For	m 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan				OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service		2013					
Internal Revenue Service         This form is required to be filed under sections 104 and 4065 of the Employ           Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration         the Internal Revenue Code (the Code).					8(a) of This Form is Open to Public			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-							pection	
Part I		entification Information						
For calenda	ar plan year 2013 or fisca	· · · · · ·			2/31/2			
	urn/report is for:			an (not multiemployer)		a one-particip	oant plan	
<b>B</b> This ret	urn/report is:		the final return/report					
an amended return/report a short plan year return/report (less than 12 n						-		
C Check I	box if filing under:		automatic extension			DFVC progra	m	
		special extension (enter description	,					
Part II		nation—enter all requested informa	ition		1h	Three digit		
<b>1a</b> Name RICHARD F.	•	TIREMENT SAVINGS PLAN			10	Three-digit plan number (PN) ▶	001	
					1c	Effective date of 01/01/	•	
	oonsor's name and addre	ess; include room or suite number (er	nployer, if for a single-	employer plan)	2b	Employer Identit	ication Number	
RICHARD F	. FORD, M.D., FSC			-	2c	(EIN) 61-13 Sponsor's telep	hone number	
PO BOX 132 ASHLAND, I	27 KY 41105-1327				2d	606-325 Business code (	see instructions)	
3a Plan a	dministrator's name and	address Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	62111 Administrator's I	EIN	
RICHARD F. F	FORD, M.D., PSC	PO BOX 1327 ASHLAND, KY		_	20		45935 elephone number	
	EIN, and the plan numb	lan sponsor has changed since the la er from the last return/report.	ast return/report filed fo		4b 4c	EIN		
		the beginning of the plan year			<del>тс</del> 5а		19	
_		the end of the plan year			5b		19	
C Numb	er of participants with ac	count balances as of the end of the p	lan year (defined bene	fit plans do not	<u>50</u>		19	
		uring the plan year invested in eligible					X Yes No	
		e annual examination and report of a	•	,				
		See instructions on waiver eligibility a					X Yes No	
		er line 6a or line 6b, the plan canno plan, is it covered under the PBGC ins					Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed u	unless reasonable caus	se is	established.		
SB or Sche		r penalties set forth in the instructions signed by an enrolled actuary, as we te.						
SIGN	Filed with authorized/va	lid electronic signature.	08/25/2014	RICHARD F. FORD, M.	), M.D.			
HERE Signature of plan ad		ninistrator	inistrator Date Enter name of individua		al sig	ining as plan adn	ninistrator	
SIGN								
HERE	Signature of employe		Date	Enter name of individua	_			
Preparer's	name (including firm nan	ne, if applicable) and address; include	e toom of suite number	r (optional)	rep	arer s telephone	number (optional)	

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year		
a Total plan assets	7a	68871	8				930525	
<b>b</b> Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	68871	8	930525			930525	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
a Contributions received or receivable from:	80(1)	2513	4					
(1) Employers	8a(1)	3369						
(2) Participants	8a(2)	0000						
<ul><li>(3) Others (including rollovers)</li><li>b Other income (loss)</li></ul>	8a(3) 8b	19585	4					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	30	10000					254685	
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	00			-		4	104000	
to provide benefits)	8d	1287	8					
e 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						12878	
i Net income (loss) (subtract line 8h from line 8c)	8i						241807	
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
Part V Compliance Questions				Yes	No	<b></b>		
<ul><li>10 During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>	tiona within th	a time period described in		res	NO	Am	ount	
<ul> <li>a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	ciary Correct	tion Program)	10a		Х			
on line 10a.)	•	-	10b		Х			
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х			50000	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		3	10d		x			
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benefit	s under the plan? (See						
			10e		Х			
f Has the plan failed to provide any benefit when due under the plan			10e 10f		X X			
	n?		10f					
<ul><li>g Did the plan have any participant loans? (If "Yes," enter amount as</li><li>h If this is an individual account plan, was there a blackout period? (</li></ul>	n? s of year end See instructi	.) ons and 29 CFR			Х			
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a	n? s of year end See instructi ne required no	.)ons and 29 CFR	10f 10g		X X			
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	n? s of year end See instructi ne required no	.)ons and 29 CFR	10f 10g 10h		X X			
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> </ul>	n? s of year end (See instructi ne required no 1-3 ents? (If "Yes	.)ons and 29 CFR otice or one of the s," see instructions and com	10f 10g 10h 10i		X X X		] Yes 🗌 No	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	n? s of year end See instructi ne required no 1-3 ents? (If "Yes	.) ons and 29 CFR otice or one of the s," see instructions and com	10f 10g 10h 10i		X X X		] Yes 🗌 No	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>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-</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year from the second sec</li></ul>	n? s of year end See instruction ne required no 1-3 ents? (If "Yes oom Schedule	.) ons and 29 CFR otice or one of the s," see instructions and com	10f 10g 10h 10i		X X X lule SE			
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>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-</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year from the second sec</li></ul>	n? s of year end See instructi ne required no 1-3 ents? (If "Yes om Schedule requirements	.) ons and 29 CFR otice or one of the s," see instructions and com e SB (Form 5500) line 39 s of section 412 of the Code	10f 10g 10h 10i		X X X lule SE			
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year fr</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	n? s of year end (See instruction ne required no 1-3 ents? (If "Yes om Schedule requirements as applicabling amortized	.) ons and 29 CFR otice or one of the  s," see instructions and com e SB (Form 5500) line 39 s of section 412 of the Code e.) in this plan year, see instruction	10f 10g 10h 10i plete or se	ction (	X X X lule SE 11a 302 of	ERISA?	Yes X No	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101-</li> <li>Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year fr</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>a If a waiver of the minimum funding standard for a prior year is beir</li> </ul>	n? s of year end (See instruction ne required no 1-3 ents? (If "Yes om Schedule requirements as applicabl ng amortized	.) ons and 29 CFR otice or one of the s," see instructions and com s SB (Form 5500) line 39 s of section 412 of the Code e.) in this plan year, see instruction	10f 10g 10h 10i plete or se	ction (	X X X lule SE 11a 302 of	ERISA?	Yes X No	

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).	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?	Ye	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 of the PBGC?	control		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tru	ust's EIN	

For	m 5500-SF	Bonofit Dian							
Departr Interna	ment of the Treasury al Revenue Service	This form is required to be	a	2013					
Dep Employee Ben	entmont of Lebor entits Security Administration	Retirement Income Security Active Internet	ta) of	nn is Open to Public Inspection					
Panalon Ban	Pension Benefit Guaranty Corporation ) Complete all entries in accordance with the Instructiona to the Form 6500-3F.								
Part I	Annual Report IC r plan year 2013 or fisc	entification Information	01/01/2013	and ending	12/31/2	013			
		X a single-employer plan	a multiple-employer pl			inticipant plan			
B This retu		the first return/report	the final return/report	···· ••·······························		•••••			
		an amended return/report	a short plan year return	report (less than 12 mo	วกไท่ง)				
C Check b	ox if filing under:	Form 5558	automatic extension		🗌 DFVC p	rogram			
		special extension (enter desci	iption)						
Part II		nation-enter all requested inf	omalion		45	<u> </u>			
1a Name o	ofplan ד. ד. ד. א.ם א.ם א.ם	. 401(K) RETIREMENT	SAVINGS PLAN		1b Three-digit plan numb	ar			
*** <b>~</b> +11 1111					(PN) 🕨	001			
					1c Effective d 01/01/2	ate of plan 006			
2a Plan sp RICHARD	onsor's name and add	ess; include room or suite numbe	er (employer, if for a single-	employer plan)		tentification Number			
						lelephone number			
PO BOX	1327				606-325 26 Business o	ode (see instructions)			
ASHLAND	,	KY 41105-132	7		621111				
3a Plan ad	iministrator's name and	address Same as Plan Spons	sor Name Same as Plar	Sponsor Address	3b Administrator's EIN				
RICHARD	F. FORD, M.D	., PSC			61-1345935 3c Administrator's telephone number				
PO BOX	1327				606-325				
	_								
ASHLAND		KY 41105-1327	41		45. 6111				
		plan sponsor has changed since ber from the last return/report.	ING ISSI PELUTYTEPOT NICO N	or this plan, enter the	4b EIN				
a Sponse			·		4c PN				
		it the beginning of the plan year.			5a	19			
		il the end of the plan year ,			5b	19			
C Numbe comple	er of participants with a ete this item),	ccount balances as of the end of	the plan year (defined bena	ant pians do not	5c	19			
6a Were	all of the plan's assets	during the plan year invested in a	eligible assets? (See instruc	tions.)		🕅 Yes 🗍 No			
under	29 CFR 2520.104-467	the annual examination and repo (See instructions on waiver eligit	Sility and conditions.)		,	KK Yes 🗌 No			
lf you	answered "No" to eit	her line 6a or line 6b, the plan :	cannot use Form 6600-SP	and must instead use	Form 8500.				
Çift he p	blan is a defined banefit	plan, is it covered under the PBC	GC insurance program (see	ERISA section 4021)?	∐Yes ∐N	o 🚺 Not determined			
Caution: A	penalty for the late o	r incomplete filing of this retur	n/report will be assessed	uniesa reasonable car	use is establishe	d,			
SB or Sche	aities of perjury and oth adule MB completed an true, correct, and comp	er pensities set forth in the instru d signed by an enrolled actuary, lets /	ctions, i declare that I have as well as the electronic ve	examined this ratum/re sion of this return/repor	port, including, if t, and to the best	applicable, a Schedule of my knowledge and			
	10	1	8/21/14	RICHARD F. FO		······································			
SIGN HERE		1 a. 1 — —				n administrator			
	Signature of plan au		Date	Enter name of Individ RICHARD F. FO					
SIGN	Signature of employer/plan sponsor Date Enter name of Individu					idöver ör blan sponsor			
	name (jóciuding firm n	ame, if applicable) and address; i			Preparer's tele	phone number (optional)			
	i i								
						·····			
				-41		Form 6500-8F (2013)			
For Paperw	ork Reduction Act Notic	e and OMB Control Numbers, see t	là lliàs geneile fài bàile 200						

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Part III Financial Information			_			
7 Plan Assets and Liabilities		(a) Beginning of Year	r			(b) End of Year
a Total plan assets	7a		871	3		930525
bT otal plan liabilities	76					
C Net plan assets (subtract line 7b from line 7a)	7c	68	871	3		930525
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Totai
a Contributions raceived or receivable from:						
(1) Етріоует	8a(1)		5134			
(2) Participants	. 6a(2)		369'	7		
(3) Others (including rollovers)	. <u>Ba(3)</u>	· · · · · · · · · · · · · · · · · · ·	EAC			
bOthe r Income (loss)	<u>8b</u>	د بر برب <del>ر م</del> ر	585	÷		254685
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) dBenefit is paid (including direct rollovers and insurance premiums	<u> 8c</u>			-	<u></u>	
to provide benefits)	6d	1	.287	9		
Certain deemed and/or corrective distributions (see instructions)	8.		,			
f Administrative service providers (salaries, fees, commissions)	. 8f					
gOthe rexpanses	. 8g					
hT olal expenses (add lines 6d, 8e, 8f, and 6g)	. 8h					12878
i Net income (loss) (subtract line 8h from line 8c)	. 81					241807
J Transfers to (from) the plan (see instructions)	6)					
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris:	lic Co	des In	the instructions:
b If the plan provides welfare benefits, enter the applicable welfare f	leature cod	es from the List of Plan Charac	steristi	c Coc	es in tr	ne Instructions:
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
Was there a failure to transmit to the plan any participant contribut 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fid	uclary Con	rection Program)	10a		x	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	Include transactions reported	10b		x	
				х		50000
			10c			
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?,			10d		x	
Ware any fees or commissions paid to any brokers, agents, or of insurance service,or other organization that provides some or all	ther person ) of the ber	is by an insurance camer, lefits under the plan? (See				
instructions.)	,		10e		X	
f Has the plan falled to provide any benefit when due under the plan	an?		10f		X	
g Did the plan have any participant loans? (if "Yes," enter emount :	as of year of	end.)	10g		x	
h if this is an individual account plan, was there a blackout period? 2620.101-3.)	(See Instr	uctions and 29 CFR	10h		x	
If 10h was answered "Yes," check the box if you either provided	the require	d notice or one of the	101			
exceptions to providing the notice applied under 29 CFR 2520.10	01-3				!	
Part VI Pension Funding Compliance 11 is this a defined benefit plan subject to minimum funding requirer	nanto? /// '	Vesting instructions and con	miete	Sche	dule SI	3 (Form
5500) and line <u>11a below)</u>		***************************************		<u></u>		Ves No
11a Enter the unpeld minimum required contribution for current year					11a	ERISA? Yes X No
12 Is this a defined contribution plan subject to the minimum fundin			e or se	cijon	302 01	ELIGATINE LI LES MI NO
(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is be	v, as applic	zapie.) zed in this plân vear, see instru	ctions	, and	enter 1	he date of the letter ruling
granting the waiver.	,,		hth	#	Day	Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedu	ile MB (Fo	rm 5500), and skip to line 13.	•		465	1
bEnter the minimum required contribution for this plan year					125	<u> </u>

08/21/2014 09:33 FAX 3045872978

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C Enter the amount contributed by the employer to the plan for this plan year	12c			
dSubtr act 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			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No No	N/A
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been edopted in any plan year?		res X	No	
If "Yes," enter the emount of any plan assets that reverted to the employer this year	. <b>. 1</b> 3a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			[] Yes	X No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	) to			
	13c(2) E	IN(s)	13c(3	) PN(s)
			1	
Bart VIII Trust Information (optional)			Ę	
	14b T	rust's Ell	1	
14a Name of trust	1.1.		-	