-	rm 5500-SF	Short Form Annual Return/Report of Small Employee								
	artment of the Treasury ernal Revenue Service	This form is required to be file	ed under sections 104 and			ıt	2014			
Employee B	Department of Labor Benefits Security Administration	Income Security Act of 1974	4 (ERISA), and sections 60 Revenue Code (the Cod		Internal		orm is Open to lic Inspection			
Pension B	Benefit Guaranty Corporation	Complete all entries in	accordance with the ins	tructions to the Form 55	00-SF.	1 45	no mopeotion			
Part I	Annual Report le	dentification Information				-				
	dar plan year 2014 or fisc			and ending 12/	/31/2014					
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (loyer information in accord		-				
		a one-participant plan	a foreign plan							
B This ret	turn/report is	the first return/report an amended return/report	the final return/report	t urn/report (less than 12 mc	onths)					
•	l	Form 5558				DFVC progra	m			
C Check	box if filing under:	special extension (enter desc	automatic extension							
Part II	Basic Plan Infor	mation—enter all requested in								
1a Name		mation—enter an requested in	IOIIIIalloII		1h ⊤	hree-digit	1			
		ETIREMENT SAVINGS PLAN			pl	lan number	001			
					· · ·	PN) ►	001 f plan			
					01 -		/2006			
	sponsor's name and addi . FORD, M.D., PSC	ress; include room or suite numb	er (employer, if for a single	e-employer plan)	(E	EIN) 61-13	fication Number 345935			
PO BOX 132					2c S		sor's telephone number 606-325-6888			
ASHLAND, F	KY 41105-1327		2d Bi		iness code (see instructions) 621111					
	administrator's name and	d address Same as Plan Spon PO BOX			3b A	dministrator's	EIN 345935			
		plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b E	606-32	-0888 			
_	e, EIN, and the plan num sor's name	ber from the last return/report.			4c P	'N				
5a Total	number of participants a	at the beginning of the plan year.			5a		19			
b Total	number of participants a	at the end of the plan year			5b		20			
C Numb	per of participants with a	ccount balances as of the end of	the plan year (defined ber	nefit plans do not	5c		20			
	,	icipants at the beginning of the p			5d(1)		19			
d(2) Tot	tal number of active part	icipants at the end of the plan ye	ar		5d(2)		20			
		minated employment during the			5e		0			
						tabliahad				
Under pen SB or Sche	nalties of perjury and othe edule MB completed and	r incomplete filing of this retur er penalties set forth in the instru d signed by an enrolled actuary,	ctions, I declare that I have	e examined this return/rep	oort, inclu	uding, if applic	able, a Schedule knowledge and			
SIGN	true, correct, and comple Filed with authorized/va	ete. alid electronic signature.	10/13/2015	RICHARD F. FORD, M	1.D.					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signii	ng as plan adr	ninistrator			
SIGN HERE	L									
	Signature of employ		Date	Enter name of individu	ual signir	ng as employe	r or plan sponsor			
Preparer's	name (including firm na	ime, if applicable) and address (ii	nclude room or suite numb	er) (optional)	Prepare	er'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 Ves Ves 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 in	isurance pi	ogram (see ERISA section 40	21)?		Yes	No	Not dete	rmined
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End c	f Year	
а	Total plan assets	7a	9305	525				9967	797
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	9305	525				9967	797
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
а	Contributions received or receivable from:	e (1)	236	76					
	(1) Employers	8a(1)	332		_				
	(2) Participants	8a(2)		200 796					
	(3) Others (including rollovers)	8a(3)	541						
	Other income (loss)	8b	041	40	_			4450	001
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			1159	901
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	496	604					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		25					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						496	629
i	Net income (loss) (subtract line 8h from line 8c)	8i						662	272
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a b	If the plan provides pension benefits, enter the applicable pension $\frac{2E}{2F}$ $\frac{2F}{2G}$ $\frac{2J}{2K}$ $\frac{2T}{3D}$ If the plan provides welfare benefits, enter the applicable welfare fe								
Par					×		1		
10	During the plan year:	41	the time period dependence in		Yes	No	· · · ·	Amount	
	 a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 					Х			
	on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	X				50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
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 bene	efits under the plan? (See	10e		x			
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 a	s of year e	nd.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		х			
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									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	No
11a	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a								
12									
	(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?	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	rm 5500-SF	Short Form Ann	ual Ret	urn/	Repor	of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089		
	artment of the Treasury mal Revenue Service		Retirement e Internal This Form is Open to							
D	Pepartment of Labor Benefits Security Administration	This form is required to be fi Income Security Act of 197								
Pension B	enefit Guaranty Corporation	 Complete all entries in 	5500-SF.	Public Inspection						
Part I	Annual Report I	dentification Information	n							
For calend	lar plan year 2014 or fis		01/0	1/20	14	and ending	12/	31/2014		
A This re	turn/report is for:	X a single-employer plan	of pa	articipa	ating emplo	olan (not multiemployer over information in acco		king this box must attach a list he form instructions)		
a one-participant plan										
B This return/report is an amended return/report a short plan year return/report (less than 12 months)										
		an amended return/report				hireport (less than 12 i				
C Check	box if filing under:	Form 5558		matic	extension			FVC program		
	1	Special extension (enter des								
Part II	and the second	mation-enter all requested in	nformation			ana tanàna mandritra dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia ka	1b The			
1a Name RICHARI	en la construction de la constru	. 401(K) RETIREMENT	SAVING	GS P	LAN		1b Thre plan (PN)	number 001		
								tive date of plan 01/2006		
	ponsor's name and add D F. FORD, M.D	ress; include room or suite numl	ber (emplo	yer, if f	or a single	-employer plan)	2b Empl	over Identification Number 61-1345935		
PO BOX	1327						1	2c Sponsor's telephone number 606-325-6888		
								ness code (see instructions)		
ASHLAN		KY 41105-13	27			- teaning to spirit sound -	621111			
	dministrator's name and D F. FORD, M.D		nsor.				3b Administrator's EIN 61-1345935			
PO BOX ASHLANI		KY 41105-1327					200.000	nistrator's telephone number - 325 – 6888		
		plan sponsor has changed since	e the last re	eturn/re	eport filed f	or this plan, enter the	4b EIN			
	e, EIN, and the plan num for's name	ber from the last return/report.					4c PN			
		at the beginning of the plan year						1		
	and the second sec	at the end of the plan year						2		
c Numb	er of participants with a	ccount balances as of the end of	f the plan y	vear (de	efined ben	efit plans do not	50	2		
		icipants at the beginning of the p								
d(2) Tet	al number of active part	icipants at the end of the plan ye	aar				5d(2)	1		
• •		minated employment during the					5u(2)			
							Je			
Under pen SB or Sche	alties of perjury and other	r incomplete filing of this return er penalties set forth in the instru- d signed by an enrolled actuary,	uctions, I de	eclare	that I have	examined this return/r	eport, includir	ig, if applicable, a Schedule		
SIGN	1 //W	7	1	0/1	K	RICHARD F. FO	DRD, M.D	•		
HERE	Signature of plan ad	ministrator		Date	. (Enter name of indivi	dual signing a	as plan administrator		
SIGN (1(5)) RICHARD F. FORD, M.D.						•				
HERE	Signature of employ	er/plan sponsor me, if applicable) and address (Date	uite numb			as employer or plan sponsor telephone number (optional)		
רוסטמוטיאין א										
For Paperw	ork Reduction Act Notice	and OMB Control Numbers, see t	he instruction	ons for	Form 5500	-SF.		Form 5500-SF (2014) v. 140124		

Form 5500-SF 2014

	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and condit	ndent qualified public accountations.)	ant (IC	PA)		X Yes 1	No No
~	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							
		nsurance p	rogram (see ERISA section 40	J21)?	L	J Yes	No Not determined	1
-	rt III Financial Information	and the second						
7	Plan Assets and Liabilities	in the second second	(a) Beginning of Yea		-		(b) End of Year	
	Total plan assets	. 7a	9	3052	25		9967	97
	Total plan liabilities	. 7b				- 14- T		
-	Net plan assets (subtract line 7b from line 7a)	. 7c	9	3052	25		9967	97
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	N. 11.		i de la composición d	(b) Total	
а	Contributions received or receivable from: (1) Employers	. 8a(1)		2367	76			
	(2) Participants	10.5.5.17		3328	36			
	(2) Others (including rollovers)	1		479				
ď	Other income (loss)			5414				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						1159	101
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		4960)4			
e	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f		2	25	te setter		
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					496	29
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					662	:72
j	Transfers to (from) the plan (see instructions)	- 8i						
Par	t IV Plan Characteristics	1 - 7			2.022			
b Parl	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:	
10	During the plan year:				Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide		and the second se	10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	and the second second second	The state of the second s	10b		х		
C	Was the plan covered by a fidelity bond?			10c	X		500	00
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 oth insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		x		
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 a	s of year e	nd.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	a second the second second	and a second statement of the second statement of the	10g	40 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Х		
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)							No
11a	Enter the unpaid minimum required contribution for current year fr	rom Schedu	ule SB (Form 5500) line 39			11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	e or se	ction 3	302 of	ERISA? Yes X N	٧o
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	ble.)					_
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.							

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lf	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	Τ	
Phone Section					
C	Enter the amount contributed by the employer to the plan for this plan ye	əar	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)	esult (enter a minus sign to the left of a			
e	Will the minimum funding amount reported on line 12d be met by the fur	nding deadline?		Yes	No N/A
Part					have been a second s
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 employ	er this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	ferred to another plan, or brought under th			Yes X No
c	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the plan(s) to		
1	13c(1) Name of plan(s):		13c(2) Ell	N(s)	13c(3) PN(s)

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