## 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 550	JU-SF.				
Pa	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011			
Α .	This return/report is for: $\overline{\mathbb{X}}$ a single-employer plan $\Box$	a multiple-employer plan (not multiemployer) a one-participant plan						
В	This return/report is: the first return/report	the final return/report						
	an amended return/report	a short pla	an year return/report (less than 12 n	nonths)				
C	Check box if filing under: X Form 5558	extension	Ī	DFVC program				
_	special extension (enter descriptio							
Da	Int II Basic Plan Information—enter all requested information	,						
	·	ation		1h	Thron digit			
	Name of plan  A. DELOMAS, M.D., P.S.C. 401(K) RETIREMENT SAVINGS PLAI	N			Three-digit plan number			
	CAL BELOWN O, MIB., F. 1010. TOTAL METHOD TOTAL METHOD TEXT	•			(PN) • 001			
				1c	Effective date of plan			
					01/01/2009			
	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b Employer Identification Number				
IVIAR	K A. DĒLOMAS, M.D., P.S.C.			(EIN) 20-3368330				
				<b>2c</b> Sponsor's telephone number				
	EWIS HARGETT CIRCLE			24	859-268-1030			
LEXII	NGTON, KY 40503			Zu	Business code (see instructions) 621111			
32	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	,")	3h	Administrator's EIN			
MARI	K A. DELOMAS, M.D., P.S.C. 401(K) RETIREMENT 425 LEWIS H	ARGETT	CIRCLE		20-3368330			
SAVII	NGS PLAN LEXINGTON,	KY 40503	3	3c	Administrator's telephone number			
				1	859-268-1030			
4	If the name and/or EIN of the plan sponsor has changed since the landame, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name			4c PN				
	Total number of participants at the beginning of the plan year			5a				
b	Total number of participants at the end of the plan year			- Ou				
C	Number of participants with account balances as of the end of the p			30				
C	complete this item)			5c	•			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No			
b	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		,		X Yes   No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.				
Pa –	rt III   Financial Information							
1	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
a	Total plan assets		229782		221896			
b	Total plan liabilities	7b	0		004000			
C	Net plan assets (subtract line 7b from line 7a)	. 7c	229782		221896			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:  (1) Employers	8a(1)	1119					
	(2) Participants	8a(2)						
h	(3) Others (including rollovers)	8a(3)	-9005					
b	Other income (loss)		-9003					
ч С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-7000			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f						
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)				-7886			
j	Transfers to (from) the plan (see instructions)							
-		· ~,	1					

Form	5500	SF	201

		•	
Part IV	Plan	Charac	cteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2J 2K 3D
- 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		Amo	ount	
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		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		X				
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		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 plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					43625
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
art	VI Pension Funding Compliance		<u> </u>					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	☐ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 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 instruct granting the waiver							
lf y	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 of negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	_ N	٧o	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X I	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?		the co	ntrol		П	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) Ell	V(s)		13c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable							
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/11/2012	MARK A. DELOMAS, M.D.
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information						
	01/01/2	7077	17/21/2011			
V a sinala nacalacas alam □			12/31/2011			
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		le-employer plan (not multiemployer)				
B This return/report is:		eturn/report				
an amended return/report	a short pla	in year return/report (less than 12 mo	, press			
C Check box if filing under:	extension	DFVC program				
special extension (enter description)						
Part II Basic Plan information—enter all requested inform	ation					
1a Name of plan			1b Three-digit			
Mark A. Delomas, M.D., P.S.C. 401 (k) Retirement Savings Plan			plan number (PN) > 001			
		ļ	1c Effective date of plan			
			01/01/2009			
2a Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-employer plan)	2b Employer Identification Number			
Mark A. Delomas, M.D., P.S.C.		-	(EIN) 20-3368330			
425 Lewis Hargett Circle			2C Sponsor's telephone number			
100		-	859-268-1030  2d Business code (see instructions)			
Lexington KY 40503		į	621111			
3a Plan administrator's name and address (if same as plan sponsor, et Mark A. Delomas, M.D., P.S.C.	nter "Same	<sup>a</sup> )	3b Administrator's EIN			
Mark A. Delomas, M.D., P.S.C.			20-3368330			
425 Lewis Hargett Circle Lexington KY 40503			3c Administrator's telephone number 859-268-1030			
4 If the name and/or EIN of the plan sponsor has changed since the I	ast return/r	eport filed for this plan, enter the	4b EIN			
name, EIN, and the plan number from the last return/report.		,	_			
a Sponsor's name			4c PN			
5a Total number of participants at the beginning of the plan year			5a 1			
bTota I number of participants at the end of the plan year			5b 1			
Number of participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants.	olan year (d	lefined benefit plans do not	5c 1			
6a Were all of the plan's assets during the plan year invested in eligib			——————————————————————————————————————			
b Are you claiming a waiver of the annual examination and report of	an indepen	dent qualified public accountant (IQF	'A) = =			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility						
If you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information	orm 5500-	SF and must instead use Form 550	0			
7 Plan Assets and Liabilities	11.5.5					
/ ( latt Assets afta Ciabilities		(a) Designing of Veen	#1 To 2 = EV			
3 Total plan accore	70	(a) Beginning of Year	(b) End of Year			
a Total plan assets	7a	(a) Beginning of Year 22978	<del></del>			
<b>b</b> Total plan liabilities	7b	22978	2 221896			
bTotal plan liabilities		22978 22978	2 221896 0 221896			
<b>b</b> Total plan liabilities	7b 7c	22978	2 221896			
bTotal plan liabilities	7b 7c	22978 22978	2 221896 0 2 221896 (b) Total			
bTotal plan liabilities  C Net plan assets (subfract line 7b from line 7a)	7b 7c	22978 22978 (a) Amount	2 221896 0 2 221896 (b) Total			
bTotal plan liabilities  C Net plan assets (subtract line 7b from line 7a)  8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers	7b 7c 8a(1)	22978 22978 (a) Amount	2 221896 0 2 221896 (b) Total			
bTotal plan liabilities  C Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants	7b 7c 8a(1) 8a(2)	22978 22978 (a) Amount 111 -900	2 221896 0 2 221896 (b) Total			
bTotal plan liabilities	7b 7c 8a(1) 8a(2) 8a(3)	22978 22978 (a) Amount 111	2 221896 0 2 221896 (b) Total			
bTotal plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	22978 22978 (a) Amount 111 -900	2 221896 0 2 221896 (b) Total			
bTotal plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	22978 22978 (a) Amount 111 -900	2 221896 0 2 221896 (b) Total			
bTotal plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	22978 22978 (a) Amount 111 -900	2 221896 0 2 221896 (b) Total			
bTotal plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	22978 22978 (a) Amount 111 -900	2 221896 0 2 221896 (b) Total			
bTotal plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	22978 22978 (a) Amount 111 -900	2 221896 0 2 221896 (b) Total			
bTotal plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	22978 22978 (a) Amount 111 -900	2 221896 0 221896 (b) Total 9 -7886			

	Form 5500-SF 2011	Page <b>2</b> -								
Part IV Plaπ Characteristics										
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 3D										
b	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		Amount		
a	a 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)									
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	actions reported	10b		x					
Ċ	Was the plan covered by a fidelity bond?		10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's fld or dishonesty?			10d		х			•	
·e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	e plan? (See	10e		x		·			
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 o	of year end.)	******************	10g	x				43625	
h	If this is an individual account plan, was there a blackout period? (Se 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 2520.101-3	required notice or or	te of the	101						
Part	VI Pension Funding Compliance								•	
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))							∏ Yes	s 🗍 No	
12	Is this a defined contribution plan subject to the minimum funding re								s X No	
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicability a waiver of the minimum funding standard for a prior year is being granting the waiver.	ile.) amortized in this pla	n year, see instruc	ctions,	and e	nter th	se date of th	e letter n Year	uling	
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule N					,				
þi	Ent er the minimum required contribution for this plan year	*************************	• • • • • • • • • • • • • • • • • • • •		L	12b				
	Enter the amount contributed by the employer to the plan for this plan				_	12c				
. ds	Sub tract the amount in line 12c from the amount in line 12b. Enter th negative amount)				<u></u> L	12d		····	·	
<u>e</u>	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? $\dots$		•		*******	□ '	es X No	>		
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year		1	3a					
	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC7			•••••				Yes	s X No	
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plai	n(s) to					
1	3c(1) Name of plan(s):			ļ	13	c(2) El	N(s)	13c(	3) PN(s)	
Caut	ion: A penalty for the late or incomplete filing of this return/repor	t will be assessed	unless reasonab	le cau	ıse is	establ	lished.			
SBo	or penalties of perjury and other penalties set forth in the instructions, in Schedule MB completed and signed by an enrolled actuary, as well if, it is true, correct, and complete.	declare that I have as the electronic ver	examined this return/	report 'report	ort, in , and (	cludin to the l	g, if applica best of my k	ble, a Sc nowledg	hedule e and	
SIGI	N CHAL	10/10/12	Mark A. Del	loma	s, ì	M.D.				
HER	,	Date	Enter name of ir				s plan admii	nistrator		
SICI	inch ()		Mark A. De	···		~~~				
	SIGN   10//0//2   FIGER A: DETONIAGE, W. D. HERE   Signature of employer/plan sponsor   Date   Enter name of individual signing as employer or plan sponsor									

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor