter	minated employment during the	e pl	lan year with accrued benefits that were less		e	0		
						eport will be assessed unless reasonable ca			abla a Cabadala		
						ons, I declare that I have examined this return/re well as the electronic version of this return/repor					

belief, it is true, correct, and complete SIGN Filed with authorized/valid electronic signature. 08/17/2016 JAMES E. BERRILL **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) 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 a 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 to the plan cannot be a second	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		Yes No
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 No	lot determined
Part III Financial Information	1				_			
7 Plan Assets and Liabilities		(a) Beginning	•				(b) End of	
a Total plan assets	7a		1019	859				1118614
b Total plan liabilities	7b		4046	050				4440044
C Net plan assets (subtract line 7b from line 7a)	7c		1019	1859				1118614
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Tot	al
(1) Employers	8a(1)		44	032				
(2) Participants	8a(2)		74	670				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		-4	620				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							114082
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		12	2342				
Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f		2	2985				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							15327
i Net income (loss) (subtract line 8h from line 8c)	8i							98755
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2G 3D	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in th	e instruction	ons:
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Char	acterist	ic Cod	les in the	instruction	ns:
— In the plant provided Wallard Ballonia, other the applicable Wallard IV	odiaio oodi	oo nom the Election had	ii Onait	20101101	10 000	100 111 1110	, mon dono	10.
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	ı	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 reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	X				150000
d Did the plan have a loss, whether or not reimbursed by the plan's			100	^				150000
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.)	ne or all of t	he benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the plan					X			
g Did the plan have any participant loans? (If "Yes," enter amount a			10f		X			
h If this is an individual account plan, was there a blackout period?		,	10g		^			
2520.101-3.)	•		10h		X			
·	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3							
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 No
11a Enter the unpaid minimum required contribution for all years from						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 No

	F	orm 5500-SF 2015 Page 3 - 1								
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
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		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d						
		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						
	rianio	of tubics of suctorial	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	Average benefit 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	17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).									
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 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

2015

This Form is Open to **Public Inspection**

		Identification Information										
For calend	ar plan year 2015 or fi	scal plan year beginning 01/01/2015	4	and ending 12/	31/2015							
A This re	X a single-employer plan											
			j a tordigir plan									
B This reti	urn/report is		the final return/report									
		an amended return/report	n/report (less than 12 n	t (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension DFVC program									
	Design Discourse	special extension (enter description	· ·		www							
Part II 1a Name		rmation—enter all requested inform	nation		1b Three-digit							
	OF PIAN SOLUTIONS, INC. 401		plan number (PN)	001								
					1c Effective date 07/01/2005	of plan						
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. B	ox)		2b Employer Idea (EIN) 61-1293							
	town, state or province of the column of the	e, country, and ZIP or foreign postal c	ode (if foreign, see insti	ructions)	2c Sponsor's tel	ephone number 0) 255-7020						
770 ENTER	PRISE DR				2d Business code 541214	e (see instructions)						
LEXINGTON	N. KY 40510											
	<u> </u>	nd address X Same as Plan Sponsor.			3b Administrator's EIN							
					2							
					3c Administrator's telephone number							
4 If the r	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN											
name	, EIN, and the plan nu	mber from the last return/report.	iast tetatimepott illeu m	or this plan, enter the								
	or's name				4c PN							
_		at the beginning of the plan year				16						
		at the end of the plan year			5b	17						
		account balances as of the end of the		•	5c	15						
d(1) Tota	al number of active pa	rticipants at the beginning of the plan y	/ear,		5d(1)	15						
d(2) Tota	al number of active pa	rticipants at the end of the plan year			5d(2)	16						
	•	terminated employment during the pla	•		5e	0						
Caution: A	penalty for the late	or incomplete filing of this return/re	port will be assessed	uniess reasonable ca		Kaalala a Calaadida						
SB or Sche		ner penalties set forth in the instruction ad signed by an enrolled actuary, as wellete.										
SIGN	RB	erul	8117116	James E. Berrill								
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as plan a	dministrator						
SIGN	X8/3r	St, Mes	8/12/16	JAMES E.	BEREILL							
HERE	Signature of emplo		Date	Enter name of individ								
Preparer's	name (injo/fuding firm n	ame, if applicable) and address (include	de room or suite numbe	er)	Preparer's telephor	e 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 if you answered "No" to either line 6a or line 6b, the plan cannot be a continued to the plan's assets during the plan year invested in eligible to the plan's assets during the plan year invested in eligible to the plan's assets during the plan year invested in eligible to the plan year. 	an indeper and conditi not use Fo	ndent qualified public a ions.) rm 5500-SF and mus	ccount t instea	ant (IQ	PA) Form	5500.	X Yes No		
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)? .	Ц	Yes [No Not determined		
Part III Financial Information	10.00				_		Col Ford of Vocasi		
7 Plan Assets and Liabilities		(a) Beginning	101985				(b) End of Year 1118614		
a Total plan assets	. 7a		101000		+		1110071		
b Total plan liabilities	. 7b . 7c		101985	59	+		1118614		
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	. 70	(a) Amou		-	_	(b) Total			
a Contributions received or receivable from:		(a) Amor	J.114						
(1) Employers	. 8a(1)		4403		10000				
(2) Participants	. 8a(2)		7467	70					
(3) Others (including rollovers)	. 8a(3)				111111				
b Other income (loss)	. 8b		-462	20	1000		444000		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						114082		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		1234	12					
e Certain deemed and/or corrective distributions (see instructions)	. 8e				1227				
f Administrative service providers (salaries, fees, commissions)	. 8f		298	35	1.1				
g Other expenses	. 8g				13.50				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					15327			
i Net income (loss) (subtract line 8h from line 8c)	. 8i						98755		
j Transfers to (from) the plan (see instructions)	· 8j				171-171				
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in t	the instructions:		
B If the plan provides welfare benefits, enter the applicable welfare f	feature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instructions:		
B In the plan provides wehate benefits, enter the applicable wehate i	catare coa	ca nom no claror in	ii Ondie	30(0110)			ro mondonono.		
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	√oluntary F	iduciary Correction	10a		х				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
C Was the plan covered by a fidelity bond?			10c	x			150000		
d Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused	10d		х				
e Were any fees or commissions paid to any brokers, agents, or otl	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								
f Has the plan failed to provide any benefit when due under the plan			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a									
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				Х				
i If 10h was answered "Yes," check the box if you either provided t	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								
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)	nents? (If "	Yes," see instructions	and cor	nplete	Sched	lule SB	(Form Yes X No		
11a Enter the unpaid minimum required contribution for all years from									
12 Is this a defined contribution plan subject to the minimum funding							RISA? Yes X No		

Form 5500-SF 2015	Page 3 - 1								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 1									
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the 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.	401						
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 1 negative amount)	` -		12d		-				
e Will the minimum funding amount reported on line 12d be	e met by the funding deadline?			Yes	No	N/A			
Part VII Plan Terminations and Transfers of As	ssets								
13a Has a resolution to terminate the plan been adopted in any p	lan year?			Yes	X No				
If "Yes," enter the amount of any plan assets that reverte	d to the employer this year		13a						
b Were all the plan assets distributed to participants or ber of the PBGC?			ontrol		Yes 🛛	No			
C If during this plan year, any assets or liabilities were transwhich assets or liabilities were transferred. (See instructions)		fy the plan(s) to							
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) F	N(s)			
Part VIII Trust Information									
Part VIII Trust Information 14a Name of trust			14h Tr	ust's EIN					
Pro Hame of flust			140 Husts Ent						
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number								
Part IX IRS Compliance Questions									
15a is the plan a 401(k) plan?			Yes		No				
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimin matching contributions (as applicable) under sections 401		Design- based safe harbor method		ADP/ACP test					
15c If the ADP/ACP test is used, did the 401(k) plan perform A testing method" for nonhighly compensated employees (1 2(a)(2)(ii))?	reas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4		Yes		No				
16a Check the box to indicate the method used by the plan to		on 410(b):	Rat per test	centage		rage efit test			
16b Does the plan satisfy the coverage and nondiscrimination this plan with any other plans under the permissive aggre			Yes		No				
17a Has the plan been timely amended for all required tax law	changes?		Yes		No	□ N/A			
17b Date the last plan amendment/restatement for the require for tax law changes and codes).	d tax law changes was adopted	Enter the a	pplicable	code	_ (See in	structions			
17c 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 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 determination letter	favorable determination letter from the IRS, e	nter the date of	the plan'	s last favo	rable				
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Riccomade), American Samoa, Guam, the Commonwealth of the			Yes		No				
19 Were in-service distributions made during the plan year?	19 Were in-service distributions made during the plan year?								
If "Yes," enter amount		***************************************	19						
Were required minimum distributions made to 5% owners retired), as required under section 401(a)(9)?			Yes		No	□ N/A			