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

2018

This Form is Open to **Public Inspection**

Part I		t Identification Information									
For calend	lar plan year 2018 or f	fiscal plan year beginning 01/01/2	2018		and ending 12	2/31/201	8				
A This re	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 one-participant plan		oreign plan		,					
B This ret	urn/report is										
		an amended return/report	a sh	nort plan year return	/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	aut	tomatic extension		DFV	C program				
		special extension (enter desc	cription)								
Part II	Basic Plan Info	ormation—enter all requested in	nformatio	n							
1a Name						1h ⊤	hree-digit				
		(K) PROFIT SHARING PLAN				р	lan number	002			
							ffective date o	f plan			
0								1/1985			
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C						fication Number 039788			
		ce, country, and ZIP or foreign post	tal code	(if foreign, see instru	uctions)	2c S	ponsor's telep	hone number			
JOHN A. RC	OY, D.M.D., PSC					20 0	270-825				
2010 01115	COURT					2d B	usiness code (see instructions)			
2618 CLUB MADISONVI	COURT ILLE, KY 42431-3869					621210					
	,										
3a Plan administrator's name and address X Same as Plan Sponsor.						3b Administrator's EIN					
						3c Administrator's tolophone number					
						3c Administrator's telephone number					
		ne plan sponsor or the plan name haonsor's name, EIN, the plan name a				4b E	IN				
	sor's name	moor o name, Env, the plan hame t	and the p	nam mamber mom tr	ic last return/report.	4d PN					
C Plan N	Name										
						-					
_		s at the beginning of the plan year.				5a 5b		13			
		s at the end of the plan year						0			
comp	lete this item)					5c		0			
	•	articipants at the beginning of the pl	-				5d(1) 10				
` '	•	articipants at the end of the plan ye				5d(2)	0			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e 0					
		or incomplete filing of this return									
SB or Sch		other penalties set forth in the instruction and signed by an enrolled actuary, and the control in the instruction and the control in the con									
SIGN		d/valid electronic signature.		05/29/2019	JOHN A. ROY, DMD						
HERE	Signature of plan	administrator		Date	Enter name of individ	vidual signing as plan administrator					
SIGN											
HERE	Signature of employer/plan sponsor Date Enter name of in					lividual signing as employer or plan sponsor					

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	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the					_		Not determined (See instructions.)				
Pa	rt III Financial Information	1										
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year				
a	Total plan assets	7a	41	07575		0						
<u>b</u>	Total plan liabilities	7b										
	Net plan assets (subtract line 7b from line 7a)	7c	410	07575		0						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total				
a	Contributions received or receivable from: (1) Employers	8a(1)		105								
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	-23	31311								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-231206				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	38	3847191								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e										
f	Administrative service providers (salaries, fees, commissions)	8f	:	29178								
g	Other expenses	8g										
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3876369				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-4107575				
<u>j</u>	Transfers to (from) the plan (see instructions)	8j										
Pai	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ins	tructions:				
Par	t V Compliance Questions											
10	During the plan year:				Yes	No		Amount				
а	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 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						
c	Was the plan covered by a fidelity bond?			10c	X			400000				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				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.)					Х						
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 as of year-end.)					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								

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor (Form 5500) and line 11a below)		В	. Y	es 🗌 No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod ERISA?	e or section	n 302 of		. Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver		d enter t Day		of the letter Year _	ruling
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13					
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 negative amount)	of a	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?			X Yes	. No)
	If "Yes," 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 brought control of the PBGC?				X Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

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).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

David 1	#===== D=====	F Complete all entries in		ructions to the Form (3600-8F.							
Part I	Annual Repor	t identification information fiscal plan year beginning		Miles and the second of the se	·····							
FOI CHARING	iai pian yaar zu to or		01/01/2018	and ending	12/31/20	Town marting the first of the late of the second contract of the sec						
A This re	turn/report is for:	X a single-employer plan	is multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
R This res	urn/report is	a one-participant plan	a foreign plan									
F-7 (1)(#1 (W).	annichair to	the first return/report	X the final return/report									
		an amended return/report	a short plan year retur	n/report (less than 12 n	12 months)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC program							
	Non-motor	special extension (onter desc	7 .									
Part II	Basic Plan Inf	ormation—enter all requested in	formation									
1a Name 10HN	ofplan I A. ROY, D.M		Three-digit plan numbe (PN)	002								
					1c Effective da 01/01/1							
2a Pians		entification Number										
Maifing	g address (include ro	om, ept., suite no. and street, or P.C	D. Box)		(EIN) 61-1							
	Town, state or provin	ce, country, and ZIP or foreign post .D., PSC	tāl code (if foreign, see insti	ructions)	20 Sponsor's to 270-825							
2618	CLUB COURT					de (see instructions)						
MADI	SONVILLE	KY 42431-	.3860									
	W-101-11-1-11-11-11-11-11-11-11-11-11-11-				621210							
3a Plana	dministrator's name :	and address X Same as Plan Spoi	nsor,		3b Administrator's EIN							
						THE STREET WAS IN THE PARTY OF THE PROPERTY OF THE PARTY						
			36 Administrator's telephone number									
<u> </u>												
4 If the	name and/or EIN of th	te plan sponsor or the plan name hi	as changed since the last r	eturn/report filed for	4b ein							
this pl	an, enter the plan ap: or's name	onsor's name, EIN, the plan name a	and the plan number from the	he last return/report.								
C Plan N					4d PN							
• Figure	ame											
5a Total i	number of participant	s at the beginning of the plan year	1	The second secon	52	13						
		s at the end of the plan year				C						
C Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	0						
		articipants at the beginning of the pl			5d(1)	10						
		articipants at the end of the plan yes				0						
 Numb 	er of participants who	_										
then '	100% vested penalty for the late	5.0 0										
Under nene	ties of perium and o	ther penalties set forth in the instruc	riceport Will be assessed	Uniess reasonable ca	use is established							
SB of Sche	dule MB completed a	and signed by an enrolled actuary, a	se well as the electronic ver	sion of this return/repor	t, and to the best o	my knowledge and						
SIGN HERE		A Com	5/29 6019	JOHN A. ROY,	מאס							
MERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator						
SIGN HERE												
	Signature of employers Reduction Act Noti	oyer/plan sponsor ce, see the instructions for Form 5500	Date	Enter name of individ	lual signing as empl	Cyer or plan sponsor Form 5500-SF (2018)						
		eriere mie niemperfilië ifii LMMU DDMN				rom 220045F (2018)						

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Þ	Were all of the plan's assets during the plan year invested in eligible. 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 cannot be under the continued of the plan's assets during the plan year invested in eligible.	an indepe and condi- not use Fo	ndent qualified publications.)	accoun it inste	tent (IC	PA) Form	5500.	_	No No	
	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yee" is checked, enter the My PAA confirmation number from the							Not det See instr	ermined uctions.)	
Pa	rt III Financial Information								1.7	
7	Plan Assets and Liabilities		(a) Basinning				(b) En	d of Year		
		7=	4,	107,	575	-		····	0	
<u>b</u>	The state of the s	7b				- Je J		·		
	Net plan assets (subtract line 7b from line 7a)	76	4,	107,	575				0	
8	Income, Expenses, and Transfers for this Plan Year	ļ	(a) Amour	16		, , , , , , , , , , , , , , , , , , , ,	(b)	Total	, ,	
4	Contributions received or receivable from: (1) Employers	8a(1)			105					
	(2) Participants	82(2)					ıl.		· · · · · · · · · · · · · · · · · · ·	
	(3) Others (including rollovers)	8=(3)					· · · · · · · · · · · · · · · · · · ·	Marie les in serves, criter al tele-	k.,,, -(gpra/1	
<u>b</u>	Other income (loss)	86		231,	311					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80						-2	31,206	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		3.	847	191		•			
	Certain deemed and/or corrective distributions (see instructions)	<u>8d</u>	9 f	3,847,19			Tr. 1	' г		
	Administrative service providers (salaries, fees, commissions)	81		29,17			dif Calabata Managana			
	Other expenses	8g	TROPER AND THE PARTY OF THE PAR	40,40			TELEPHONENE TELEPHONE AND THE		444	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					3,876,369			
1	Net income (loss) (subtract line 8h from line 8c)	BI		The second secon			-4,107,575			
1	Transfers to (from) the plan (see instructions)	81						- 7	interior and an arrange	
Pai	t IV Plan Characteristics				 l.	Varit 1 14	-111)	tanditana amilanaan		
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	des from the List of Pi	an Cha	recteri	stic Co	des in the ins	tructions:		
b	if the plan provides welfare benefits, enter the applicable welfare for	sature cod	es from the List of Pla	n Char	acteria	ilc Cod	les in the inst	ructions:	,	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contributions and DOL's Vergram)	oluntary F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a)	7 (Do not	nclude transactions	10b		х				
c	Was the plan covered by a fidelity bond?		. x	10c	Х			4	00,000	
district and the	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					х		10 to		
0	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		ж				
1		n?		107		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a		Market State Community of the Community	10g		х			11.1 1111	
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h		Х	t op till			
i	Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3					3.844			1	

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Part VI Pension Funding Compilance		<u></u>				
11 is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11s below)	complete Sch	edule S	B		Yes	☐ No
 11a Enter the unpaid minimum required contributions 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 CERISA? (If "Yea," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 	Code or sectio	11a n 302 o	r ·	П	Yes	X No
A If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	istructions, and Month	enter i Day		f the lett Year		ng
If you completed line 12s, complete lines 3, 9, and 10 of Schedute MS (Form 5500), and akip to line	13.				- marrying-en	resentati esca
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		12a				, , , , , , ,
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?	****************		Yes	No		I/A
Part VII Plan Terminations and Transfers of Assets			1167717777			,
13a Has a resolution to terminate the plan been adopted in any plan year?			X Yes	П	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		TOTAL TRANSPORT		Ç
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broccontrol of the PBGC?	ight under the	***********	X Yes No			
If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred.	itify the plan(s)	to		11)		
A AAS KI A I I) EIN(e) 13o(3) P		
						-
	THE STREET				,	,