Form 5500-SF	Short Form Annu		oyee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Pla		etirement	2015				
Department of Labor Employee Benefits Security Administration	Income Security Act of 197		6057(b) and 6058(a) of the		This Form is Open to Public Inspection				
Pension Benefit Guaranty Corporation			nstructions to the Form 55	500-SF.					
Part IAnnual ReportFor calendar plan year 2015 or fis	Identification Information		and ending 12	2/31/2015					
A This return/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemployer) employer information in ac	(Filers checkin	-				
<b>B</b> This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 m	onths)					
<b>C</b> Check box if filing under:	Form 5558	orm 5558 automatic extension							
Part II Basic Plan Info	special extension (enter deso rmation—enter all requested in								
1a Name of plan RICHARD F. FORD, M.D. 401(K) F				1b Three-di plan nur (PN) ▶ 1c Effective	nber 001				
2a Plan sponsor's name (employ				2b Employe	01/01/2006 er Identification Number				
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RICHARD F. FORD, M.D., PSC					(EIN) 61-1345935 <b>2c</b> Sponsor's telephone number 606-325-6888				
					s code (see instructions)				
ASHLAND, KY 41105-1327					621111				
3a Plan administrator's name an	d address XSame as Plan Spor	sor.		3b Administ	trator's EIN				
	Plan sponsor has changed since nber from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN 4c PN					
<b>5a</b> Total number of participants	at the beginning of the plan year.			5a	20				
	at the end of the plan year			5b	12				
	account balances as of the end o		•	5c	12				
<b>d(1)</b> Total number of active par	ticipants at the beginning of the p	lan year		5d(1)	7				
e Number of participants that t	ticipants at the end of the plan ye terminated employment during th	e plan year with accrued	benefits that were less	5d(2) 5e	7 0				
Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	or incomplete filing of this return ner penalties set forth in the instru- nd signed by an enrolled actuary,	<b>n/report will be assess</b> ictions, I declare that I h	ed unless reasonable cau ave examined this return/rep	oort, including,	if applicable, a Schedule				
	valid electronic signature.	10/10/2016	RICHARD F. FORD,	И.D.					
HERE Signature of plan ad		Date	Enter name of individ		blan administrator				
SIGN HERE									
Preparer's name (including firm na		Date nclude room or suite nu			employer or plan sponsor ephone number				
For Paperwork Reduction Act Notice	e and OMB Control Numbers, see ti	ne instructions for Form 5	500-SF.		Form 5500-SF (2015)				

Form 5500-SF 2015		Page <b>2</b>								
<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b 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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> <li>c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No</li> </ul>										
Part III Financial Information	•	•		,	<u> </u>	. L				
7 Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Yea	r		
a Total plan assets	7a			797				65240		
<b>b</b> Total plan liabilities	7b									
C Net plan assets (subtract line 7b from line 7a)	7c		996	797			8	65240		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total			
a Contributions received or receivable from:				574						
(1) Employers	8a(1)			574						
(2) Participants	8a(2)		-	571						
(3) Others (including rollovers)				000						
<b>b</b> Other income (loss)			4	829	_					
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c				_			39974		
to provide benefits)	8d									
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses	8g			85						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						85			
i Net income (loss) (subtract line 8h from line 8c)	8i						39889			
j Transfers to (from) the plan (see instructions)			-171446							
Part IV Plan Characteristics										
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	n feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in t	he instructions:			
<b>B</b> If the plan provides welfare benefits, enter the applicable welfare	feature coo	des from the List of Pla	n Chara	acterist	tic Coo	les in th	e instructions:			
Part V Compliance Questions										
<b>10</b> During the plan year:				Yes	No	N/A	Amou	unt		
<b>a</b> Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	-iduciary Correction	10a		x					
<b>b</b> Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	st? (Do not	include transactions	10b		х					
C Was the plan covered by a fidelity bond?			10c	x				50000		
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	ond, that was caused	10d		х					
e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla	an?		10f		Х					
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount	as of year e	ənd.)	10g	Х				12000		
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
j	Did the plan trust incur unrelated business taxable income?	10j							
Part	art VI Pension Funding Compliance								
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 all years from Schedule SB (Form 5500) line 4	0		11a	l				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								

10h

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-										
	(lf "\	res," complete line 12a or 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 granting the waiver									
lf	you c	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						
С	Enter	the amount contributed by the employer to the plan for this plan year		12c						
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l ative amount)		12d						
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part		Plan Terminations and Transfers of Assets								
		a resolution to terminate the plan been adopted in any plan year?		Ye	s X No					
100		es," enter the amount of any plan assets that reverted to the employer this year	13a							
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug								
D		e PBGC?				Yes 🗙	No			
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif th assets or liabilities were transferred. (See instructions.)	y the plan(s) to							
	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3) F	'N(s)			
ASH	LAND	CENTER FOR WOMEN'S HEALTH 401(K) RETIREMENT SAVINGS PLAN	20-4022297	7 001						
Part		Trust Information								
		e of trust		14h	Truct'o El	N				
144	Name			<b>14b</b> Trust's EIN						
<b>14c</b> Name of trustee or custodian						<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	e plan a 401(k) plan?		Υe	es					
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and thing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bi hi	Design- based safe ADP/ACP harbor test method					
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cung method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?	01(m)-	∏ Y€	es No					
16a		sk the box to indicate the method used by the plan to satisfy the coverage requirements under section		Цр	Ratio percentage Average benefit te					
16b			<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?							
17a										
17b	Has t	the plan been timely amended for all required tax law changes?		Ye	es	No	N/A			
	Date for ta	the last plan amendment/restatement for the required tax law changes was adopted//	Enter the ap	plicable	e code	(See ins	tructions			
17c	Date for ta	the last plan amendment/restatement for the required tax law changes was adopted//	Enter the ap	plicable	e code	(See ins	tructions			
	Date for ta If the advis	the last plan amendment/restatement for the required tax law changes was adopted// Ix law changes and codes). plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla	Enter the ap in that is subjec umber	plicable	e code avorable I 	(See insi	tructions			
	<ul> <li>Date for ta</li> <li>If the advis</li> <li>If the deter</li> <li>Is the</li> </ul>	the last plan amendment/restatement for the required tax law changes was adopted// ax law changes and codes). 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 n plan is an individually-designed plan and received a favorable determination letter from the IRS, er	Enter the ap in that is subjec umber	plicable	e code avorable I  n's last fa	(See insi	tructions			
17d	<ul> <li>Date for ta</li> <li>If the advis</li> <li>If the deter</li> <li>Is the made</li> </ul>	the last plan amendment/restatement for the required tax law changes was adopted// ax law changes and codes). 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 n e plan is an individually-designed plan and received a favorable determination letter from the IRS, er mination letter/ e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2)	Enter the ap in that is subjec umber nter the date of has been Islands)?	plicable t to a fa the pla	e code avorable I  n's last fa s	CSee inst	tructions			
17d 18	Date for ta for ta if the advis I ff the deter Is the made Were	the last plan amendment/restatement for the required tax law changes was adopted/	Enter the ap in that is subjec umber nter the date of has been Islands)?	the pla	e code avorable I  n's last fa s	C (See ins: RS opinion vorable	tructions			

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Form 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089				
Internal Rovanuo Sorvico	This form is required to be filed	under sections 104 and 4	1065 of the Employee Re	tirement		2015				
Dépáriment of Labor Employeo Boneille Socurity Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		nternal	This Form is Open to					
Pension Benefit Guaranty Corporation	Complete all entries in a	ccordance with the inst	uctions to the Form 550	Public Inspection						
Part I Annual Report For calendar plan year 2015 or fis	Identification Information	01/01/2015	and onding		2/31/20	26				
	X a single-employer plan	1-1	and ending lan (not multiemployer) (							
A This return/report is for:	a one-participant plan		ployer information in acc							
B This return/report is	the first return/report	the final return/report								
	an amended return/report	[] a short plan year retur	n/report (less than 12 mo							
C Check box if filing under:	X Form 5558	automatic extension			DFVC program					
	special extension (enter descri									
Part II Basic Plan Info 1a Name of plan	rmation—enter all requested info	prmation		1h		1				
	. 401(K) RETIREMENT S	GAVINGS PLAN			ee-algit n number J) ▶	001				
			T T		ective date					
2a Plan sponspr's name (employ Mailing address (include roon	n, apt., suite no. and street, or P.O.	Box)		2b Em	/01/200 ployer iden N) 61-13	lification Number				
City or town, state or province RICHARD F. FORD, M.	a, country, and ZIP or foreign posta	l code (if foreign, see instr	uctions)		Sponsor's telephone number					
					06-325-6888					
PO BOX 1327				20 BUS 62	Business code (see Instructions)					
ASHLAND	KY 41105-132 d address XSame as Plan Sponso				ninistrator's	at the state of th				
				3c Adr	ninīstrator's	telephone number				
	plan sponsor has changed since U	ne last return/report filed fo	or this plan, enter the	4b EIN	1					
a Sponsor's name	ber from the last return/report.		Γ	4c PN						
	at the beginning of the plan year			5a		20				
	at the end of the plan year			5b		12				
C Number of participants with a	ccount balances as of the end of th	e plan vear (defined bene	fit plans do not	5c		1 ()				
	licipants at the beginning of the pla			5d(1)						
	licipants at the end of the plan year	0.5		5d(2)						
Number of participants that to	erminated employment during the p	olan year with accrued ber	nefits that were less	5e						
Caution: A penalty for the late o	r incomplete filing of this return/	report will be assessed	unless reasonable caus	- 6 - 14	blished.	00				
Under penalties of perjury and othe	er penallies set forth in the instruct d signed by an enrolled actuary, as	ons, I declare that I have	examined this return/repo	ort, includ	ling, if appli	cable, a Schedule y knowledge and				
SIGN 7	1	which is	RICHARD F. FOR	D, M.1	D.					
HERE Signature of plan ad	ministrator	Date	Enter name of individua			ministrator				
SIGN HERE	1	CALCOLLE.	RICHARD F. FOR	D, M.1	D.					
Preparer's frame (including firm na		Date Iude room or suite numbe	Enter name of individua r )		as employ s telephone					
			-							
For Paperwork Reduction Act Notico	and OMB Control Numbers, see the	instructions for Form 5500-	SF.			Form 5500-SF (2015)				
						v. 150123				

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	Forr	n 5500-SF 2015		Page <b>2</b>								
	Are you cla under 29 C	the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No ming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) "R 2520.104-46? (See instructions on waiver eligibility and conditions.)										
¢		a defined benefit plan, is it covered under the PBGC in							No Not determined			
		ancial Information						]				
7		and Liabilities	. • • •	(a) Beginnin	a of Ye	ar	Τ		(b) End of Year			
a	Total plan a	ssets	7a	(		6,79	7		865,240			
b		abilities	7b									
С	Net plan as	sets (subtract line 7b from line 7a)	7c		99	6,79	7		865,240			
8	Income, Ex	penses, and Transfers for this Plan Year	•••	(a) Amo	unt				(b) Total			
а		s received or receivable from:			T	1 67	4					
		ers	8a(1)			1,57			· · ·			
		anis	8a(2)			9,57 4,00		<u>' .</u> ! :				
		(including rollovers)	8a(3)			4,82		· · ·	·····			
		ne (loss) e (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	per de la constante de la const	1.1.1.		<u> </u>	<i></i> .				
		d (including direct rollovers and insurance premiums	00			• •	<u></u>		39,974			
		enefits)	8d					·				
e	Certain dee	med and/or corrective distributions (see instructions)	8e				- ···	<u></u>				
f	Administrat	ve service providers (salaries, fees, commissions)	8f									
g	Other exper	1565	8g			8	- 1 .		an a			
h	Total exper	ses (add lines 8d, 8e, 8f, and 8g)	8h		<u>ti della del soci</u> t				85			
i	Net income	(loss) (subtract line 8h from line 8c)	i8						39,889			
j	Transfers to	(from) the plan (see instructions)	8j		-17	1,44	6					
Par		an Characteristics										
9a		provides pension benefits, enter the applicable pension	feature co	des from the List of PI	an Cha	racteris	stic Co	odes in	the instructions:			
В		2G 2J 2K 2T 3D provides welfare benefits, enter the applicable welfare fe	sature cod	es from the List of Pla	n Chara	acterist	lc Cod	les in th	e instructions:			
Pari	V Con	pliance Questions										
10	During the					Yes	No	N/A	Amount			
a	Was there described	a failure to transmit to the plan any participant contribut in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		x					
b		any nonexempt transactions with any party-in-interest			101		x					
		n line 10a.)			105	x		. ·	50,000			
-	1	n have a loss, whether or not reimbursed by the plan's			10c	~		•	50,000			
u		dishonesty?			10d		х	· · · ·				
¢	carrier, ins	ees or commissions paid to any brokers, agents, or oth urance service, or other organization that provides som See instructions.)	e or all of t	the benefits under	10e		x					
f		an failed to provide any benefit when due under the plar			10f		Х					
g		n have any participant loans? (If "Yes," enter amount as			10g	Х			12,000			
		individual account plan, was there a blackout period? (			nug		v		12,000			
	2520.101	3.)			10h		Х	•				
	exceptions	answered "Yes," check the box if you either provided th to providing the notice applied under 29 CFR 2520.101	1-3		101			•				
j	Did the pla	n trust incur unrelated business taxable income?			10j							
Part	VI Pens	sion Funding Compliance							*			
11	ls this a de 5500) and	fined benefit plan subject to minimum funding requiremented in a 11a below)	ents? (If ")	es," see instructions a	and con	nplete	Scheo	íule SB	(Form			
11a		npaid minimum required contribution for all years from										
12	Is this a de	fined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	9 OF 58	ction	302 of E	RISA? Ves X No			

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Form	5500-SF 2015 Page 3 -							
(li "Yes,"	complete line 12a or lines 12b, 12c, 12d, and 12o below, as applicable.)							
	of the minimum funding standard for a prior year is boing amortized in this plan year, see instr the waiver		ntor the Day		lottor rul 'oar	ing		
If you comp	eted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1:	3.						
<b>b</b> Entor the i	ninimum required contribution for this plan year		12b					
C Enter the a	mount contributed by the employer to the plan for this plan year		12c					
d Subtract	he amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the let mount)	ft of a	12d					
N-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	information funding amount reported on line 12d be mot by the funding deadline?			Yos	No 🗍	N/A		
Part VII. Pla	n Terminations and Transfers of Assets							
13a Hasares	slution to terminate the plan been adopted in any plan year?			Yes X No				
-	nter the amount of any plan assots that reverted to the employer this year		13a					
b Were all	te plan assots distributed to participants or beneficiaries, transferred to another plan, or brough GC?	nt under the co	ontrol					
C If during I	its plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ets or liabilities were transferred. (See instructions.)							
	e of plan(s):	13c(2)	) EIN(s) 13c(3) PN(s)					
-	enter for Women's Health 401(k) Retirement Savings Plan	20 403			001			
				1				
Part VIII. Ti	ust Information			ı				
14a Name of tr	ıst		14b i	rust's ElN				
14c Name of	rustoe or custodian		14d Trustee's or custodian's telephone number					
Part IX II	S Compliance Questions			3 <b>•</b> 1				
15a is the plac	a 401(k) plan?		Yo:		ΠNο			
15b If "Yes," h matching	aw does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	omployor	the second s			YACP		
tosting mo	ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cur thod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40	1(пі)-	Ye:	/es No				
	2(a)(2)(ii))?							
	alan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combinition and the pressive aggregation rules?		tes     Yo:		[ <sup></sup> ]No			
	an been timely amended for all required tax law changes?		Ye:	;	No	UN/A		
	est plan amendment/restatement for the required tax law changes was adopted	. Enter the	applicab	lo code	(See ir	nstruction		
17c If the plan	sponsor is an adopter of a pro-approved master and prototype (M&P) or volume submitter plan otter, enter the date of that favorable lottor and the letter's serial numbers of the second secon		t to a fa	vorable IRS	s opinion	or		
	is an individually designed plan and received a favorable determination letter from the IRS, ent		the plar	's last favo	rable			
18 Is the Plan	maintained in a U.S. territory (i.e., Puorto Rice (if no election under ERISA section 1022(i)(2) h nerican Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	nas been slands)?	Yes		ΠNo			
19 Were In-se	rvice distributions made during the plan year?		Ye:	)	No			
	ter amount		19					
	Ired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of who s required under section 401(a)(9)?		Ye	3	No	∐ N/A		