Form 5500-	SF	Short Form Annu		ort of Small Empl	oyee	C	MB Nos. 1210-0110 1210-0089	
Department of the Treas Internal Revenue Servi		This form is required to be fil	Benefit Pla		Petirement	irement 2015		
Department of Labor Employee Benefits Security Adm	ninistration	Income Security Act of 197						
Pension Benefit Guaranty Co	-			instructions to the Form 5	500-SF.			
Part IAnnual RFor calendar plan year 20		lentification Information al plan year beginning 01/01/		and ending 1	2/31/2015			
A This return/report is for	×	a single-employer plan a one-participant plan		yer plan (not multiemployer) Ig employer information in a	•	0		
<b>B</b> This return/report is		the first return/report an amended return/report	the final return/re	port return/report (less than 12 m	nonths)			
<b>C</b> Check box if filing und	der:	Form 5558 special extension (enter desc	automatic extens	ion	_ D	FVC progra	m	
Part II Basic Pla	an Inforn	nation—enter all requested in						
<b>1a</b> Name of plan LEXINGTON ANESTHES					(PN)	number ▶	002	
					1C Effect	ive date of p 01/01/		
Mailing address (incl	lude room,	r, if for a single-employer plan) apt., suite no. and street, or P.		instructions)	2b Emplo (EIN)	oyer Identific 61-13	ation Number 77368	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EXINGTON ANESTHESIA PSC				2c Sponsor's telephone number 859-268-1030				
25 LEWIS HARGETT CIR EXINGTON, KY 40503	RCLE				2d Busine	ess code (se 62111	ee instructions)	
32 Dian administrator's	name and	address XSame as Plan Spor			3h Admin	istrator's El	N	
		_			3c Admir	istrator's te	ephone number	
4 If the name and/or E	IN of the p	lan sponsor has changed since	the last return/report f	led for this plan, enter the	4b EIN			
		er from the last return/report.			<b>4c</b> PN			
5a Total number of part	ticipants at	the beginning of the plan year.			5a		6	
		the end of the plan year			5b		5	
		count balances as of the end o			5c		5	
d(1) Total number of a	ctive partic	pipants at the beginning of the p	olan year		5d(1)		5	
e Number of participa	ants that ter	cipants at the end of the plan ye minated employment during th	e plan year with accrue	d benefits that were less	5d(2) 5e		3	
Caution: A penalty for t Under penalties of perjur SB or Schedule MB com	he late or y and othe pleted and	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary,	rn/report will be asses uctions, I declare that I	sed unless reasonable ca have examined this return/re	use is estable port, includin	g, if applical		
belief, it is true, correct, aSIGNFiled with aut		ite. lid electronic signature.	05/10/2016	PAMELA HARRIS				
HERE Signature of			Date	Enter name of individ	lual signing a	s plan admi	nistrator	
SIGN HERE Signature of	6 om mla	r/nlon onor or	Data	Enter nome of its dist		omnlesses		
		er/plan sponsor ne, if applicable) and address (	Date include room or suite n	Enter name of indivic		s employer telephone n		
For Paperwork Reduction	Act Notice #	and OMB Control Numbers, see ti	ne instructions for Form	5500-SF.		F	orm 5500-SF (2015)	

60.1		1						X Yes No
-	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
ι	inder 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)		·····	·····		X Yes No
	f you answered "No" to either line 6a or line 6b, the plan cann							¬ □
	the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA se	ection 40	J21)? .		Yes	No Not determined
Part	III Financial Information					1		
	Plan Assets and Liabilities		(a) Beginning			_		(b) End of Year
<u> </u>	otal plan assets	7a		5494	371			5339394
	otal plan liabilities	7b		5404	074			5220204
	let plan assets (subtract line 7b from line 7a)	7c		5494	371			5339394
	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	int		_		(b) Total
	1) Employers	8a(1)		81	069			
(2	2) Participants	8a(2)		52	303			
(;	3) Others (including rollovers)	8a(3)						
bo	Other income (loss)	8b		-285	824			
<b>C</b> T	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-152452
	Benefits paid (including direct rollovers and insurance premiums p provide benefits)	8d		2	525			
<b>e</b> (	Certain deemed and/or corrective distributions (see instructions)	8e						
<b>f</b> A	dministrative service providers (salaries, fees, commissions)	8f						
<b>g</b> (	Other expenses	8g						
<u>h</u> ⊺	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						2525
<u>i</u> N	let income (loss) (subtract line 8h from line 8c)	8i						-154977
<b>j</b> T	ransfers to (from) the plan (see instructions)	8j						
Part	IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D 2H 2J 2F	feature co	des from the List of Pl	an Chai	racteris	stic Co	des in	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	cterist	ic Coc	les in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		x		
С	Was the plan covered by a fidelity bond?			10c	X			500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
	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		Х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Х		
	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	he required	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
i	VI Pension Funding Compliance			)		<u> </u>		1

	· · · · · · · · · · · · · · · · · · ·	
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 X No
11a	a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No

Is this a defined contribution plan subject to the minimum funding re	equirements of section 412 of the Code or section 302 of ERISA
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Form 5500-SF 2015

Page **3 -** 1

					1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	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 granting the waiver								
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>				
b	Enter	the minimum required contribution for this plan year		12b					
-		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 (enter a minus sign to the ative amount)		12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part	Part VII Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the									
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b	Trusťs E	IN			
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

Form 5500-SF Short Form Annual Return/Report of Small						OMB Nos, 1210-0110		
	artment of the Treasury		Benefit Plan	t or small emp	loyee	1210-0089		
Inte	ernal Revenue Service	This form is required to be filed	under sections 104 and	4065 of the Employee I	Retirement	2015		
Employee I	Department of Labor Benefits Security Administration	Income Security Act of 1974 (E	ERISA), and sections 60 Revenue Code (the Cod		e Internal	This Form is Open to Public Inspection		
-	Senefit Guaranty Corporation	Complete all entries in ac	cordance with the inst	tructions to the Form	5500-SF.	Public Inspection		
Part I		Identification Information scal plan year beginning 01/01/2015						
	lai plan year 2013 00 h	$\overline{\mathbf{X}}$ a single-employer plan	r	and ending 12/				
A This re	turn/report is for:	a one-participant plan	list of participating en a foreign plan	mployer information in a	ccordance wi	king this box must attach a ith the form instructions)		
<b>B</b> This ret	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)			
C Check	box if filing under:	Form 5558 automatic extension DFVC program						
		special extension (enter descript	,					
Part II		rmation—enter all requested infor	mation		T			
<b>1a</b> Name Lexington A	of plan nesthesia PSC Profit S	haring Plan			1 .	number		
					(PN)	P		
					1C Effect 01/01	ive date of plan /2001		
Mailing	g address (include roon	/er, if for a single-employer plan) n, apt., suite no. and street, or P.O. E e, country, and ZIP or foreign postal o	Box)	ructions)		over Identification Number 61-1377368		
	nesthesia PSC	s, doarney, and zin os foreign postary	code (in loteign, see litst	ructions)	2c Sponsor's telephone number			
					2d Busin	(859) 268-1030		
425 Lewis H	argett Circle				2d Business code (see instructions) 621111			
Lexinaton. K	Y 40503							
	oministrator s name an	d address XSame as Plan Sponsor.				istrator's EIN  istrator's telephone number		
4 If the r	name and/or EIN of the	plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b EIN			
name, a Sponso	EIN, and the plan num	ber from the last return/report.	,	, , ,	4c PN			
		at the beginning of the plan year			5a			
		at the end of the plan year			5b	6		
c Numbe	er of participants with a	ccount balances as of the end of the	plan year (defined bene	efit plans do not	50 5c	55		
		icipants at the beginning of the plan			5d(1)	5		
		icipants at the end of the plan year			5d(1) 5d(2)			
e Numb	er of participants that te	erminated employment during the pla	an year with accrued ber	nefits that were less	50(2) 5e	3		
Caution: A	penalty for the late of	r incomplete filing of this return/re	port will be assessed	unless reasonable car		ished		
Under pena SB or Sche	lities of perjury and othe	er penalties set forth in the instruction I signed by an enrolled actuary, as w	ns. I declare that I have	examined this return/ret	port including	if applicable a Schedule		
SIGN	Pamila	- Harris m	5/10/14	PAMELA HARRIS	49-80-7 filmet data ti histori antiqui agun que f			
HERE	Signature of plan ad			Enterneme of individu				
Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN <td>pian administrator</td>						pian administrator		
HERE	Signature of employ		Date	Enter name of individu	ual signing as	employer or plan sponsor		
Preparer's r	name (including firm na	me, if applicable) and address (inclu	de room or suite numbe	Г) 		elephone number		
Earbar	ale Dadraction A - Marine				N 16 4 5 5 7 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			
FOR Maderwo	as Reduction Act Notice	and OMB Control Numbers, see the ins	structions for Form FEAA	ec		Enter FEOD RE (204E)		

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	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							X Yes No	
	If you answered "No" to either line 6a or line 6b, the plan cann		,						
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No Not determined	
Pa	rt III Financial Information	-							
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year	
а	Total plan assets	7a		549437	'1			5339394	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		5494371				5339394	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	unt				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		8106	-				
	(2) Participants	8a(2)		5230	)3				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-28582	24				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-152452	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		252	5				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g				_			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_	2525		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				_		-154977	
j	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D 2H 2J 2F	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V					х			
h	Program) Were there any nonexempt transactions with any party-in-interest			10a					
U	reported on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х			500000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	,	,	10d		х			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	ne or all of	the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			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	he require	d notice or one of the	10i					
j	Did the plan trust incur unrelated business taxable income?			10j					
Par	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•			•				

11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	302 of E	RISA?

Yes X No

Form 5500-SF 2015

Page **3 -** 1

	<ul> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>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</li> </ul>								
a		ting the waiver.		Dav	le date of	Year	ing		
lf		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line							
b	Ente	the minimum required contribution for this plan year		12b					
				12c					
		the amount contributed by the employer to the plan for this plan year							
u		ative 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?			Ye	es X No			
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a					
<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 X	No		
C		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name	e of trust		14b	Trust's El	N			
140									
140	inam	e of trustee or custodian		<b>14d</b> Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Y	es	No			
					esign-				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe			P/ACP		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(iii)?		Yes		No	No		
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Цp	Ratio ercentage est		rage efit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com plan with any other plans under the permissive aggregation rules?	0	Y	es	No			
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A		
17b		the last plan amendment/restatement for the required tax law changes was adopted	Enter the a	pplical	ole code _	(See in:	structions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla sory letter, enter the date of that favorable letter and the letter's serial	•	t to a f	avorable	IRS opinion	or		
17d	If the	plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter		the pla	an's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Υe	es	No			
19	Were	in-service distributions made during the plan year?		Y	es	No			
	lf "Y€	es," enter amount		19					
20		e required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A		