## 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

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

Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

For calend	Annual Repo								
	lar plan year 2014 or	fiscal plan year beginning 01/01/	201 <u>4</u>	and ending 12	/31/2014				
A This ref	turn/report is for:	rer plan (not multiemployer) on ployer information in accord	,						
	•	a one-participant plan	a foreign plan			,			
<b>B</b> This retu	urn/report is	the first return/report	the final return/rep						
	·	an amended return/report	an amended return/report a short plan year return/report (less than 12 months)						
C Check	box if filing under:	Form 5558	automatic extensi	on	DFVC pro	ogram			
		special extension (enter des	cription)						
Part II	Basic Plan In	formation—enter all requested i	nformation						
1a Name CLINIC PHA		PROFIT SHARING PLAN			1b Three-digit plan numbe (PN) ▶	r 001			
					1c Effective da	te of plan 1/01/2004			
	ponsor's name and a	address; include room or suite num	ber (employer, if for a si	ngle-employer plan)		entification Number 1-1395931			
1210 KY HW	/Y 36E, STE G-6				2c Sponsor's to	elephone number 0-234-2777			
CYNTHIANA						de (see instructions) 46110			
3a Plan a	administrator's name	and address XSame as Plan Spo	nsor.		<b>3b</b> Administrator's EIN				
		the plan sponsor has changed sinc number from the last return/report.	e the last return/report fil	ed for this plan, enter the	4b EIN				
<b>a</b> Spons	sor's name				4c PN				
<b>5a</b> Total	number of participar	its at the beginning of the plan year			5a	7			
<b>b</b> Total	number of participar	its at the end of the plan year			5b	•			
	er of participants wit				อม				
compl	ete this item)	th account balances as of the end c	of the plan year (defined		5c 5c	7			
•	,					7			
<b>d(1)</b> Tot	al number of active p		plan year		5c 5d(1)	7 7 4 4			
<b>d(1)</b> Tot <b>d(2)</b> Tot <b>e</b> Number	tal number of active partial number of active participants that	participants at the beginning of the participants at the end of the plan y	plan yeareareplan year with accrued	benefits that were	5c	7 7 4 4			
d(1) Tot d(2) Tot e Number	tal number of active particles and the particles and the particles are the particles and the particles are the particles are the particles are the particles are particles are particles	participants at the beginning of the participants at the end of the plan y terminated employment during the	plan yearearearearear with accrued	benefits that were	5c 5d(1) 5d(2) 5e	7 7 4 4			
d(1) Tot d(2) Tot e Number less th Caution: A Under penson SB or Sche	tal number of active participants that an an 100% vested  A penalty for the late alties of perjury and edule MB completed	participants at the beginning of the participants at the end of the plan y terminated employment during the eor incomplete filing of this retuother penalties set forth in the instrand signed by an enrolled actuary	ear  plan year with accrued  irn/report will be asses  uctions, I declare that I h	benefits that were  sed unless reasonable cau	5c 5d(1) 5d(2) 5e se is established port, including, if ap	7 7 4 4 4 0 0 plicable, a Schedule			
d(1) Tot d(2) Tot e Number less th Caution: A Under pen SB or Sche belief, it is	tal number of active participants that an an 100% vested  A penalty for the late alties of perjury and edule MB completed true, correct, and co	participants at the beginning of the participants at the end of the plan y terminated employment during the eor incomplete filing of this retuother penalties set forth in the instrand signed by an enrolled actuary	ear  plan year with accrued  irn/report will be asses  uctions, I declare that I h	benefits that were  sed unless reasonable cau	5c 5d(1) 5d(2) 5e se is established port, including, if ap	7 7 4 4 4 0 0 plicable, a Schedule			
d(1) Tot d(2) Tot e Number less th Caution: A Under penson SB or Sche	tal number of active participants that an an 100% vested  A penalty for the late alties of perjury and edule MB completed true, correct, and co	participants at the beginning of the participants at the end of the plan y terminated employment during the eor incomplete filling of this retuother penalties set forth in the instrand signed by an enrolled actuary mplete.	ear  plan year with accrued  irn/report will be asses  uctions, I declare that I h	benefits that were  sed unless reasonable cau	5c 5d(1) 5d(2) 5e see is established bort, including, if ap and to the best of	7 4 4 2 plicable, a Schedule my knowledge and			
d(1) Tot d(2) Tot e Number less th Caution: A Under pent SB or Sche belief, it is SIGN HERE SIGN	tal number of active participants that an 100% vested  A penalty for the late alties of perjury and edule MB completed true, correct, and co-	participants at the beginning of the participants at the end of the plan y terminated employment during the eor incomplete filling of this retuother penalties set forth in the instrand signed by an enrolled actuary mplete.	ear  plan year with accrued  plan year will be asses  uctions, I declare that I h as well as the electronic	benefits that were  sed unless reasonable cau ave examined this return/report	5c 5d(1) 5d(2) 5e see is established bort, including, if ap and to the best of	7 4 4 2 plicable, a Schedule my knowledge and			
d(1) Tot d(2) Tot e Number less the Caution: A Under pense SB or Schebelief, it is SIGN HERE SIGN HERE	tal number of active participants that an 100% vested  A penalty for the late alties of perjury and edule MB completed true, correct, and confiled with authorized Signature of planes.	participants at the beginning of the participants at the end of the plan yet terminated employment during the error incomplete filing of this return other penalties set forth in the instrand signed by an enrolled actuary mplete.  In administrator	ear eplan year with accrued rn/report will be asses. uctions, I declare that I h as well as the electronic	benefits that were  sed unless reasonable cause examined this return/report c version of this return/report  Enter name of individ	5c 5d(1) 5d(2) 5e see is established port, including, if ap it, and to the best of ual signing as plan	pplicable, a Schedule my knowledge and			
d(1) Tot d(2) Tot e Number less the Caution: A Under pense SB or Schebelief, it is SIGN HERE SIGN HERE	tal number of active participants that an 100% vested  A penalty for the late alties of perjury and edule MB completed true, correct, and confiled with authorized Signature of planes.	participants at the beginning of the participants at the end of the plan yet terminated employment during the eor incomplete filling of this retuother penalties set forth in the instrand signed by an enrolled actuary mplete.  End/valid electronic signature.	ear eplan year with accrued rn/report will be asses. uctions, I declare that I h as well as the electronic	benefits that were  sed unless reasonable cause examined this return/report c version of this return/report  Enter name of individ	5c 5d(1) 5d(2) 5e see is established port, including, if apt, and to the best of ual signing as plan ual signing as emp	pplicable, a Schedule my knowledge and			

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b	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form</li> </ul>								<b>ш</b>	es [	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section 40	21)? .		Yes	No	1	Not de	ermi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of	Year		
<u>a</u>	Total plan assets	. 7a	6216	58					64	7645	
	Total plan liabilities	7b	6246	·F0					6.4	7C 4E	
	Net plan assets (subtract line 7b from line 7a)	. 7c	6216	000						7645	
а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	2 (1)	(a) Amount	885			(t	) To	al		
	(1) Employers	1 1	30	000							
	(2) Participants										
	(3) Others (including rollovers)  Other income (loss)	1 '' 1	263	91							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								3	1776	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)										
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	8f	57	'89							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								5789	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							2	5987	
<u>j</u>	Transfers to (from) the plan (see instructions)	· 8j									
Part	If the plan provides welfare benefits, enter the applicable welfare f  V Compliance Questions	feature codes	s from the List of Plan Charac	cterist	ic Cod	les in t	the instr	uctior	ns:		
10	During the plan year:				Yes	No		Α	moun	t	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		X					
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					10	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	her persons of the benef	by an insurance carrier, its under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		X					
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 t 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)								ΓΥ	es 🔀	< No
11a	Enter the unpaid minimum required contribution for current year f					11a					
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction	302 of	ERISA?	·	Y	es 🔀	< 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 bei granting the waiver.	-			, and e	enter tl Day			e letter 'ear _	rulin	g 

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> 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 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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

L		t Identification information		d andina 1	1010410044				
For calenda	ar plan year 2014 or		1/2014		12/31/2014	A A L L L			
A	· · · · · · · · · · · · · · · · · · ·	∡ a single-employer plan		olan (not multiemployer) ( oyer information in accord					
A Inis reu	rum/report is for:	a one-participant plan	a foreign plan	yer monnauon in accord	Janue with the ion	II IIISu ucuona)			
<b>B</b> This retu	embonatio	the first return/report	the final return/report						
D History	inneport is	an amended return/report							
		U an amended return opera							
C Check t	box if filing under:	Form 5558	automatic extension	DFVC pi	rogram				
	-	special extension (enter desc	cription)						
Dort II	Bacia Dian Inf	formation—enter all requested in							
Part II	A	Offination—enter all requested in	Normation		1b Three-digit				
1a Name of	•	PROFIT SHARING PLAN			plan number	er			
OEII IIO	1000001, 220	THOM TO WARRE TO THE TENT			(PN) <b>&gt;</b>	001			
					1c Effective da 01/01/2004	•			
	ponsor's name and a	address; include room or suite numb	ber (employer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 61-1395931				
	,				2c Sponsor's	telephone number 859) 234-2777			
1210 KY HW	VY 36E, STE G-6				<u></u>	ode (see instructions)			
CYNTHIANA	A KY 41031				446110	but too moras			
		and address XSame as Plan Spor	nsor.		3b Administrator's EIN				
					3c Administrat	tor's telephone number			
					Ob Millimon	of 8 telephone names.			
		he plan sponsor has changed since number from the last return/report.	e the last return/report filed f	or this plan, enter the	4b EIN				
a Sponso		attibet from the last returnic port.			4c PN				
		ts at the beginning of the plan year			5a	7			
_		ts at the end of the plan year			5b	7			
	• •	h account balances as of the end o			5c	7			
comple	ete this item)								
<b>a(1)</b> 1012	al number of active p	participants at the beginning of the p	plan year	***************************************	5d(1)	4			
<b>d(2)</b> Tota	al number of active p	participants at the end of the plan ye	ear	,	5d(2)	4			
	er of participants that nan 100% vested	terminated employment during the		efits that were	<b>5e</b> 0				
Caution: A	A penalty for the late	e or incomplete filing of this retu	rn/report will be assessed	uniess reasonable cau	use is established	d			
Under pena	alties of periury and o	other penalties set forth in the instru	uctions, I declare that I have	e examined this return/rep	port, including, if a	ipplicable, a Schedule			
	edule MB completed true, correctaand cor	and signed by an enrolled actuary, mplete.	as well as the electronic ver	rsion of this return/report	i, and to the best t	of my knowledge and			
SIGN	Parus	91, 411.11	7/23/15	LARRY M. WILEY					
HERE	Signature of plan		Date		ndividual signing as plan administrator				
	Signature or pair	administrator (	Date	Cinci name or manne	Uai Signing Co p.c.	1 dullimaca.c.			
SIGN HERE					· · · · · · · · · · · · · · · · · · ·	f			
	Signature of emp	loyer/plan sponsor name, if applicable) and address (	Date (include room or suite numbe			ployer or plan sponsor hone number (optional)			
Fiehaicie	name (modumy mod	figure, ii applicable) and address (	Illiciance footh or some number	si ) (optionar)	Trepuloi o tolep.	Hollo Hullinoi (opiioi)			
•									

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	(See instructions.)					X Yes [	No
	ndent qualified public accounta					X Yes	No
	-					E	,
						Not determin	ed
·			<b></b>				
	(a) Reginging of Yea	r	T		(b) End	of Year	
72			$\top$		(0) 2	647645	·····
<del>                                     </del>			+				
<del>                                     </del>	621658	3	1			647645	
	(a) Amount	1		Total			
. 8a(1)	5385	5					
. 8a(2)							
. 8a(3)							
. 8b	2639 <sup>-</sup>	1					
. 8c				sera kusaban		31776	To Survey a
. 8d							
. 8e							
. 8f	5789	)					
. 8g							
. 8h						5789	
. 8i						25987	
. 8j							
			Yes	No		Amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	n the time period described in rection Program)	10a	Yes	No X		Amount	
uciary Cont? (Do not		10a 10b	Yes			Amount	
uciary Con t? (Do not	rection Program)include transactions reported		Yes	X			0000
uciary Con t? (Do not	rection Program)include transactions reported	10b		X			0000
uciary Con t? (Do not fidelity bo her person of the ben	include transactions reported  include transactions reported	10b 10c 10d		x			0000
uciary Contt? (Do not fidelity bother person of the ben	nction Program)	10b 10c 10d		x x x			0000
t? (Do not fidelity bo her person of the ben	nection Program)	10b 10c 10d 10e 10f		x x x			0000
t? (Do not	nection Program)	10b 10c 10d		x x x			00000
uciary Contt? (Do not sidelity bother person of the bencars of year a (See instru	rection Program)	10b 10c 10d 10e 10f		x x x			00000
t? (Do not fidelity bo her person of the ben an? (See instru	nection Program)	10b 10c 10d 10e 10f 10g		x x x x			00000
t? (Do not fidelity bo her person of the ben an? (See instru	rection Program)	10b 10c 10d 10e 10f 10g 10h		x x x x			00000
t? (Do not fine fidelity bo her person of the ben an? (See instruction he required	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Adule SE			
uciary Cont? (Do not selection of the ben an?	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X X A A A A A A A A A A A A A A		100	No
uciary Cont? (Do not selection of the ben an?	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X X A A A A A A A A A A A A A A		100	
uciary Con t? (Do not fidelity bo her person of the ben as of year of (See instru- he required heres? (If " from Sched g requirement g as applic	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	Sched	X X X X X Autilitie SB	ERISA?	100	No No
	not use Fonsurance p  . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d . 8e . 8f . 8g . 8h . 8i . 8j	(a) Beginning of Year 621656 (b) 76 (c) 621656 (c) 76 (a) Amount (a) Amount (a) 8a(1) (b) 8a(2) (c) 8a(3) (c) 8c (	(a) Beginning of Year  (a) Beginning of Year  7a 621658  7b  7c 621658  (a) Amount  8a(1) 5385  8a(2)  8a(3)  8b 26391  8c  8d  8e  8f 5789  8g  8h  8i  8j	(a) Beginning of Year   7a   621658   7b   7c   621658   8a(1)   5385   8a(2)   8a(3)   8b   26391   8c   8d   8e   8f   5789   8g   8h   8i   8j   1feature codes from the List of Plan Characteristic Commission in Surance program (see ERISA section 4021)?     (a) Beginning of Year   621658   7b   7c   621658   7b   7c   621658   7c   621658		. 7a 621658 . 7b . 7c 621658 . (a) Amount (b) . 8a(1) 5385 . 8a(2) . 8a(3) . 8b 26391 . 8c . 8d . 8e . 8f 5789 . 8g . 8h . 8i . 8i	

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lf	you completed line 12a, complete lines 3, 9, and 10 of Sci	nedule MB (Form 5500),	and	skip to line 1	3.					
b	Enter the minimum required contribution for this plan year					12b				
<u>c</u>	Enter the amount contributed by the employer to the plan for	this plan year				120	丄			
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)									
е	Will the minimum funding amount reported on line 12d be m	et by the funding deadline	?					Yes	] No [	N/A
Part	VII Plan Terminations and Transfers of Ass	ets								
13a	A Has a resolution to terminate the plan been adopted in any plan year?							X No	)	
	If "Yes," enter the amount of any plan assets that reverted to	the employer this year				13a	$oxed{\mathbb{L}}$			
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?								Yes	No No
С	If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instructions		ner p	olan(s), identify	the plan(s)	to				
1	3c(1) Name of plan(s):				1	3c(2)	EIN(	s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)						***************************************			
14a	Name of trust					14b	Trus	t's EIN		