## 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

2016

This Form is Open to Public Inspection

Parti		t identification informatio			0/01/0010			
For calendar	r plan year 2016 or	fiscal plan year beginning 01/01			2/31/2016			
		🔀 a single-employer plan		olan (not multiemployer)				
A This retu	rn/report is for:	a one-participant plan	list of participating e	employer information in a	ccordance with the fo	orm instructions.)		
<b>B</b> This retur	n/report is	ort is the first return/report the final return/report						
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)			
C Chook he	ox if filing under:	□			П			
C Check bo	ox ir illing under.	X Form 5558	automatic extension		DFVC program			
		special extension (enter des	. ,					
Part II	Basic Plan In	formation—enter all requested i	nformation			T.		
1a Name of JOHN A. ROY		(K) PROFIT SHARING PLAN			<b>1b</b> Three-digit plan number (PN) ▶	002		
					1c Effective date	e of plan /01/1985		
Mailing	address (include ro	loyer, if for a single-employer plan om, apt., suite no. and street, or P	.O. Box)		2b Employer Ide (EIN) 61	ntification Number		
City or to JOHN A. ROY		nce, country, and ZIP or foreign po	stal code (if foreign, see ins	structions)	2c Sponsor's tel	ephone number 325-3968		
					2d Business cod	e (see instructions)		
2618 CLUB CO	OURT LE, KY 42431-3869				62	1210		
WADISONVILL	LE, KT 42431-3008	9						
0		🗔			01			
3a Plan adı	ministrator's name	and address 🛛 Same as Plan Sp	onsor.		<b>3b</b> Administrator	's EIN		
					3c Administrator	's telephone number		
					Administrator	3 telephone number		
4								
		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			
<b>a</b> Sponsor	•				4c PN			
		ts at the beginning of the plan year			5a	12		
_					5b	11		
		ts at the end of the plan year h account balances as of the end o			35			
	· · · · · · · · · · · · · · · · · · ·	n account balances as of the end c	. , , ,	•	5c	11		
	,	participants at the beginning of the			5d(1)	10		
` '					5d(2)	9		
		participants at the end of the plan y at terminated employment during the						
		at terminated employment during ti			5e	0		
Caution: A	penalty for the lat	e or incomplete filing of this retu	rn/report will be assesse	d unless reasonable ca	use is established.			
		other penalties set forth in the instr						
	iule MB completed ue, correct, and co	and signed by an enrolled actuary,	as well as the electronic v	ersion of this return/repoi	rt, and to the best of	my knowledge and		
		d/valid electronic signature.	09/25/2017	JOHN A. ROY, DMD				
HERE				oor in the record blind				
	Signature of plan		Date	Enter name of individ	dual signing as plan a	administrator		
SIGN			Date	Enter name of individ	dual signing as plan a	administrator		
SIGN	Signature of plan		Date Date	Enter name of individ				
SIGN HERE	Signature of plan	administrator	Date	Enter name of individ		oyer or plan sponsor		
SIGN HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as emplo	oyer or plan sponsor		
SIGN HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as emplo	oyer or plan sponsor		
SIGN HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as emplo	oyer or plan sponsor		
SIGN HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as emplo	oyer or plan sponsor		

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6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X Ye	s No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Ye	s No
	If you answered "No" to either line 6a or line 6b, the plan cann								Ы	Ш
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
<u>a</u>	Total plan assets	7a	3	319018					339951	2
<u>b</u>	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	3	319018				3399512		
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt	_			(b) 1	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		47752						
	(2) Participants	8a(2)		77951						
	(3) Others (including rollovers)	8a(3)								
	· · · · · · · · · · · · · · · · · · ·	er income (loss)								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							38513	0
	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d		279131						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		05505						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		25505						
<u>g</u>	Other expenses	8g			_					_
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							30463	
	Net income (loss) (subtract line 8h from line 8c)	8i					80494			4
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A $^{2E}$ $^{2J}$ $^{3D}$	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instr	uctions:	
Par	t 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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					40000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		X				
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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)					es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f		es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter t Day		of the lette Year _	r ruling
If	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug		e 		Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(2	<b>2)</b> EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	"Prior ye test	ar" ADP
			Gur ADP	rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat perd test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determi	nation
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 sepa		Ye	s [	No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••	. Ye	s	No	

OMB Nos. 1210-0110

1210-0089

## Form 5500-SF

Department of the Treasury Internal Revenue Service

(Japartment of Labor Benefits Socurity 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).

2016

This Form is Open to

Pension Re	nefit Guaranty Corporation			/' 	OO-SE	Publ	ic Inspection
		Complete all entries in acco	rdance with the instr	uctions to the Form 53	uu-pr,	<b>.</b>	
For celends		Identification Information scal plan year beginning 01	/01/2016	and ending	12/3	1/2016	· · · · · · · · · · · · · · · · · · ·
	um/report is for:		a multiple-employer pla	an (not multiemployer) (I ployer information in ac	Filers checki	ing this bo	x must attach a
B This retu	ım/report is		the final return/report a short plan year return	n/report (less than 12 mo	onths)		
C Check t	oox if filing under:	Form 5558     special extension (enter description)	automatic extension n)		∏ DFV¢ pr	ográm	
Part II	Basic Plan Info	rmation-enter all requested information	ation				
1a Name JOHN A.		PSC 401(K) PROFIT SHAR	ing plan		1b Three plan r (PN) 1c Effect	number	0 0 2 f pion
			<b>P</b> 11 11 11 11 11 11 11 11 11 11 11 11 11		01/0	1/1985	F 12.11
Mailing City or JOHN A.	address (Include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O. Bo ce, country, and ZIP or foreign postal co , PSC	ox) ode (if foreign, see instr	ructions)	(EIN): 2c Spons 270-1	61-103 sor's telep 825-39 ess code (	hone number
MADISON		KY 42431-3869 nd address X Same as Plan Sponsor.			3b Admir		=11.1
		e plan sponsor has changed since the I	ast return/report filed for	or this plan, enter the	4b ein		
a Sponso		•			4¢ PN		
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a		12
		at the end of the plan year			5b		11
C Numbe	er of participants with	account balances as of the end of the	plan year (only defined	contribution plans	5c	CH IV COL	1.1
d(1) Tota	il number of active pa	articipants at the beginning of the plan y	ear,		5d(1)		10
		articipants at the end of the plan year		í	5d(2)		
e Numb than 1	er of participants that 100% vested	terminated employment during the plan	n year with accrued be	nefits that were less	5e		
		or Incomplete filing of this return/rep					artis a Catandila
SB or Scho		ther penalties set forth in the instruction and signed by an enrolled actuary, as wrighter.					
SIGN	12.	TROM ON	9/25/2017	JOHN A. ROY, I	OMC		
HERE	Signature of plan a	edministrator	Date	Enter name of individu	ual signing a	as plan adı	ninistrator
SIGN		1.0000000000000000000000000000000000000			- 10 10 10 10 10 10 10 10 10 10 10 10 10	in Creation V.	
HERE	##	A. B.		PM			<del></del>
	Signature of emplo	oyer/plan aponaor name, if applicable) and address (includ	Date	Enter name of individu	ual signing a Preparer's		
Cioheen 2	ing kanamana ing	тыны п арричалы ана ачагавэ <b>(</b> пыни	or each of the interest	·· ,	- i wysiai di		

,	Form 5500-SF 2016		Page 2			_				
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a walver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on walver 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 a lons.) rm 5500-\$F and must	ccount	ant (IQ d use	PA) Form	5500.		X Ye	es [] No
C	If the plan is a defined benefit plan, is it covered under the PSGC in	rentance b	rogram (see ERISA se	ction 40	021)? .		Yes	∐No	∐ Not da	termined
Pa	rt III   Financial Information						`			
7_	Plan Assets and Liabilities		(a) Beginning o	of Year				(b) End		
á,	Total plan assots	7a	3,	319,	01.8	<del></del>			3,:	399,512
	Total plan liabilities	7b			_					
C	Net plan assets (subtract line 7b from line 7a)	7c	3,	319,	018	<del></del>			3,3	99,512
8	Income, Expenses, and Transfers for this Plan Year	. ,	(a) Amoun	t				(b) T	otal	
_a 	Contributions received or receivable from: (1) Employers	8a(1)		47,						
	(2) Participants	8a(2)		77,	951	<del></del>	· •••	<del>h-hhh</del>	<del></del>	
	(3) Others (including rollovers)	8a(3)								<del></del>
	Other income (loss)	8b	##### TO EE TO THE TO THE TO	259,	127				<del></del>	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	86			_				*****	385,130
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		279,	9,131					
0	Certain deemed and/or corrective distributions (see instructions)	8a			$\rightarrow$					····
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		25,	505		va fram m			
g	Other expenses	<u>89</u>						-/		204 535
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<del></del>				<del>-,</del>		304,636
i	Net income (loss) (subtract line 8h from line 9c)	8i		w			****			80,494
<u>j</u>	Transfers to (from) the plan (see instructions)	<u>8j</u>								
W	rt IV Plan Characteristics			756			· · · · · · · · · · · · · · · · · · ·	16. a. 5a.l.		,
9a 	2A 2E 2J 3D								11.14564	# <del>************************************</del>
þ	if the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chare	cterist	ic Cod	les in t	the instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:		10.400		Yes	No	N/A		Amoun	t
č	<ul> <li>Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-1027 (Soo instructions and DOL's Verogram)</li> </ul>	√oluntary F	iduciary Correction	10a		х				
ŀ	Were there any nonexempt transactions with any party-in-interes reported on line 10s.)	t? (Do not	include transactions	10b		х				
				10c	х					400,000
•	Did the plan have a loss, whether or not reimbursed by the plan's by freud or dishonesty?	fidelity bo	nd, that was caused	10d		х				
-	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person ne or all of	is by an insurance the benefits under	109		х				
f	Has the plan failed to provide any benefit when due under the pla	an?	, qpqp	10 <del>f</del>		х	L.			
•	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		х				
	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR	10h		ж				ina tang man hahi
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	101						

Form 5500-SF 2016

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	42/05	
n funding regulrements? (If "Yes," see instructions and	complete Schedule SB	∏ Yes ∏ N

Part	VI	Pension Funding Compliance		·		
11	ls thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11s below)				Yes 📗 No
11a	Ĕnté	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a		
12	is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				Yes X No
a	Ifav	valver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the walver,	tructions, ar	nd enter t Day		ter ruling
If		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		• • •		
b	Foler	the minimum required contribution for this plan year		12b	ramon	
С	Enter	the amount contributed by the employer to the plan for this plan year	***************************************	120		
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the titive amount)	left of a	12d		
ė	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?	*************	<u>. </u> _	Yes   No	∐ N/A
Part	VII	Plan Terminations and Transfers of Assets				
13a	Has	o resolution to terminate the plan been adopted in any plan year?			Yes X	No
	If "Yo	es," enter the amount of any plan assets that reverted to the employer this year		. 13a		
Ь		o all the plan assets distributed to perticipants or beneficiaries, transferred to another plan, or broug rol of the PBGC?			Yes	X No
С	if, du Whic	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident h assets or liabilities were transferred. (See instructions.)	ify the plan(	s) to		
		Name of plan(s):	13c(	2) EIN(s)	13c	(3) PN(6)
Dart	· VIII	Trust Information	<del></del>	·	III. pa lastitus	
		of trust		14b	Yrust's EIN	
14c	Name	of trustee or custodian	,		Trustee's or custo telephone numbo	
Par	t IX	IRS Compliance Questions	T		The state of the s	The state of the s
15a	l Is the	plan a 401(k) plan? If "No," skip b	Yes		∐ No	
155		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:	☐ safe	ign-bese harbor	Liset Li	year" ADP
	701/10	Ko) to the period of the same supply.	I TOU	rrent year 1 test	N/A	
168	What year	testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply:	Rai per tes	centage	Average benefit les	ı 🛮 N/A
	for th	ne 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	
	I If the the le	pian is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS atterand the serial number	opinion lett			
17k	if the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, a	inter the dat	e of the n	nost recent deter	mination
						W 11
18	Defin	ed Berrefit 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		Ye	s 🗍 No	