Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee 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).

2014

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I **Annual Report Identification Information**

For calendar plan year 201	4 or fiscal plan year beginning 01/01/	2014	and ending 1	2/31/2014				
A This return/report is for:		of participating emp	r plan (not multiemployer ployer information in acco	, ,				
a one-participant plan a foreign plan								
B This return/report is ☐ the first return/report ☐ the final return/report								
	an amended return/report	a short plan year ret	rurn/report (less than 12 r	months)				
C Check box if filing unde		automatic extension	ו	DFVC pro	ogram			
	special extension (enter des							
	Information—enter all requested i	nformation						
1a Name of plan NORTHERN KENTUCKY DI	ERMATOLOGY, PSC 401(K) PROFIT	SHARING PLAN		1b Three-digit plan numbe (PN) ▶	or 001			
				1c Effective da	te of plan 1/01/1993			
2a Plan sponsor's name a NORTHERN KENTUCKY DE	and address; include room or suite num ERMATOLOGY, PSC	ber (employer, if for a sing	le-employer plan)	2b Employer Id	lentification Number 1-1230349			
2701 CHANCELLOR DR					elephone number 9-341-6207			
CRESTVIEW HILLS, KY 410	17				ode (see instructions)			
3a Plan administrator's na	ame and address XSame as Plan Spor	nsor.		3b Administrate	or's EIN			
				2				
				3C Administrato	or's telephone number			
	I of the plan sponsor has changed since	e the last return/report filed	d for this plan, enter the	4b EIN				
	I of the plan sponsor has changed since an number from the last return/report.	e the last return/report filed	d for this plan, enter the	4b EIN 4c PN				
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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th	an indeper and condit	ndent qualified public accounta	int (IC	(PA)				ш П	es [No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No	_ N	lot de	ermi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Er	d of			
<u>a</u>	Total plan assets	7a	26760)22					287	9397	
	Total plan liabilities	7b	26760	22					207	0207	
	Net plan assets (subtract line 7b from line 7a)	7c	26760)22						9397	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tot	al		
	1) Employers	8a(1)	959	918							
	2) Participants	8a(2)	755	555							
	3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	1191	185							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							29	0658	
	Benefits paid (including direct rollovers and insurance premiums or provide benefits)	8d	677	733							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f .	Administrative service providers (salaries, fees, commissions)	8f	195	550							
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8	7283	
	Net income (loss) (subtract line 8h from line 8c)	8i							20	3375	
j ·	Transfers to (from) the plan (see instructions)	8j									
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charad	cterist	tic Cod	des in t	the instru	ction	s:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	ıciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
c	Was the plan covered by a fidelity bond?			10c	Χ					40	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	<u></u>		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 ben	efits under the plan? (See	10e	X						7181
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 a	s of year e	nd.)	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part								1			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υ	es ×	No
	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		1		-	
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?		Υ	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•	otic	05-1	onte = '	ho data :	441	lo#==	ساليس	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and (enter tl Day			letter ear _	rulin	<u> </u>

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

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(th) 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 information	Oldence with the Insi	ructions to the Form	6600-SF,	
For calend	lar plan year 2014 or fis	cal plan year beginning	01/01/2014	and ending	12/31/20	7.1.4
A This ret	turn/report Is for:	☑ a single-amployer plan	a multiple-employer g	mam (mot multiemplover)) (Filers checking this	hax must attach a list
		a one-participant plan	a foreign plan	yer imformation in acco	rdance with the form i	nstructions)
B This reti	um/report is	the first return/report				
*** ***********************************	annoport to	an amended return/report	the final return/report			
_				m/report (less than 12 i		
C Check b	oox if filing under:	∑ Form 5558 [automatic extension		☐ DFVC prog	ram
		special extension (enter description	n)			
Part II	Basic Plan Infor	mation—enter all requested inform	ation			
1a Name					1b Three-digit	
Northe	rn Kentucky De	rmatology, PSC 401(k)			plan number	
	Sharing Plan				(PN)	001
					1c Effective date 01/01/199	•
2a Plan s	ponsor's name and add	ress; include room or suite number (e	mplover, if for a single	employer plan)	2b Employer Iden	
		rmatology, PSC		and the second	(EIN) 61-12	
	_				2c Sponsor's tele	
					(859) 341	
2701 C	hancellor Dr				2d Business code	
	iew Hills		KY.	41017	621111	
3a Plan ad	dministrator's name and	i address XSame as Plan Sponsor.			3b Administrator's	EIN
					3C Administrator's	stelephone number
name,	ElN, and the plan num	plan sponsor has changed since the liber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b EIN	
name, a Spon	EIN, and the plan num sor's name	ber from the last return/report.			4c PN	
name, a Spon	EIN, and the plan num sor's name number of participants a	ber from the last return/report.	· · · · · · · · · · · · · · · · · · ·		4c PN 5a	18
a Spon 5a Total r b Total n	EIN, and the plan num sor's name number of participants a number of participants a	ber from the last return/report. It the beginning of the plan yeart			4c PN 5a	
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name, a Spont 5a Total r b Total r C Number completed (1) Total d (2) Total e Number less that Caution: A Under pens SB or Sche belief, it is t SIGN HERE	EIN, and the plan num sor's name number of participants a number of participants with a set of participants with a set of participants with a set of participants with a number of active particles of participants that term an 100% vested	ber from the last return/report. It the beginning of the plan year It the end of the end of the plan year It the end of the end of the plan year It incomplete filling of this return/report penalties set forth in the instruction of signed by an enrolled actuary, as we set It is a set forth in the instruction of the plan year penalties set forth in the instruction of signed by an enrolled actuary, as we set	vear with accrued beneficially be assessed to be a street or the control of the c	efit plans do not efits that were examined this return/repor William B. Ho Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applied, and to the best of meaning as plan adductional signing as employed dual signing as employed.	18 18 17 12 0 cable, a Schedule y knowledge and

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6a 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.	an indepo	andent qualified public account litions.)	ant (l	QPA)			,,		′es 🏻 ′es 🖺	No No
C	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance	program (see ERISA section 4	(021)	?	Yes	/- □ No	Пг	Not de	termine	≱d
	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Reginning of Ye	ar	Т		(b) En	d of	Year		
a	Total plan assets	7a	2,67		22					879,	3 Q.
b	Total plan liabilities	7b		_,					/	013,	7.7
C	Net plan assets (subtract line 7b from line 7a)	- 7c	2,67	6.0	22				2.	879,	39
8	Income, Expenses, and Transfers for this Plan Year	Professor	(a) Amount				(b)	Tot			<u> </u>
a	Contributions received or receivable from:				8.40					100	
	(1) Employers	8a(1)		5,9:		3 5 7 5 7 3 7 7 1	<u> </u>	e		<u> 3521 -</u> 101 - 1	
	(2) Participants	8a(2)	7	5,5	7.7	y yes hi	n in Elliana Como de Ma	ergin. Eller			
b	(3) Others (including rollovers) Other income (loss)	1			978	1 - Taylar 24 - Taylar		<u> </u>			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		9,18	35	M. 1834	4.83.10		1		
	Benefits paid (including direct rollovers and insurance premiums	- 8c	100600 00000 0000 0000 0000 0000 0000 0		4		1	73.		<u> 290, (</u>	<u>658</u>
	to provide benefits)	84	6	7,7	33					rans (Vil) Vilografia	:
ę	Certain deemed and/or corrective distributions (see instructions)	8e			1.00 4.00	in the second		2.1	g die	Nager Lie	
f	Administrative service providers (salaries, fees, commissions)	81	1:	9,5	50	gas e Kanada			garaga Januar		
	Other expenses	8g						ġ.Ŋ	" 		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			ving Ving		,			87,2	283
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			, X.					203,3	_
j	Transfers to (from) the plan (see instructions)	8j			20 T	a Gr	verselt,	j. J.			
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	earure cod	les from the List of Plan Chara	cteris	tic Cod	ies in 1	the instruc	tion	s: 		
10	During the plan year:				Yes	No					
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions with	n the time period described in rection Program)	10a	183	Х		Al	noun		
b		? (Do not	include transactions reported	10b		Х					
c	Was the plan covered by a fidelity bond?			10c	Х					400,0	ነሰረ
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d	Λ	×				300,0	700
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 ber	efits under the plan? (See	10e	х			,		7,1	181
f	Has the plan failed to provide any benefit when due under the plai			101		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	and.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		×	an Turkey				7.1
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)	ents? (If '	Yes," see instructions and com	plete	Sched	ute SB	(Form		Ye	s 🛭 I	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a					
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,			or se	ection :	302 of	ERISA?		Ye	s X !	Vo
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plam year, see instruc		, and e	enter ti Day			letter ear	ruling	

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if yo	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and stan to line 43			
<u>b</u>	Enter the minimum required contribution for this plan year	12b	T -	
		1		
<u> </u>	Enter the amount contributed by the employer to the plan for this plan year	12c	1	
	negative amount in line 12c from the amount in line 12b. Enter the result (enter a minute sign to the left of a	12d		
<u>e v</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part V	II Plan Terminations and Transfers of Assets			110 1071
13a ⊬	as a resolution to terminate the plan been adopted in any plan year?	, I	es X N	0
	f "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	ر م	-
b ∨	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		∏ Yes 😡 No
C II	f 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		11 100 12 130
130	c(1) Name of plan(s):	13c(2) El	N(\$)	13c(3) PN(s)
Part V	III Trust Information (optional)			
	me of trust	14b Tr	ust's EIN	