	Form 5500-SF		eturn/l Benefit	Report of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee	2	2011
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ER	ISA), and sections 6057(b) and 6058 Code (the Code).		This Form is Open to Public
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	h the instructions to the Form 5500	)-SF.	Inspection
		entification Information				
-	calendar plan year 2011 or fisca				2/31/2	
	This return/report is for:		•	e-employer plan (not multiemployer)		a one-participant plan
B -	This return/report is:	the first return/report		eturn/report		
			•	an year return/report (less than 12 mo	onths)	-
C	Check box if filing under:	Form 5558		extension		DFVC program
		special extension (enter descriptio	,			
		nation—enter all requested information	ation		46	
	Name of plan ERT B. BUX, MD FACS, PLLC 4	101(K) PS			10	Three-digit plan number
RODI						(PN) ▶ 001
					1c	Effective date of plan 01/01/2008
		ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number
ROB	ERT B. BUX, MD FACS, PLLC					(EIN) 30-0138335
					2c	Sponsor's telephone number 606-864-2541
	REUBEN STREET STE 4 DON, KY 40741				2d	Business code (see instructions) 621111
	Plan administrator's name and ERT B. BUX, MD FACS, PLLC	address (if same as plan sponsor, er 1114 REUBE			3b	Administrator's EIN 30-0138335
		LONDON, KY	40741		3c	Administrator's telephone number 606-864-2541
4		lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN
а	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	PN
		the beginning of the plan year		5a	4	
b		the end of the plan year			<u>5a</u>	4
С		count balances as of the end of the p			50	
					5c	4
				(See instructions.)		X Yes No
D				ndent qualified public accountant (IQF ions.)		X Yes No
r			orm 5500-	SF and must instead use Form 550	00.	
	rt III   Financial Informa	ation			-	
7	Plan Assets and Liabilities			(a) Beginning of Year 1039684	_	(b) End of Year 1057749
a L	•		7a	1039004		1037743
b C	•	'b from line 7a)	7b 7c	1039684		1057749
8	Income, Expenses, and Transf			(a) Amount		(b) Total
a	Contributions received or recei					
	(1) Employers		8a(1)	9812		
	(2) Participants		8a(2)	9201		
_	(3) Others (including rollovers)	)	8a(3)			
b	· · · ·			-948		40005
С С		8a(2), 8a(3), and 8b)	8c		_	18065
d		ollovers and insurance premiums	8d			
е	Certain deemed and/or correct	ive distributions (see instructions)	8e			
f	Administrative service provider	s (salaries, fees, commissions)	8f			
g	Other expenses		8g			
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			0
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			18065
j	Transfers to (from) the plan (se	ee instructions)	8j			

Page 2 - 1

## Part IV Plan Characteristics

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

## 3D 2E 2F 2G 2J 2K

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions						
10	Du	ing the plan year:		Yes	No	А	mount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		х			
С	Wa	as the plan covered by a fidelity bond?	10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		Х			
е	ins	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See uructions.)	10e		x			
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х			
i		0h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i		x			
Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					Yes	X No
12	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct nting the waiver						
lf y	/ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		<b>—</b>		r		
b	Ent	er the minimum required contribution for this plan year			12b			
		er the amount contributed by the employer to the plan for this plan year			12c			
d		ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left 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?			١	′es X No		
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?					Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to				
1	13c(1) Name of plan(s):				c(2) El	N(s)	13c(3	<b>)</b> PN(s)
Caut	ion <sup>.</sup>	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cai	ise is	establ	ished	<u>.                                    </u>	
Juni		repending to the face of mooniplete ning of the feturitreport will be assessed diffess feasiliab	val					

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.

SIGN	Filed with authorized/valid electronic signature.	06/12/2012	ROBERT B BUX
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2011

p.1

Enter name of individual signing as employer or plan sponsor

Page 2 -

Part	Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:						
9a	f the plan provides pension benefits, enter the applicable pension feature 3D 2E 2F 2G 2J 2K	e coues non me con	of Plan Characteristi	c Cod	es in the	instructions:	
b i	3D 2E 2F 2G 2J 2K f the plan provides welfare benefits, enter the applicable welfare feature	codes from the List (				<u></u>	
Part	V Compliance Questions			Yes	No	Amo	ount
				103			
а	Was there a failure to transmit to the plan any participant contributions '				x		
b	Were there any nonexempt transactions with any party-in-interest? (Do		10b	<b> </b>	X X		
с	Wee the plan covered by a fidelity bond?		100				
d	Did the plan have a loss, whether or not reimbursed by the plan's fideli	ty bond, that was cau	10d		X		
e	Were any fees or commissions paid to any brokers, agents, or other period insurance service or other organization that provides some or all of the instructions.	benefits under the p	lan? (See 10e		x		
f	Has the plan failed to provide any benefit when due under the plan?		<u>10f</u>		X		
	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)		,	X		
g h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29			x		
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3	dulled notice of one			x		
Pan 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500))	? (If "Yes," see instru	uctions and complet	e Sche	dule SE	3 (Form	Yes X No Yes X No
	5500))	a.) mortized in this plan	year, see instructior	is, and	enter ti		letter ruling ear
li I	Enter the minimum required contribution for this plan year				12b		
	Enter the amount contributed by the employer to the plan for this plan	vear			12c		·
( (		result renter a minu	S Sight to the fert of o		12d		
	Will the minimum funding amount reported on line 12d be met by the	funding deadline?				Yes	No N/A
	t VII Plan Terminations and Transfers of Assets						
[Fai	a Has a resolution to terminate the plan been adopted in any plan year?				🔲	Yes X No	
13	If "Yes," enter the amount of any plan assets that reverted to the emp	lover this year		13a			
k	Were all the plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought und				Yes 🛛 No
¢	<ul> <li>If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)</li> </ul>	this plan to another	plan(s), identify the	pian(s)	10		<b>13c(3)</b> PN(s)
	13c(1) Name of plan(s):				13c(2) [	inv(s)	130(0) 11(0)
	ution: A penalty for the late or incomplete filing of this return/repor	t will be assessed u	uniess reasonable	cause	is esta	blished.	
	ution: A penalty for the late of incomplete hinty of this return report der penalties of perjury and other penalties set forth in the instructions, is or Schedule MB completed and signed by an enrolled actuary, as well						le, a Schedule howledge and
be	lief, it is true, correct, and complete.						
			Robert B Buz				i-looka a
	ERE Signature of plan administrator	Date	Enter name of ind				
	attlim & head	18 May 201	2 KATH	KYA	<u> </u>	<u>L Buy</u>	<u> </u>

Date

them

Signature of employer/plan sponsor

SIGN HERE

May 18 12 09:51a	Kathryn Bux		859-254-0	033		p.2
	Short Form Annual Retu	ırn/Ret	ort of Small Employ	ee	0	MB Nos. 1210-0110 1210-0089
Form 5500-SF	Bei	netit ri	an	- I		011
Department of the Treasury Internal Revenue Service Department of Labor	This form is required to be filed un Retirement Income Security Act of 197 the Internal Re	4 IERIJA/	and bobberre	a) of	This Form is	Open to Public
Employee Benefits Security Administ Pension Benefit Guaranty Corpora		ce with th	e instructions to the Form 5500	-SF.		
Part I Annual Ret	port Identification Information	01/201			2/31/201	1
or calendar plan year 2011	t or fiscal plan year beginning 017		nployer plan (not multiemployer)	П	a one-particip	pant plan
<ul> <li>A This return/report is for:</li> <li>B This return/report is:</li> <li>C Check box if filing under</li> </ul>	the first return/report the an amended return/report as	e final retu	m/report ear return/report (less than 12 mo	onths)	DFVC progra	m
	special extension (enter description)					
Part II Basic Plan	Information	on		1b T	hree-digit	
1a Name of plan	, MD FACS, PLLC 401(k) PS				lan number PN) ▶	001
Robert B. Bux,	, MD FROS, FILLO LOL(S, SA			1c E	ffective date of 1/01/200	of plan 8
2a Plan sponsor's name a	and address; include room or suite number (emp	ployer, if fo	r a single-employer plan)	2b E	mployer ident ∃IN) 30 <b>−01</b> .	ification Number 38335
Robert B. Bux	, MD FACS, PLLC			(	606) 864	
1114 Reuben S	treet Ste 4				Business code	(see instructions)
London	ame and address (if same as plan sponsor, ent	er "Same")	KY 40741		dministrator's	EIN
3a Plan administrator's n SAME	1900 - Sun addiess (il adine de bien oferset) - e	- ,		3c /	Administrator's	s telephone number
name, EIN, and the p	IN of the plan sponsor has changed since the lap plan number from the last return/report.			4b 4c 5a		
5a Total number of part	icipants at the beginning of the plan year					
c Number of participar	nts with account balances as of the end of the pi	ian year (d	efined benefit plans of not	<u>5c</u>		X Yes No
6a Were all of the plan b Are you claiming a v under 29 CFR 2520 If you answered **	's assets during the plan year invested in eligible waiver of the annual examination and report of a ).104-46? (See instructions on waiver eligibility a <b>No" to either 6a or 6b, the plan cannot use Fo</b>	e assets? ( in independ ind conditio	See Instructions.) dent qualified public accountant (1 DDS.)	QPA)		X Yes No
	Information		(a) Beginning of Year		(b) E	nd of Year
7 Plan Assets and Lia	abilities	7a	1,039,	684		1,057,74
<ul> <li>a Total plan assets</li> <li>b Total plan liabilities.</li> </ul>		7b				1,057,74
c Net plan assets (sul	btract line 7b from line 7a)	70	1,039,	084	/1	1,057,74
8 Income, Expenses,	and Transfers for this Plan Year		(a) Amount		(1	7 IV(al
a Contributions receiv (1) Employers	ved ar receivable from:	8a(1)		812		
(2) Participants		8a(2)	9,	201		
(3) Others (including	ng rollovers)	8a(3)	10	48)		
	)	8b	()	/		18,0
c Total income (add l	lines 8a(1), 8a(2), 8a(3), and 8b)	. <u>8c</u>				
to provide benefits)	iding direct rollovers and insurance premiums	. <u>8d</u>				
e Certain deemed an	nd/or corrective distributions (see instructions)					
	rice providers (salaries, fees, commissions)	1				
						······································
	dd lines 8d, 8e, 8f, and 8g)					18,0
i Net income (loss) (	(subtract line 8h from line 8c)	. <u>8i</u>				
j Transfers to (from)	the plan (see instructions)	- Bj				Form 5500-SF (201