#### 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** 

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit DANVILLE MEDICAL SPECIALISTS PSC 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/1983 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number DANVILLE MEDICAL SPECIALISTS PSC 61-1124412 (EIN) Sponsor's telephone number 859-236-6613 478 WHIRLAWAY DR. SUITE 100 DANVILLE, KY 40422 Business code (see instructions) 621111 Administrator's EIN **3a** Plan administrator's name and address XSame as Plan Sponsor. **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year ..... 5a 20 **b** Total number of participants at the end of the plan year..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 0 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 0 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature 10/06/2015 DANIEL J. MORAN **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional) Preparer's telephone number (optional)

	Form 5500-SF 2014		Page <b>2</b>							
b	Were all of the plan's assets during the plan year invested in eligib.  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 lift you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan in it covered under the PRCC in	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instea	int (IQ d <b>d use</b>	PA) Form	5500.		X Ye	s	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA section 40	121)?		res	No	Not dete	ermine	<b>:</b> a
Par			1					• • • •		
	Plan Assets and Liabilities	_	(a) Beginning of Yea		+		(b) End	of Year	0	
	Total plan assets	7a	27017	JI	+				0	
	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7b 7c	27617	731	+				0	
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		+		(b) To	ntal .		
	Contributions received or receivable from:		(a) Amount				(6) 1	rai		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	792	229						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						79	229	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	28341	194						
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	67	766						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2840	960	
i_	Net income (loss) (subtract line 8h from line 8c)	8i						-2761	731	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b	2E 2F 2G 2J 2R 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature cod	les from the List of Plan Chara	cterist	1	les in t	the instruction	ons:		
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)	ıciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ				
C	Was the plan covered by a fidelity bond?			10c	X				140	000
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)				X				;	333
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	end.)	10g	X					0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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)							Ye	s	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?	Ye	s 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 beir granting the waiver.	-			, and e	enter th Day		ie letter i Year	ruling	_

	F	Form 5500-SF 2014	Page <b>3</b> - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn	n 5500), and skip to line 1	3.				
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 (	`		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 "Y	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?			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.)			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

## Oct. 6. 2015 12:22PM

# Form 5500-SF

Department of the Treasury Internal Revenue Service

Opportment 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 6600-SF.

P. 2/5

No. 1883

OMB Nos. 1210-0110 1210-0089

2014

This Form Is Open to Public Inspection

Part I	Annual Report								
For calenda	ar plan year 2014 or f	iscal plan year beginning	01/01/2014	and ending	12/31/201	4			
A This reti	um/report is for:	a single-employer plan	of participaling employ	an (not multiemployer) er information in accord					
		a one-participant plan	a foreign plan						
B This return/report is the first return/report the final return			x the final return/report						
an amended return/report a short plan year return/report (less than 12 months)									
C Check be	ox if filing under:	Form 5558	automatic extension		DFVC progra	am			
		special extension (enter desc	cription)						
Part II	Basic Plan Info	ormation—enter all requested in	nformation						
1a Name o					1b Three-digit	1			
ראווודדן,ו	CE MENTONT, SE	PECIALISTS PSC			plan number				
	PROFIT SHARI				(PN) 10 Effective date of	001			
					01/01/1983	3			
		ddress; include room or suite numl	ber (employer, if for a single-	employer plan)	2b Employer Identification Number				
DANATTI	LE MEDICAL SE	PECIALISTS PSC			(EIN) 61-112				
					2c Sponsor's telep				
478 WH1	IRLAWAY DR. S	UITE 100			(859) 236-				
			KY	40422	2d Business code (see instructions) 621111				
DANVILI 3a Plan ac		nd address XSame as Plan Spon		<u> </u>	3b Administrator's	EIN			
<b>V</b>		Manual Manual Land	<del></del>		The swiftmen mix.				
					3C Administrator's telephone number				
					•				
					ļ				
2 44									
		e plan sponsor has changed since	the last return/report filed for	r this plan, enter the	4b EIN				
name,	E)N, and the plan nu	ne plan sponsor has changed since nmber from the last return/report.	e the last return/report filed fo	r this plan, enter the					
name, a Spon:	EN, and the plan nu sor's name	imber from the last return/report.			4c PN				
a Spon: 5a Total n	EiN, and the plan nu sor's name number of participants	imber from the last return/report. s at the beginning of the plan year			4c PN 5a	20			
a Spon: 5a Total n b Total n	EiN, and the plan nu sor's name number of participants number of participants	mber from the last return/report.  s at the beginning of the plan year s at the end of the plan year			4c PN 5a 5b	0			
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Page 2

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 fit the plan is a defined benefit plan, is it covered under the PBGC in	an indepen and condit ot use For	dent qualified public accounta ions.), m 5500-SF and must instead	nt (IQ d d use	PA) Form	5500.	<u>B</u>	Yes !	No N
Pa	t III ( Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Ye	ar	
a	Total plan assets	7a	2,761	.73	1				0
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	2,761	73	1				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a	Contributions received or receivable from:	0-243			`` ` .				
	(1) Employers	8a(1)							
	(2) Participants.	8a(2)			_	·	<u> </u>		<del></del>
	(3) Others (including rollovers)	8a(3)			<del>-                                    </del>				
_	Other income (loss)	8b		,22	9	<del></del>		· ·	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u> </u>	- -			<del>. 7</del> 9	9,229
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,834	1.19	4	• .			
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8†		5,76	6	¥.		,	
q	Other expenses	8g			1				<del></del> -
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u>.</u>	1		<del></del>	94	0,960
<del></del>	Net income (loss) (subtract line 8h from line 8c)	81			1				1,731
<del></del> -	Transfers to (from) the plan (see instructions)	8j			+			. <u>, , , , , , , , , , , , , , , , , , , </u>	-, , , , ,
Pay	t IV Plan Characteristics	-9_1		_					<del></del> _
	2E 2F 2G 2J 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	terist	ic Cod	les in ti	ne instructions:	:	_
Pan		<del></del>					<del></del>		
10	During the plan year:		11 15 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>	Yes	No	Amo	unt	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		Х			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	··········		105	·	Х			
C				10c	Х			14	0,000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x			
	Were any fees of 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	X				333
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	в of year e	nd.) ,	10g	х				0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X			
ì	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			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 for			_	$\overline{}$	11a			<del></del>
12	Is this a defined contribution plan subject to the minimum funding				_		ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					1		, .=	KN
ā	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	ed in this plan year, see instru		, and e	enter th Day			ng

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5	i600), 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	<del></del>		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (en negative amount).	iter a minus sign to the lef	ofa	12d		*	
e Will the minimum funding amount reported on line 12d be met by the funding de				Yes	No [	N/A
Part VII Plan Terminations and Transfers of Assets	<del></del>					
13a Has a resolution to terminate the plan been adopted in any plan year?			X Y	s 🗌	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this	уеаг		13a		<del></del>	0
b Were all the plan assets distributed to participants or beneficiaries, transferred to fithe PBGC?			control		X Yes	∏No
c If during this plan year, any assets of liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)			to			
13⊂(1) Name of plan(s):		1	3c(2) Ell	<b>√</b> (5)	13c(3)	PN(s)
Part VIII. Trust Information (optional)		<u>.                                    </u>			1	
14a Name of trust			14b Tro	ist's EIN		
						<del></del>