Form 5500-SF

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Department of the Treasury Internal Revenue Service 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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Short Form Annual Return/Report of Small Employee

Parti		identification information										
For calenda	er plan year 2016 or fi	scal plan year beginning 01/01/2	2016	and ending 12	2/31/2016							
A This retu	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) (ployer information in ac		-						
71 11110101	,.opene	a one-participant plan	a foreign plan	, ,,,								
B This retu	rn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year return	n/report (less than 12 m	s than 12 months)							
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC pr	ogram						
		special extension (enter descri	ription)									
Part II	Basic Plan Info	ermation—enter all requested in	formation									
1a Name	of plan	PROFIT SHARING PLAN			1b Three-digit plan number							
					(PN) ▶ 001 1c Effective date of plan							
					10 Elleon		/1992					
Mailing	address (include room	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C		uctions)	2b Emplo (EIN)	•	ication Number 70980					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WILLIAM J. MORGAN, DMD, PSC					2c Spons	sor's teleph 859-623	none number -8400					
1001 GIBSON BAY DRIVE, SUITE 204					2d Busine		see instructions)					
RICHMOND, KY 40475						62121	10					
3a Plan administrator's name and address ⊠ Same as Plan Sponsor.						3b Administrator's EIN						
					3c Administrator's telephone number							
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN							
a Sponso	•	mber from the last return/report.			4c PN							
5a Total n	umber of participants	at the beginning of the plan year			5a		6					
		at the end of the plan year			5b		6					
		account balances as of the end of		·	5c	6						
d(1) Tota	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)		6					
		rticipants at the end of the plan year			5d(2)		6					
than 1	00% vested	terminated employment during the			5e		0					
		or incomplete filing of this returi										
SB or Sche		her penalties set forth in the instruction and signed by an enrolled actuary, a plete.										
SIGN		valid electronic signature.	10/16/2017	WILLIAM J. MORGAN	, DMD							
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing a	as plan adm	ninistrator					
SIGN												
HERE Signature of employer/plan sponsor Date Enter name of indiv												
Preparer's i	name (including firm n	name, if applicable) and address (ir	nclude room or suite numbe	r)	Preparer's	telephone	number					

Form 5500-SF 2016 Page **2**

	 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 (IC under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 								X Ye	
	If you answered "No" to either line 6a or line 6b, the plan cann									3 📙 110
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-		Not det	ermined
Pa	rt III Financial Information						-			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		954031				•	221715	8
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1	954031					221715	8
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt		(b) Total				
а	Contributions received or receivable from:			93522						
-	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		169605						
	Other income (loss)	8b		100000					26312	7
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							20012	<u>'</u>
	to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0						
i	Net income (loss) (subtract line 8h from line 8c)	8i							26312	7
j	Transfers to (from) the plan (see instructions)	ansfers to (from) the plan (see instructions)								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	odes 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 for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	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 contributed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					25000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

Form	5500	-SF	201	6

Page 3-	1
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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 c n 5500) and line 11a below)							
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?			res X No				
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
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 (enter a minus sign to the left of a negative amount)									
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	s X N	lo	
	If "Y€	s," 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 brougol of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c	Name	of trustee or custodian					s or custod ne number	ian's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		sign-based "Prior year" ADP test				
				"Curre	rrent year" N/A P test				
16a 		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	
	for the	e 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	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	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 e?		rom	Ye	s [No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No		

(FAX)

P.002/002

Oct. 16. 2017 10:10AM

No. 6017 P. 2

Form 5500-SF

Department of the Treasury Internat Revenue Service

- Department of Labor Employee Benefitz 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 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 6500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to ...
Public Inspection

	t Identification Information fiscal plan year beginning 01/01/2010	<i>c</i>	and ending 12	M410048	
For calendar plan year 2010 or a	x a single-employer plan	_	plan (not multiemployer)		hav annat alfagh a
À This return/report is for:	⊠ g suidie-embroker bren		pian (not mullemployer) employer information in a	_	
Ar with antenna should be told	a one-participant plan	a foreign plan	dipoyor morrisoni		
B This return/report is	the first return/report	the final return/repor			
	an amended return/report	a short plan year ret	um/report (less than 12 r	nonths)	
C Check box If filling under:	☑ Form 5558	automatic extension	ı	DFVC program	
	special extension (enter descri				
證Pan info	ormation—enter all requested (nfo	ormation		_	
1a Name of plan WILLIAM J. MORGAN DMD, PSC	PROFIT SHARING PLAN			1b Three-digit plan number (PN)	001
,				1c Effective date 01/01/1992	of plan
Mailing address (include roor	oyer, if for a single-employer plan) im, apt., suite no. and street, or P.O.	Box)		2b Employer idea (EIN) 61-1170	
William J. Morgan, DMD, PSC	ce, country, and ZIP or foreign posta	i code (ir iareign, see ins	structions)	2C Sponsor's tele (859	ephone number 9) 623-8400
1001 GIBSON BAY DRIVE, SUITE	፤ 204	*		2d Business code 621210	e (see instructions)
RICHMOND, KY 40475					
3a Plan administrator's name an	nd address 🛛 Same as Plan Spons	sor.		3b Administrator's	s EIN
	·			3c Administrator	s telephone number.
		!		Se Aministrator	s telephone number.
		'	•		
4 If the name and/or EIN of the	e plan sponsor has changed since the mber from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN	
a Sponsor's name				4c PN	
5a Total number of participants	at the beginning of the plan year			5a	6
	at the end of the plan year			5b	6
 C Number of participants with a 	account balances as of the end of th	e pian year (only define	d contribution plans	5c	6
	rticipants at the beginning of the plan	,		5d(1)	6
	rticipants at the end of the plan year	-		5d(2)	- 6
 Winder of participants that the state of the	terminated employment during the p	ìan year with accrued b	enefits that were less	5e	0
Caution: A penalty for the late o	or incomplete filing of this return/r	oeseest od illw troger	l unless reasonable cau	use is established.	
Under penalties of perjury and oth SB or Schedule MB completed and _bellef, it is true, correct, and complete	ter penalties set forth in the instruction ad signed by an enrolled actuary, as alete.	ons, I declare that I have well as the electronic ve	examined this return/report rision of this return/report	port, including, if appl t, and to the best of n	icable, a Schedule ny knowledge and
SIGN /	- Dmi	10/16/17	William J. Morgan, DM	•	
Sicile ///\d	か~の	10/16 /17	Enter name of individe	Val signing as plah ad	(ministrator
Signature of employ	yer/plan sponsor	Date	Enter name of individu	uat signing as employ	er or plan sponsor
Preparer's name (Including fimilina	ame, if applicable) and address (incl	ude room or suite numb	er)	Preparer's telephon	e number
		'			
· 		·.			

Form 5500-SF 2016 Page 2

 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 X Yes	No No	
	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐ No	Not dete	rmined	
7	rt III Financial Information Plan Assets and Liabilities		(a) Beginning	of Voor	.			(b) End	of Vear		
	Total plan assets	7a	(a) Beginning	195403				(b) Ella (221715	8	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c		195403	31				221715	8	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal		
а	Contributions received or receivable from:		(1)					<u> </u>			
	(1) Employers	8a(1)		9352	-						
	(2) Participants	8a(2)			0						
	(3) Others (including rollovers)	8a(3)		4000	0						
	Other income (loss)	8b		16960	J5				20240	_	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				263127				/	
u	to provide benefits)	8d			0						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
i	Net income (loss) (subtract line 8h from line 8c)	8i				263127				27	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	odes in	the instr	uctions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:		
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary F	Fiduciary Correction	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					25000	
d	Did the plan have a loss, whether or not reimbursed by the plan's 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					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Χ					
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i							

Part	rt VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see ins (Form 5500) and line 11a below)						Yes	χ No
11a	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5	5500) line 40		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section ERISA?	on 412 of the Code	or sectior	n 302 of		Ιп	Yes	X No
	(If "Yes," 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 pla granting the waiver.	•		l enter t Day		of the let Year		ng
If	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	d skip to line 13.						
b	b Enter the minimum required contribution for this plan year			12b				
С	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 12b. Enter the result (enter a minus sign to the left of a negative amount)								
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					No	N	/A
Part	rt VII Plan Terminations and Transfers of Assets							
13a	3a Has a resolution to terminate the plan been adopted in any plan year?				Yes	; X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to anothe control of the PBGC?					Yes	X No	
С	C If, during this plan year, any assets or liabilities were transferred from this plan to anothe which assets or liabilities were transferred. (See instructions.)	r plan(s), identify th	e plan(s)	to				
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c	(3) PN	(s)
Part	rt VIII Trust Information							
14a	a Name of trust			14b ⊺	Γrust's Ε	EIN		
14c	C Name of trustee or custodian					s or custo ne numbe		
Par	art IX IRS Compliance Questions		ı.					
15a	5a Is the plan a 401(k) plan? If "No," skip b]	Yes			No		
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under 401(k)(3) for the plan year? Check all that apply:	-	safe h		L	"Prior test	year" A	NDP
			ADP t	ent year' est	,	N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) year? Check all that apply:	·	Ratio perce test	entage		verage enefit test	t 🗌	N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) of for the plan year by combining this plan with any other plan under the permissive aggregation.	ation rules?	Yes		L	No		
	7a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a the letter and the serial number							
	7b If the plan is an individually-designed plan that received a favorable determination letter full letter	rom the IRS, enter t	the date	of the m	ost rece	ent deterr	minatio	n
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 ar service?		ed from	Yes	s [No		
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior	plan year?		Yes	3	No		