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).

Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

Part I		t Identification Information								
For calend	ar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 07	7/24/2014					
A This re	turn/report is for:	X a single-employer plan	L-1	plan (not multiemployer) oyer information in accor						
	·	a one-participant plan	a foreign plan	plan						
B This retu	urn/report is	the first return/report	the final return/report	final return/report						
	·	an amended return/report	onths)							
C Check	box if filing under:	Form 5558	automatic extension		X DFVC	program				
		special extension (enter des	cription)							
Part II	Basic Plan Inf	ormation—enter all requested i	nformation							
1a Name		one an requestion			1b Three-digi	t				
	•	COLOGY, PSC 401(K) PROFIT SH	HARING PLAN		plan numb	per				
					(PN) •	002				
					1c Effective of	late of plan 01/01/2000				
	ponsor's name and a	address; include room or suite num	ber (employer, if for a single	e-employer plan)		Identification Number				
114 0174121	12.11.11.02.001.011.0	.02001,100			(=:)	61-1202891 telephone number				
	TREET SUITE 19				6	06-325-2221				
ASHLAND, k	KY 41101					code (see instructions) 621111				
3a Plan a	dministrator's name	and address Same as Plan Spor	nsor.		3b Administra					
TRI-STATE I	HEMATOLOGY ONC		RD STREET SUITE 19		61-1202891					
		ASHLA	ND, KY 41101			tor's telephone number 06-325-2221				
name	, EIN, and the plan n	he plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN					
	or's name				4c PN					
_		ts at the beginning of the plan year			5a	11				
		ts at the end of the plan year			5b	C				
		n account balances as of the end o			5c	C				
d(1) Tot	al number of active p	articipants at the beginning of the	olan year		5d(1)	(
		participants at the end of the plan y			5d(2)	(
		terminated employment during the			5e	(
		or incomplete filing of this retu			use is establishe	d.				
Under pen SB or Sche	alties of perjury and edule MB completed	other penalties set forth in the instr and signed by an enrolled actuary,	uctions, I declare that I hav	e examined this return/re	port, including, if	applicable, a Schedule				
SIGN	true, correct, and cor Filed with authorize	d/valid electronic signature.	03/16/2015	DELANA WARNOCK						
HERE	Signature of plan	Signature of plan administrator Date Enter name of individ				n administrator				
SIGN										
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor				
Preparer's	name (including firm	name, if applicable) and address (include room or suite numb	per) (optional)	Preparer's telep	phone number (optional)				

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b ,	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 a runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to the pl	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par	III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	18195	511			0
	Total plan liabilities	7b	40405				
	Net plan assets (subtract line 7b from line 7a)	7c	18195	011	-		0
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)		2			
	2) Participants	8a(2)					
	3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	127	' 57			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					12759
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	18265	95			
_ e (Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u> /	Administrative service providers (salaries, fees, commissions)	8f	56	675			
g (Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1832270
	Net income (loss) (subtract line 8h from line 8c)	8i					-1819511
_ J	Fransfers to (from) the plan (see instructions)	8j					
	If the plan provides pension benefits, enter the applicable pension to 3D 2A 2J 2G 2E 2F 2T If the plan provides welfare benefits, enter the applicable welfare fewer than the second of the plan provides welfare benefits, enter the applicable welfare fewer than the second of the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable pension to the plan provides welfare benefits, enter the applicable pension to the plan provides welfare benefits, enter the applicable pension to the plan provides welfare benefits, enter the applicable pension to the plan provides welfare benefits, enter the applicable pension to the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits and the plan provides welfare t						
10	During the plan year:				Yes	No	Amount
а b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Cor	rection Program)	10a		X	
	on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		276279
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			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 ber	efits under the plan? (See	10e		X	
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 as	s of year	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instr	uctions and 29 CFR	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 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6 	enter th Day	

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result ative amount)	`		12d			
е	Will t	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 N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		under the o	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)		ne plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefits Security Administration

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

2014

This Form is Open to Public Inspection

Part I	Annual Report	Identification In		cordance with the h	Total decision of the Colonia		The Boltz of the section of the section of the best of the section
	dar plan year 2014 or f			01/01/2014	and ending	07/24/20	014
		x a single-employe		_	er plan (not multiemployer		
A This re	eturn/report is for:				ployer information in acco		
		a one-participan	t plan	a foreign plan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	adiloo miii iio loiii	moti dottorio)
B This ref	turn/report is	the first return/re	eport F	the final return/repo	ort		
	·	an amended reti		=	eturn/report (less than 12 r	months)	
					rannoport (1000 than 12)		
C Check	box if filing under:	Form 5558	Į	automatic extension	on	X DFVC pro	gram
		special extensio	n (enter descript	tion)			
Part II	Pacia Plan Infe	- motion					
1a Name		ormation—enter all	requested infori	mation		145	
	ATE HEMATOLOG	V ONCOLOGY E	SC 101 (K)	DDOETH CUADI	NC DIAN	1b Three-digit plan number	0.00
1111 01	1111 1111111101100	i chechodi, i	DC 401(K)	FROFII SHARI	ING PLAN	(PN)	002
			1c Effective date	e of plan			
						01/01/20	00
2a Plan s	sponsor's name and ad	ddress; include room o	or suite number	(employer, if for a sin	gle-employer plan)	2b Employer Ide	ntification Number
IKI-21	ATE HEMATOLOG	Y ONCOLOGY, F	'SC			(EIN) 61-1	
617 23	RD STREET SUI	TF 19				2c Sponsor's tel	
01, 25	ND DINULL DOI	16 19				606-325-	
ASHLAN	D	KY	41101			2d Business cod 621111	e (see instructions)
3a Plan a	administrator's name a					3b Administrator	2- FIN
	ATE HEMATOLOG			•		61-12028	
IIII DI	TILL HILLIANTOLOG	i oncohodi, F	30			3c Administrator	's telephone number
617 23	RD STREET SUI	ਾਸ਼ 19				606-325-2	
01, 20.	TO STREET SOT	111 19				000 323 2	2221
ASHLAN	D	KY 41	L101				
4 If the	name and/or FIN of th			last roturn/roport file	d for this plan, enter the	41	
name	e, EIN, and the plan nu	mber from the last ret	urn/report.	ast return/report file	d for this plan, enter the	4b EIN	
	or's name					4c PN	
5a Total	number of participants	at the beginning of th	ne plan year			. 5a	11
							0
	per of participants with					_	0
compl	ete this item)					5c	0
d(1) Tot	al number of active pa	rticipants at the begin	ning of the plan	year		5d(1)	0
d(2) Tot	al number of active pa	rticipants at the end o	of the plan year			5d(2)	0
	er of participants that te						0
less th	an 100% vested					5e	0
					ed unless reasonable ca	use is established	
		or incomplete filing		1 1 1 1 11 11	THE WILLIAM TO THE WORLD TO THE	acc is cotabilistica.	
Under pen	alties of perjury and ot	her penalties set forth	in the instruction	ns, I declare that I ha	ve examined this return/re	eport, including, if app	licable, a Schedule
SB or Sche	alties of perjury and ot edule MB completed a	her penalties set forth nd signed by an enrol	in the instruction	ns, I declare that I ha	ve examined this return/re version of this return/repor	eport, including, if app rt, and to the best of n	licable, a Schedule ny knowledge and
SB or Sche	alties of perjury and ot edule MB completed a true, correct, and completed and complete and comp	her penalties set forth nd signed by an enrol	in the instruction led actuary, as w	vell as the electronic	ve examined this return/reversion of this return/repor	rt, and to the best of n	licable, a Schedule ny knowledge and
SB or Sche	alties of perjury and ot edule MB completed at true, correct, and com	her penalties set forth nd signed by an enrol plete. Warmock	in the instruction led actuary, as w	vell as the electronic	ve examined this return/reportersion of this return/report	rt, and to the best of n	ny knowledge and
SB or Schebelief, it is	alties of perjury and ot edule MB completed a true, correct, and completed and complete and comp	her penalties set forth nd signed by an enrol plete. Warmock	in the instruction led actuary, as w	vell as the electronic	ve examined this return/reportersion of this return/report	rt, and to the best of n	ny knowledge and
SB or Schebelief, it is: SIGN HERE	alties of perjury and ot edule MB completed at true, correct, and com	her penalties set forth nd signed by an enrol plete. Warmock	in the instruction led actuary, as w	vell as the electronic	ve examined this return/reportersion of this return/report	rt, and to the best of n	ny knowledge and
SB or Schebelief, it is SIGN HERE	afties of perjury and of edule MB completed at true, correct, and completed signature of plan a	her penalties set forth and signed by an enrol plete. Marmock dministrator yer/plan sponsor	in the instruction	Date	ve examined this return/reversion of this return/report Delana Warnoc Enter name of individent	rt, and to the best of n	ny knowledge and
SB or Schebelief, it is SIGN HERE	alties of perjury and ot edule MB completed at true, correct, and completed at true, correct, and completed at true, correct, and complete at true, correct, and c	her penalties set forth and signed by an enrol plete. Marmock dministrator yer/plan sponsor	in the instruction	Date	ve examined this return/reversion of this return/report Delana Warnoc Enter name of individent	ck dual signing as plan a	ny knowledge and
SB or Schebelief, it is SIGN HERE	afties of perjury and of edule MB completed at true, correct, and completed signature of plan a	her penalties set forth and signed by an enrol plete. Marmock dministrator yer/plan sponsor	in the instruction	Date	ve examined this return/reversion of this return/report Delana Warnoc Enter name of individent	ck dual signing as plan a	dministrator yer or plan sponsor
SB or Schebelief, it is SIGN HERE	afties of perjury and of edule MB completed at true, correct, and completed signature of plan a	her penalties set forth and signed by an enrol plete. Marmock dministrator yer/plan sponsor	in the instruction	Date	ve examined this return/reversion of this return/report Delana Warnoc Enter name of individent	ck dual signing as plan a	dministrator
SB or Schebelief, it is SIGN HERE	afties of perjury and of edule MB completed at true, correct, and completed signature of plan a	her penalties set forth and signed by an enrol plete. Marmock dministrator yer/plan sponsor	in the instruction	Date	ve examined this return/reversion of this return/report Delana Warnoc Enter name of individent	ck dual signing as plan a	dministrator yer or plan sponsor

6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (S	See instructions.)					[X Yes	s [No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility and the second se	an independe	ent qualified public account	ant (IC	QPA)			F	X Yes	П	No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Form	5500-SF and must instea	ad use	Form	5500).	E	٠.٠٠	' П	
С	If the plan is a defined benefit plan, is it covered under the PBGC in							7 No	ot dete	rmin	ed
The state of the state of	rt III Financial Information					1					
7	Plan Assets and Liabilities		(a) Beginning of Ye		\top		(b) En	1 06 1			
a	Total plan assets	7a		195:	11		(b) End	1 01	ear		
	Total plan liabilities	7b	10	100.	+						
	Net plan assets (subtract line 7b from line 7a)	7c	18	195	11						
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount	100.	-		(h)	T - 4 -			
а	Contributions received or receivable from:		(a) Amount				(D)	Tota			
	(1) Employers	8a(1)			2						
_	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b		1275	57						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								12	2759
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	18	2659	95						
e	Certain deemed and/or corrective distributions (see instructions)	8e		2002	,,,						
	Administrative service providers (salaries, fees, commissions)	8f		567	75						
g	Other expenses	8g		50	/ 3						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	020	270
i	Net income (loss) (subtract line 8h from line 8c)	8i									2270
j	Transfers to (from) the plan (see instructions)								T.	этэ	211
Pai	t IV Plan Characteristics	8j									
b	3D 2A 2J 2G 2E 2F 2T If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature codes	from the List of Plan Chara	cterist	ic Cod	es in t	he instruct	ions			
10	During the plan year:										
	Was there a failure to transmit to the plan any participant contribut	ions within th	ne time period described in		Yes	No	-	Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correct	tion Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	lude transactions reported	10b		Х					
С	Was the plan covered by a fidelity bond?				Х		 			276	279
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond.	that was caused by fraud	10c	Λ	X	 			4 / 6	219
е	or dishonesty?			10d	\vdash						
	Were any fees or commissions paid to any brokers, agents, or oth- insurance service, or other organization that provides some or all or 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			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.	.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruction	ons and 29 CFR	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the	e required no	otice or one of the								
Part	vi Pension Funding Compliance	-3		10i							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Yes	s," see instructions and com	plete	Sched	ule SB	3 (Form	Гг	Yes	П	Na
11a	Enter the unpaid minimum required contribution for current year fro	m Schedule	SB (Form 5500) line 30			00 0	<u> </u>		168	Ц	No
12	Is this a defined contribution plan subject to the minimum funding r					11a 02 of l	FRISA?	Г	Yes	x	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicable	e.)								.40
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortized i	n this plan year, see instruc	tions,	and e	nter th	e date of t	he le Yea		ing	
							_				_

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 5500), and s	kip to li	ne 13.					
	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	T			
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?				Yes	П	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 the	his year			13a	T			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						X Yes ∏ N			
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)				to				
1	3c(1) Name of plan(s):			1:	3c(2) E	IN(s)		13c(3)	PN(s)
Part	VIII Trust Information (optional)		-						
14a N	Name of trust				14b ⊤	rust's El	N		