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

2013

This Form is Open to Public Inspection

Pension E	Benefit Guaranty Corporation	▶ Complete all entries in accor	dance with the instruc	ctions to the Form 5500	0-SF.	""	spection		
Part I	Annual Report lo	dentification Information							
For calend	dar plan year 2013 or fisc	cal plan year beginning 01/01/201	13	and ending 1	2/31/2	2013			
	eturn/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant plan		
B This re	eturn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year returi	n/report (less than 12 mo	onths))			
C Check box if filing under:					DFVC program				
Down II	Beete Blee Info	special extension (enter description	·						
Part II		mation—enter all requested inform	nation		141		1		
1a Name	•	DOO 404/I/O DOOFIT OUADINO DI	A N I		10	Three-digit plan number			
DANVILLE	MEDICAL SPECIALISTS	S PSC 401(K) PROFIT SHARING PL	AN			(PN)	001		
					1c	Effective date of			
					. •		/1983		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) DANVILLE MEDICAL SPECIALISTS PSC					2b	Employer Identi (EIN) 61-11	fication Number 24412		
470 W.LIDI	AWAY DR. SUITE 100				2c	Sponsor's telep			
DANVILLE,	KY 40422				2d	Business code 6211	(see instructions)		
3a Plan a	administrator's name and	l address XSame as Plan Sponsor I	Name Same as Plar	Sponsor Address	3b	Administrator's			
					3с	Administrator's	telephone number		
		plan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b	EIN			
	e, EIN, and the plan num sor's name	ber from the last return/report.			4c	PN			
		t the beginning of the plan year			5a		24		
_		it the end of the plan year			5b		20		
C Numl	per of participants with a	count balances as of the end of the	plan year (defined bene	fit plans do not	5c		20		
	•	during the plan year invested in eligib				 	X Yes No		
b Are y	ou claiming a waiver of t	he annual examination and report of (See instructions on waiver eligibility	an independent qualifie	ed public accountant (IQI	PA)		X Yes □ No		
		her line 6a or line 6b, the plan can							
c If the	plan is a defined benefit	plan, is it covered under the PBGC i	nsurance program (see	ERISA section 4021)? .		Yes No	Not determined		
Caution:	A penalty for the late or	r incomplete filing of this return/re	port will be assessed	unless reasonable cau	ıse is	established.			
SB or Sch		er penalties set forth in the instructior I signed by an enrolled actuary, as wete.							
SIGN	Filed with authorized/va	alid electronic signature.	10/02/2014	DANIEL J. MORAN					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ministrator		
SIGN									
HERE	Signature of employ		Date		idual signing as employer or plan sponsor				
Preparer's	name (including firm na	me, if applicable) and address; includ	de room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)		

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Par	t III Financial Information								
	Plan Assets and Liabilities		(a) Deninning of Ves				(h) Fuel of	V	
		(7) - 3			-		(b) End of	year 2761731	
	Total plan liabilities	il plan assets 7a 23210 il plan liabilities 7b						270173	
	20040							2761731	
	To the state of th								
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	(a) Amount				(b) Tot	31		
а	(1) Employers	100							
	(2) Participants	8a(2)	4269	0					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	44964	4					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						541307	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10053	8					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f	12	0					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						100658	3
	Net income (loss) (subtract line 8h from line 8c)	8i						440649)
	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics	<u> </u>							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 2T 3D	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the instruction	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	s:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Δ.	nount	
a				10a		X		ilount	
b		? (Do not	include transactions reported	10b		X			
С	Was the plan covered by a fidelity bond?			40-	X				140000
	Did the plan have a loss, whether or not reimbursed by the plan's			10c		X			140000
	or dishonesty?			10d					
е	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 ben	efits under the plan? (See	10e	X				333
f						X			
	· · · · · · · · · · · · · · · · · · ·			10f	X				
<u> </u>		-		10g	^				10645
h	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)							Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding		,			302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-			30.011				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and	enter th		letter ru ear	ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul					zuy	<u> </u>	- 	
	Enter the minimum required contribution for this plan year	•				12b			

Page	3	-	1	
гаус	J	_		

			1		
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?	X	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		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 which assets or liabilities were transferred. (See instructions.)	to			
1	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust'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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I		Identification Information				
For calen	dar plan year 2013 or fi	_	/01/2013	and ending	12/31/20	13
A This re	return/report is for:	X a single-employer plan	multiple-employer pl	an (not multiemployer)	a one-partic	cipant plan
B This r	return/report is:	the first return/report the	he final return/report		•	
		an amended return/report a	short plan year return	n/report (less than 12 mo	onths)	
C Check	k box if filing under:	▼ Form 5558	utomatic extension		DFVC progr	ram
	- ,	special extension (enter description))		_	
Part II	Basic Plan Info	prmation—enter all requested informati				
1a Nam					1b Three-digit	
DAN	•	SPECIALISTS PSC			plan number (PN) ▶	001
4∪⊥	(K) PRUFII DHA	KING PLAN	44		1c Effective date	of plan
		· · · · · · · · · · · · · · · · · · ·			01/01/198	33
		ddress; include room or suite number (em SPECIALISTS PSC	ployer, if for a single-	employer plan)	2b Employer Iden (EIN) 61-11	
					2c Sponsor's tele (859) 236	
478	WHIRLAWAY DR.	SUITE 100			2d Business code	
DAN	VILLE		KY	40422	621111	, (000
3a Plan	administrator's name a	ind address XSame as Plan Sponsor Na	me Same as Plar	Sponsor Address	3b Administrator's	S EIN
					3c Administrator's	s telephone number
					Authinauator a	s telepriorie number
		ne plan sponsor has changed since the last	st return/report filed fo	or this plan, enter the	4b EIN	
nam	ne, EIN, and the plan nu	ne plan sponsor has changed since the lasumber from the last return/report.	st return/report filed fo	or this plan, enter the		
nam a Spor	ne, EIN, and the plan nu nsor's name	umber from the last return/report			4c PN	24
nam a Spor 5a Tota	ne, EIN, and the plan nu nsor's name al number of participants	umber from the last return/report.			4c PN 5a	24
nam	ne, EIN, and the plan nu nsor's name al number of participants al number of participants	umber from the last return/report. s at the beginning of the plan years s at the end of the plan year			4c PN	24 20
nam a Spor 5a Tota b Tota c Num com	ne, EIN, and the plan nunsor's name al number of participants al number of participants aber of participants with aplete this item)	umber from the last retum/report. s at the beginning of the plan years s at the end of the plan year	an year (defined bene	efit plans do not	4c PN 5a 5b 5c	20
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nam a Spor 5a Tota b Tota c Num com 6a We b Are und if yo c If the Caution: Under pe SB or Sc	ne, EIN, and the plan number of participants all number of participants with a plete this item)	s at the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualified d conditions.) t use Form 5500-SF urance program (see ort will be assessed	efit plans do not ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/re	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. port, including, if appl	20 X Yes No X Yes No Not determined
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nam a Spor 5a Tota b Tota c Num com 6a We b Are und if yo c If the Caution: Under pe SB or Sc belief, it i	ne, EIN, and the plan number of participants all number of participants with a plete this item)	s at the beginning of the plan year	an year (defined beneates assets? (See instruct independent qualified conditions.)t use Form 5500-SF urance program (see out will be assessed I declare that I have as the electronic ver Date	efit plans do not ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DANIEL J. MORA Enter name of individ	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. port, including, if applit, and to the best of many that is a plan action of the second of the seco	20 20 X Yes No X Yes No Not determined icable, a Schedule by knowledge and
nam a Spor 5a Tota b Tota c Num com 6a We b Are und if yo c If the Caution: Under pe SB or Sc belief, it i	ne, EIN, and the plan number of participants all number of participants with a plete this item)	s at the beginning of the plan year	an year (defined beneates assets? (See instruct independent qualified conditions.)t use Form 5500-SF urance program (see out will be assessed I declare that I have as the electronic ver Date	efit plans do not ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DANIEL J. MORA Enter name of individ	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. port, including, if applit, and to the best of many that is a plan action of the second of the seco	20 X Yes No X Yes No Not determined icable, a Schedule by knowledge and dministrator
nam a Spor 5a Tota b Tota c Num com 6a We b Are und if yo c If the Caution: Under pe SB or Sc belief, it i	ne, EIN, and the plan number of participants all number of participants with a plete this item)	s at the beginning of the plan year	an year (defined beneates assets? (See instruct independent qualified conditions.)t use Form 5500-SF urance program (see out will be assessed I declare that I have as the electronic ver Date	efit plans do not ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DANIEL J. MORA Enter name of individ	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. port, including, if applit, and to the best of many that is a plan action of the second of the seco	20 20 X Yes No X Yes No Not determined icable, a Schedule by knowledge and

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Ye	ar	
a	Total plan assets	7a	2,321	1,08	2			2	2,761,	731
b	Total plan liabilities	7b				*,2				
C	Net plan assets (subtract line 7b from line 7a)	7c	2,321	L,08	2			2	2,761,	731
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from:			. 07	_					
	(1) Employers	8a(1)	-	3,97	0000000					
	(2) Participants	8a(2)	42	2,69	-					
	(3) Others (including rollovers)	8a(3)	4.4.6		4					
	Other income (loss)	8b	443	9,64	4				E 4.1	207
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			# B	38-88-53			541,	307
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	100	53,53	8					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		1.0						
	Administrative service providers (salaries, fees, commissions)	8f		12	U					
<u>g</u>	Other expenses	8g		3535 (CO. 11.C)	\$3.50 \$66				100	650
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							100,	
<u></u>	Net income (loss) (subtract line 8h from line 8c)	. 8i			885 Audesia	55 18812354556	500000000000	=99785533399	440,	649
	Transfers to (from) the plan (see instructions) TIV Plan Characteristics	8j	<u> </u>							
b Par	2E 2F 2G 2J 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature cod	des from the List of Plan Chara	cterist	ic Coc	les in t	he instru	tions:		
10	During the plan year:				Yes	No		Amo		
				10a	.00	х		Ain	Juni	
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		Х				
	Was the plan covered by a fidelity bond?			10c	Х				140	,000
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	and, that was caused by fraud	10d		Х				,
•	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	her persor of the ben	ns by an insurance carrier, efits under the plan? (See	10e	Х					333
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х				
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g	Х		·		10	,645
ŀ	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х				
ī	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Par	t VI Pension Funding Compliance		<u></u>							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							. [Yes	No
11:	Enter the unpaid minimum required contribution for current year f	from Sche	dule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding		·			302 of	ERISA?	. [Yes X	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 being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver						9			
ľ	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13.							
k	Enter the minimum required contribution for this plan year					12b				

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	Enter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a m negative amount)	inus sign to the left 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	′es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to anoth of the PBGC?		control		Yes 2	No
С	If during this plan year, any assets or liabilities were transferred from this plan to anoth which assets or liabilities were transferred. (See instructions.)	er plan(s), identify the plan(s)	to			
1	13c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3) P	N(s)
			- 1€			
Part	VIII Trust Information (optional)					
14a	Name of trust		14b T	rust's EIN		