Eor	rm 5500-SF	Short Form Annual	Return/Report	of Small Empl		OMB Nos. 1210-0110			
_	rtment of the Treasury		Benefit Plan		Jyee	1210-0089			
	mal Revenue Service	This form is required to be filed un	nder sections 104 and 4			2014			
	epartment of Labor lenefits Security Administration	Income Security Act of 1974 (ER Re		Internal	This Form is Open to				
Pension Be	Benefit Guaranty Corporation Public Inspection Public Inspection								
Part I	Annual Report I	dentification Information							
For calenda	ar plan year 2014 or fiso	cal plan year beginning 01/01/2014		and ending 12/	31/2014				
A This ret	turn/report is for:	Image: A single-employer plan Image: A multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) Image: A one-participant plan Image: A one-participant plan							
B This retu	urn/report is	the first return/report I the final return/report an amended return/report I a short plan year return/report (less than 12 months)							
C Check	box if filing under:	X Form 5558 Image: special extension (enter description)	Form 5558 automatic extension DFVC program						
	T		•						
Part II		mation—enter all requested inform	ation		41				
1a Name MARK A. DE		401(K) RETIREMENT SAVINGS PLA	١N		1b Thre plan (PN)	number			
					1c Effe	ctive date of plan 01/01/2009			
	ponsor's name and add LOMAS, M.D., P.S.C.	lress; include room or suite number (e	mployer, if for a single-	employer plan)	2b Emp (EIN	Employer Identification Number EIN) 20-3368330			
	HARGETT CIRCLE				2c Spo	2c Sponsor's telephone number 859-268-1030			
LEXINGTON, KY 40503 2d Business code (see instruction 621111						()			
	dministrator's name and				3b Adm	3b Administrator's EIN 20-3368330			
SAVINGS PL	MARK A. DELOMAS, M.D., P.S.C. 401(K) RETIREMENT 425 LEWIS HARGETT CIRCLE SAVINGS PLAN 425 LEWIS HARGETT CIRCLE LEXINGTON, KY 40503 3C Administrator's telephone number 859-268-1030								
name	, EIN, and the plan num	plan sponsor has changed since the l ber from the last return/report.	last return/report filed fo	or this plan, enter the	4b EIN				
	or's name				4c PN				
		at the beginning of the plan year			5a				
		at the end of the plan year			5b				
comple	ete this item)	ccount balances as of the end of the p			5c				
.,		ticipants at the beginning of the plan y			5d(1)	:			
• •		ticipants at the end of the plan year minated employment during the plan			5d(2) 5e				
Under pena SB or Sche	alties of perjury and oth	r incomplete filing of this return/rep er penalties set forth in the instruction d signed by an enrolled actuary, as we lete.	ns, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedule			
SIGN		ed with authorized/valid electronic signature. 08/14/2015 MARK A. DELOMAS, M.D.							
HERE	Signature of plan ad	nature of plan administrator Date Enter name of individual signing as plan administrator							
SIGN HERE									
Preparer's		ame, if applicable) and address (incluc				s telephone number (optional)			

-	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No 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.										
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA section 40	21)?		Yes	No	Not	detern	nined	
Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Y	ear		
а	Total plan assets	. 7a	1815	522					12219	99	
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1815	522					12219	99	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) ⁻	Total			
а	Contributions received or receivable from:		10	000							
	(1) Employers	. 8a(1)		600 675							
	(2) Participants	8a(2)	20	015							_
	(3) Others (including rollovers)	8a(3)	125	:04							
	Other income (loss)	8b	120	04					404	70	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							1617	(9	_
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	739	22							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	15	580							
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7550)2	
i	Net income (loss) (subtract line 8h from line 8c)								-5932	23	
j	Transfers to (from) the plan (see instructions)										
Par	Part IV Plan Characteristics										
9a b	2E 2J 2K 3D										
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a		х					
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					x					
С	Was the plan covered by a fidelity bond?			10c	Х					50000)
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х					
e	 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e 										
f	Has the plan failed to provide any benefit when due under the plan?					Х					
g										13975	5
	If this is an individual account plan, was there a blackout period?	-		10g	X						-
	2520.101-3.)					X					
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
Part	Part VI Pension Funding Compliance										
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes No										
11a	Enter the unpaid minimum required contribution for current year fr	rom Scheo	dule SB (Form 5500) line 39			11a		T	-		
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year		12b		
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 onegative amount)	of a	12d		
e 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?		· 🗆 ۲	Yes 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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

For	Form 5500-SF Short Form Annual Return/Report of Small Employee									
	ment of the Treasury al Revenue Service	Benefit Plan 2014 This form is required to be filed under sections 104 and 4065 of the Employee Retirement 2014								
Department of Labor Employee Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection										
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I	r plan year 2014 or fisc	Ientification Information	01/01/2014	and ending	12/	31/201	4			
- FOI Calelida				A contraction of the second						
A This ret	X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) A This return/report is for: a one-participant plan Image: A a one-participant plan a foreign plan									
B This retu	rn/report is									
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)					
C Check b	oox if filing under:] Form 5558	automatic extension			FVC progra	am			
	[special extension (enter descri	otion)							
Part II	Basic Plan Inform	nation-enter all requested info	ormation							
1a Name o		nution - cater an requested and			1b Thre	e-digit				
		, P.S.C. 401(k) Ret:	irement Savings	Plan	plan (PN)	number	001			
						ctive date o 01/200				
	oonsor's name and addr Delomas, M.D.	ess; include room or suite number	r (employer, if for a single-	employer plan)		2b Employer Identification Number (EIN) 20-3368330				
425 T 0	vis Hargett Cir				2c Sponsor's telephone number					
425 Dew	IS HAIGELL CII	CIE				-268-1 ness code	(see instructions)			
Lexingt	on	KY 40503				.111	Construction interaction and			
		address Same as Plan Sponse			3b Administrator's EIN 20-3368330					
Mark A.	Delomas, M.D.	, P.S.C. 401(k) Ret:	irement Savings	Plan	3c Administrator's telephone number					
425 Lew	vis Hargett Cir	cle			859	-268-10	030			
Lexingt	on	KY 40503								
name,	EIN, and the plan numb	lan sponsor has changed since the sponsor has changed since the last return/report.	ne last return/report filed for	or this plan, enter the	4b EIN					
a Sponso					4c PN					
	• • • • • • • • • • • • • • • • • • •	the beginning of the plan year				5				
		the end of the plan year					6			
		count balances as of the end of th			5c		4			
d(1) Tota	I number of active partic	cipants at the beginning of the pla	n year		5d(1)		3			
d(2) Tota	al number of active partie	cipants at the end of the plan yea	·		5d(2)		4			
		ninated employment during the pl			5e		0			
		incomplete filing of this return			ise is estal	olished.				
Under pena SB or Sche	Ities of periury and othe	r penalties set forth in the instruct signed by an enrolled actuary, as	ions. I declare that I have	examined this return/rep	port, includi	ng, if applic	cable, a Schedule y knowledge and			
SIGN			8/8/15	Mark A. Delom	as, M.B	- The	nas A. Delomas			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing		a the same and the			
SIGN	Alcelin Determas M. P. TI CAD									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing	-				
Preparer's		ne, if applicable) and address (inc					e number (optional)			
1										

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6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)					X	Yes		No
b	D 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.)										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann							2		Ц	
c	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined										
_	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Y	ear		
	Total plan assets	7a		3152	2		(0) 2110	011		122	199
	Total plan labilities	7b			-						
_	Net plan assets (subtract line 7b from line 7a)	70	18	3152	2				1	122	199
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal			_
	Contributions received or receivable from:		(d) / linearit								
	(1) Employers	8a(1)		100							
	(2) Participants	8a(2)		267	'5						
	(3) Others (including rollovers)	8a(3)						A			
b	Other income (loss)	8b		1250	94						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								16	179
d	Benefits paid (including direct rollovers and insurance premiums	8d		7392	2						
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e									
-	Administrative service providers (salaries, fees, commissions)	8f		158	30					Sec. 1	
					-						
b	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h			-					75	502
	Net income (loss) (subtract line 8h from line 8c)										323
	Transfers to (from) the plan (see instructions)				+-						
1		8j									
	t IV Plan Characteristics	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instru	ction	s:		
Ja	2E 2J 2K 3D	reature oo									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	the instruct	lions	:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x					
c				10c	x					50	000
d	Did the plan have a loss, whether or not reimbursed by the plan's					x					
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d							
e	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			x					
	instructions.)			10e	<u> </u>	^					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g	x					13	975
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	he required	d notice or one of the	10i							
		1-0		101							
Part 11	Is this a defined benefit plan subject to minimum funding requirem	nents? (If "	Yes," see instructions and com	plete	Schee	dule Si	B (Form	Гг	Yes		Ne
	5500) and line 11a below)						T		Tes	۶Ц	No
-	Enter the unpaid minimum required contribution for current year fu					11a	EDIGAO	ТГ	Ver	s x	No
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 Of	ERISA			· ~	NU

(f "Yes." complete line 12a d	r lines 12b, 12c,	12d, and 12e below, as	applicable.)

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

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	1	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?			res X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	the share there is a set of the s			Yes X No
c	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s):		13c(2) E	N(s)	13c(3) PN(s)

.....

Part VIII Trust Information (optional)	
14a Name of trust	14b Trust's EIN