	m 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	<b>Benefit Plan</b> This form is required to be filed under sections 104 and 4065 of the Employee F				2016			
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		nternal	This Form is Open to			
Pension Be	enefit Guaranty Corporation	ructions to the Form 55	00-SF.	Public Inspection					
Part I		lentification Information	016	10	24/2046				
For calenda	ar plan year 2016 or fisc:				/31/2016	to a data ta construction da static			
A This ret	urn/report is for:	a single-employer plan		an (not multiemployer) (F nployer information in acc		ing this box must attach a ith the form instructions.)			
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year retur	n/report (less than 12 mo	onths)				
C Check I	box if filing under:	 ] Form 5558	automatic extension	rogram					
		special extension (enter descr	1 ,						
Part II		mation—enter all requested inf	ormation		41				
<b>1a</b> Name PAYROLL S		PROFIT SHARING PLAN		-	1b     Three-digit       plan number     (PN) ▶				
					1c Effec	tive date of plan 07/01/2005			
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		ructions)	(EIN)				
	OLUTIONS, INC.				2c Sponsor's telephone number 859-255-7020				
770 ENTERPRISE DR LEXINGTON, KY 40510					2d Business code (see instructions) 541214				
3a Plan a	<b>3a</b> Plan administrator's name and address X Same as Plan Sponsor.				<b>3b</b> Administrator's EIN				
					3C Admir	nistrator's telephone number			
	, EIN, and the plan numb	plan sponsor has changed since to be from the last return/report.	the last return/report filed f	or this plan, enter the	<b>4b</b> EIN <b>4c</b> PN				
		the beginning of the plan year			5a	15			
		the end of the plan year			5b	18			
C Numb	er of participants with ac	count balances as of the end of t	the plan year (only defined	contribution plans	5c	16			
	,	cipants at the beginning of the pla		F	5d(1)	12			
• •		cipants at the end of the plan yea			5d(2)	15			
		rminated employment during the			5e	C			
Caution: A	penalty for the late or	incomplete filing of this return	/report will be assessed	unless reasonable caus					
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.							
SIGN	Filed with authorized/va	lid electronic signature.	07/26/2017	JAMES E. BERRILL					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	al signing a	as plan administrator			
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	al signing a	as employer or plan sponsor			
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite numbe	ər ) _	Preparer's	telephone number			
						Farm (500 05 (0040)			

92354

11628

3291

0

215183

14919

200264

<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li></ul>								
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	1118614	1318878				
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1118614	1318878				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	43129					
	(2) Participants	8a(2)	79700					
	(3) Others (including rollovers)	82(3)	0					

8b

8c

8d

8e

8f

8g

8h

8i

8j

## Part IV Plan Characteristics

to provide benefits)....

d

i

j

**b** Other income (loss).....

**C** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....

Benefits paid (including direct rollovers and insurance premiums

e Certain deemed and/or corrective distributions (see instructions).

f Administrative service providers (salaries, fees, commissions)...

g Other expenses.....

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Transfers to (from) the plan (see instructions) .....

Net income (loss) (subtract line 8h from line 8c).....

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2G 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	X			100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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.)	10e	х			3015
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 as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No	
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No	
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-		
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling	
	gran	ting the waiver	onth_		_ Day		_ Year		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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?				Yes	s XI	No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No	
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to				
1		Name of plan(s):		13c(2)	EIN(s)		<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information							
14a	Name	e of trust			14b ⊺	Frust's E	IN		
14c	Name	e of trustee or custodian					s or custo ne number		
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[	No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP	
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			
	letter		ter the	e date	of the m	nost rece	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No		

Form 5500-SF	Short Form Annua	Short Form Annual Return/Report of Small Emp Benefit Plan				OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be filed	under sections 1	04 and			2016			
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Revenue Code (t	he Code	e).		This Form is Open to Public Inspection			
	Complete all entries in a	ccordance with t	he inst	ructions to the Form 5	n 5500-SF.				
Part I         Annual Report Identification Information           For calendar plan year 2016 or fiscal plan year beginning 01/01/2016         and ending 12/31/2016									
Toroniondar prair your 2010 11 11	X a single-employer plan		-lover p			ing this box must attach a			
A This return/report is for:	a one-participant plan		ating en			ith the form instructions.)			
<b>B</b> This return/report is	the first return/report	the final return	/report						
•	an amended return/report	months)							
C Check box if filing under:	Form 5558	Form 5558 automatic extension							
	rmation—enter all requested info	mation		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
<b>1a</b> Name of plan PAYROLL SOLUTIONS, INC. 401(	(K) PROFIT SHARING PLAN				1b Three plan r (PN)	number			
						ive date of plan			
2a Plan sponsor's name (employ Mailing address (include room	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)			2b Emplo	over Identification Number			
City or town, state or province Payroll Solutions, Inc.	e, country, and ZIP or foreign postal	l code (if foreign, s	see instr	ructions)	(EIN) 61-1293270 2c Sponsor's telephone number				
					(859) 255-7020 2d Business code (see instructions)				
770 ENTERPRISE DR					541214				
LEXINGTON, KY 40510									
	d address 🛛 Same as Plan Spons	sor.			3b Administrator's EIN				
					Autoristator 5 Lity				
					<b>3c</b> Administrator's telephone number				
4 If the name and/or FIN of the	plan sponsor has changed since th	a last roturn/rona	et filed f	arthia plan, antartha	46				
name, EIN, and the plan num	nber from the last return/report.	ie iast ietum/iepoi	n meu n	or this plan, enter the	4b EIN				
a Sponsor's name					4c PN				
	at the beginning of the plan year				5a	15			
	at the end of the plan year account balances as of the end of th				<u>5b</u>	18			
complete this item)					5c	16			
	ticipants at the beginning of the plar			1	5d(1)	12			
	ticipants at the end of the plan year erminated employment during the p				5d(2)				
than 100% vested					5e	0			
Under penalties of perjury and oth	or incomplete filing of this return/ er penalties set forth in the instruction d signed by an enrolled actuary, as	ons. I declare that	l have	examined this return/ret	oort, includin	g, if applicable, a Schedule			
SIGN		7/26/	17	James E. Berrill		· · · · · · · · · · · · · · · · ·			
HERE Signature of plan ad	iministrator	Date	· /	Enter name of individu	al signing a	s plan administrator			
SIGN SIGN		7/261	117			•			
HERE Signature of employ		Date		Enter name of individu	al signing a	s employer or plan sponsor			
Preparer's nắp é (including firm na	ame, if applicable) and address (incl	ude room or suite	numbe	r)	Preparer's t	telephone number			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. 2017-07-12715:41 43:133-05:00

6a	Were all of the plan's assets during the plan year invested in eligit	le assets?	(See instructions.)					X Yes	No	
b,	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								No	
	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.									
	f the plan is a defined benefit plan, is it covered under the PBGC in								ined	
Par		•			,	L				
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r Í			(b) End of Year		
a	Total plan assets	7a		11186				1318878	<u> </u>	
b -	Total plan liabilities	7b			·····					
C 1	Net plan assets (subtract line 7b from line 7a)	7c		11186	14		1318878			
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total		
	Contributions received or receivable from:			10.4						
<u></u>	(1) Employers	<u>8a(1)</u>		431			<u></u>	<u>na di secondo da secondo da secondo da seconda da seconda da seconda da seconda da seconda da seconda da second</u>		
	2) Participants	8a(2)		797						
	3) Others (including rollovers)	8a(3)		000	0		یں آباری اور آبار		in Norgoso Text	
	Other income (loss)	8b		923	54			<u></u>	1997 - 1997 1997 - 1997 - 1997	
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		· .			· . ·	215183		
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d		116	28					
e(	Certain deemed and/or corrective distributions (see instructions)	8e			0				· · ·	
f /	Administrative service providers (salaries, fees, commissions)	8f		329	91					
g (	Other expenses	8g								
h 1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					14919			
1 i	Net income (loss) (subtract line 8h from line 8c)	8i						200264		
j 1	Fransfers 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 coo	des from the List of PI	an Cha	racteri	stic Co	odes ir	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acteris	lic Co	des in f	he instructions:		
Part	V Compliance Questions		-			<u> </u>				
10	During the plan year:				Yes	No	N/A	Amount		
	Was there a failure to transmit to the plan any participant contribu-	tions within	the time period		103			Amount		
-	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fi	duciary Correction			х	a da ana			
b	Program)			10a						
b	Were there any nonexempt transactions with any party-in-interest reported on (ine 10a.)	? (Do not II	clude transactions	10b		Х		•		
С	Was the plan covered by a fidelity bond?			10c	x			1	00000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
e				10e	x				3015	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-ei	nd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i						

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Part	VI	Pension Funding Compliance							
11	ls th (For	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)	compl	ete Sch	edule S	В		/es 🗙 No	
		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.							
12	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the (	Code o	r sectio	n 302 of	f		res 🛛 No	
	ERI (If)	SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	••••••			••••••			
a	lf a grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in nting the waiver.	structic Month	ons, and	l enter t Day		of the lette Year	r ruling	
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
<u>b</u>	Ente	r the minimum required contribution for this plan year			12b				
С	Enter	r the amount contributed by the employer to the plan for this plan year		12c					
	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)	left of	a	12d				
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 Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?	- • • • • • • • • • • • • • • •			Yes	X N	0	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wei coni	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght un	der the			Yes X	No	
c		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ch assets or liabilities were transferred. (See instructions.)	tify the	plan(s)	to				
	13c(1)	) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information							
0.0521.00831.0	a, georgen teatra	e of trust			14b T	rust's E	IN		
14c	Name	e of trustee or custodian					or custodi e number	an's	
Par	ŧΙΧ	IRS Compliance Questions							
15a	Is the	e plan a 401(k) plan? If "No," skip b		Yes		[	] No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		safe h	n-based arbor nt year"	Ŀ	Prior ye test	ar" ADP	
				ADP to	est	E	] N/A		
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	ntage		erage nefit test	□ N/A	
16b	Did ti for th	he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes		[	No		
	lf the the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS etterand the serial number	opinio						
<u>.</u>	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	e date c	of the m	ost rece	nt determir	nation	
	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sep ce?	arated	from	Yes		No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No		