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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	 Complete all entries in accor 	dance with the instru-	ctions to the Form 5500	0-SF.		•		
Part I	Annual Report I	dentification Information							
For calenda	ar plan year 2013 or fise	cal plan year beginning 01/01/201	3	and ending 1	2/31/2	013			
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	[a one-partici	pant plan		
B This ret	urn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program				
		special extension (enter description	on)						
Part II	Basic Plan Infor	mation—enter all requested inform	ation						
1a Name					1b	Three-digit			
MARK A. DE	LOMAS, M.D., P.S.C.	401(K) RETIREMENT SAVINGS PLA	.N			plan number			
						(PN) ▶	001		
					1C	Effective date o			
2a Plan er	oneor's name and add	dross: include room or suite number (c	ampleyer if for a single	omployor plan)	2h		/2009		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) MARK A. DELOMAS, M.D., P.S.C.							fication Number 68330		
					-	Sponsor's telep	hone number		
425 LEWIS HARGETT CIRCLE						859-26			
LEXINGTON, KY 40503					2d		(see instructions)		
20.01			п По в	0 411	26	62111			
3a Plan administrator's name and address ☐Same as Plan Sponsor Name ☐Same as Plan Sponsor Address						Administrator's 20-33	EIN 868330		
IARK A. DELOMAS, M.D., P.S.C. 401(K) RETIREMENT 425 LEWIS HARGETT CIRCLE AVINGS PLAN LEXINGTON, KY 40503					3c	Administrator's	telephone number		
						859-268	8-1030		
4		 							
		plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN			
	EIN, and the plan num	plan sponsor has changed since the ober from the last return/report.	last return/report filed fo	or this plan, enter the	4b 4c				
name, a Sponso	EIN, and the plan num or's name		·	•			4		
name, a Sponso 5a Total r	EIN, and the plan num or's name number of participants a	nber from the last return/report.			4c		4 5		
name, a Sponso 5a Total r b Total r c Number	EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year at the end of the plan year	plan year (defined bene	efit plans do not	4c 5a 5b		5		
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Form 5500-SF 2013 Page **2**

Da	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Veg				/b) E:	. d of \	/oor	
a	Total plan assets	7a	(a) Beginning of Yea				(D) EI	nd of Y	181522)
	Total plan liabilities	7a 7b	21101	_					101022	_
	Net plan assets (subtract line 7b from line 7a)	76 7c	24464	2	+				181522)
8	Income, Expenses, and Transfers for this Plan Year	70					/h			_
	Contributions received or receivable from:		(a) Amount				a)) Total		
	(1) Employers	8a(1)	251	8						
	(2) Participants	8a(2)	312	3						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	3206	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							37710)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10083	0						
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							100830)
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							-63120)
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics				•					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the inst	ruction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	c Cod	les in t	he instru	ıctions		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ				
С	Was the plan covered by a fidelity bond?			10c	X					20000
d		fidelity box	nd, that was caused by fraud	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					24281
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						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Г	Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a		<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	Г	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			01 30	ouoll (002 UI	LINOM!	·· L	. 03	., .,
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc		and e	enter th	ne date d	of the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day				
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -	1
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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)	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?	Y	es X 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 under the coof the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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.

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Report Identification Information			***************************************	
	01/2013	and ending	12/31/2	013
A This return/report is for: a single-employer plan	multiple-employer pla	an (not multiemployer)	a one-pa	rticipant plan
B This return/report is:	e final retum/report			
an amended return/report as	short plan year return	report (less than 12 mo	onths)	
C Check box if filing under: Form 5558	tomatic extension		DFVC pr	ogram
special extension (enter description)				
Part II Basic Plan Information-enter all requested information		· · · · · · · · · · · · · · · · · · ·		
1a Name of plan			1b Three-digit	
Mark A. Delomas, M.D., P.S.C. 401(k) Retirem	ment Savings	Plan	plan numbe	001
			(PN)	
			1c Effective da 01/01/2	
2a Plan sponsor's name and address; include room or suite number (emp	Noyer, if for a single-	employer plan)		lentification Number
Mark A. Delomas, M.D., P.S.C.	(EIN) 20-			
425 Lewis Hargett Circle			2C Sponsor's t 859-268	elephone number
*				ode (see instructions)
Lexington KY 40503			621111	
3a Plan administrator's name and address Same as Plan Sponsor Nam			3b Administrat	
Mark A. Delomas, M.D., P.S.C. 401(k) Retirem	ment Savings	Plan	20-3368	or's telephone number
			859-268	
425 Lewis Hargett Circle			000 200	1000
Lexington KY 40503				
4 If the name and/or EIN of the plan sponsor has changed since the last	t anti-material and file of fo	able stee aster the	46	
name, EIN, and the plan number from the last return/report.	returnireport med to	r 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	4
b Total number of participants at the end of the plan year			5b	5
C Number of participants with account balances as of the end of the plan	n year (defined bene	fit plans do not	5-	
complete this item)			5c	<u>4</u>
 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 an 	independent qualific	d public accountant (10		X Yes No
under 29 CFR 2520.104-46? (See Instructions on waiver eligibility and	d conditions.)		·	X Yes No
If you answered "No" to either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form 5500.	2 0 3 0
C If the plan is a defined benefit plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)? .	Yes No	Not determined
Caution: A penalty for the late or incomplete filling of this return/report				
Under penalties of perjury and other penalties set forth in the instructions.	declare that I have	examined this return/rep	port, including, if a	oplicable, a Schedule
SB or Schedule MB completed and signed by an enrolled actuary, as well belief, it is true, correct, and complete	as the electronic vers	sion of this return/report	t, and to the best o	my knowledge and
SIGN MOLCL		Mark A. Deloma	as, M.D.	
HERE Signature of plan administrator	Date 1214	Enter name of individ	ual signing as plan	administrator
SIGN Male	,	Mark A. Deloma		
HERE Signature of employer/plan sponsor	Date 7/2 /14	Enter name of individ	ual signing as emp	lover or plan sponsor
Preparer's name (including firm name, if applicable) and address; include it		(optional)		one number (optional)
			77.77.27.37.33	

Par	t III Financial Information									
7	Plan Assets and Liabilities	中的原理	(a) Beginning of Yea	r			(b) End	of Yea		
а	Total plan assets	7a	24	1464	2				18	1522
b	Total plan liabilities	7b			1					
C	Net plan assets (subtract line 7b from line 7a)	7c	24	1464	2				18	31522
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) T	otal		
a	Contributions received or receivable from: (1) Employers	8a(1)		251	8 :		•			<u>. </u>
	(2) Participants	8a(2)		312	3			13.5		XX.
	(3) Others (including rollovers)	8a(3)				À.			" W	
b	Other income (loss)	8b		3206	9				4.	, Sea
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1		2				3	37710
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	10	0083	0.53			à		
e	Certain deemed and/or corrective distributions (see instructions)	. 8e						Çr≓ • · He	÷	
f	Administrative service providers (salaries, fees, commissions)	. 8f			1.		9 ! !			
_ 9	Other expenses	. 8g								đ
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	-1946 A. 28 A. 48 - 18						10	0830
i	Net income (loss) (subtract line 8h from line 8c)	. 8i	广播物品的冷块设计						-6	53120
j	Transfers to (from) the plan (see instructions)	- 8j			2"			X.		
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f									
Par 10	t V Compliance Questions	eatore coo	65 Holli die Elst of Flati Oliara	Clesses	Yes	No	I I I I I I I I I I I I I I I I I I I			
	During the plan year: Was there a failure to transmit to the plan any participant contribu	dione within	n the time neried described in		163	NO		Amou	ınt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		X				
	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		х				
(Was the plan covered by a fidelity bond?			10c	x				1	20000
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
•	Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		х	Γ			
	Did the plan have any participant loans? (If "Yes," enter amount a		~~~~~	10g	х					24281
=	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ictions and 29 CFR	10h		х				À.W.
ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	101					70.75	
Par	YI Pension Funding Compliance						I			
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If "	Yes," see instructions and com	plete	Sche	dule SE	3 (Form	lπ	Yes	П №
11:	Enter the unpaid minimum required contribution for current year f					11a		Jbed		
12							ERISA?	П	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	1000				01				
- 8	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ing amortiz	ed in this plan year, see instru		and (enter th		the lette	er rulir	ng
	f you completed line 12a, complete lines 3, 9, and 10 of Schedu									
1	Enter the minimum required contribution for this plan year]	12b				

	Fcrm 5500-SF 2013		Page 3							
c	Enter the amount contributed by the employer to the plan	n for this plan year	r			12c	T			
d	Subtract the amount in line 12c from the amount in line 1 negative amount)					12d	I			
e	Will the minimum funding amount reported on line 12d be	e met by the fundi	ing deadline?					Yes	No	N/A
Par	VII Plan Terminations and Transfers of A	ssets								
138	Has a resolution to terminate the plan been adopted in any p	olan year?					Yes	X	lo	
	If "Yes," enter the amount of any plan assets that reverte	ed to the employer	r this year			13a	T			
b	Were all the plan assets distributed to participants or ber of the PBGC?								Пү	es 🛭 No
С	If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruct		plan to anoth	er plan(s), identi	y the plan(s)	to				
	13c(1) Name of plan(s):				1	3c(2)	EIN(5)	130	(3) PN(s)
_							-		+	
Par	t VIII Trust Information (optional)						-			

14b Trust's EIN

14a Name of trust