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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete an entries in acco	ruance wit	n the manuchons to the Form 5500	FOF.				
	art I Annual Report Identification Information							
For	r calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending 12	2/31/2	2011			
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan			
В	This return/report is: the first return/report	the final r	return/report					
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)				
С	Check box if filing under: Form 5558	automatio	extension		DFVC program			
	special extension (enter descript	ion)						
Pa	art II Basic Plan Information—enter all requested inform	nation						
1a	Name of plan			1b	Three-digit			
GAS	TRO EAST PHYSICIANS, PLLC 401K RETIREMENT SAVINGS PI	_AN			plan number			
			-	4 -	(PN) 001			
				1C	Effective date of plan 01/01/2003			
	Plan sponsor's name and address; include room or suite number (employer, it	f for a single-employer plan)	2b	Employer Identification Number			
GAS	STRO EAST PHYSICIANS, PLLC				(EIN) 61-1361203			
				2c	Sponsor's telephone number			
	KRESGE WAY, STE 207		_		502-894-0228			
LOUI	IISVILLE, KY 40207			2d	Business code (see instructions)			
-20	Discontinuity in the total and a state of the state of th	1 "0		2 h	621111			
		GE WAY, S	TE 207	30	Administrator's EIN 61-1361203			
	LOUISVILLE	E, KY 40207	7					
4	If the name and/or EIN of the plan sponsor has changed since the	report filed for this plan, enter the						
	name, EIN, and the plan number from the last return/report.							
	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a		21		
b	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. Sponsor's name Total number of participants at the beginning of the plan year		18					
С				5c		15		
6a	Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)		X Yes 1	Vο		
b								
	,		,		X Yes [] I	Νo		
Do	If you answered "No" to either 6a or 6b, the plan cannot use lart III Financial Information	Form 5500-	SF and must instead use Form 550	υ.				
7			(a) Ba vivuin v a () (a a		(IA) For La CM and	_		
-	Plan Assets and Liabilities Total plan assets	70	(a) Beginning of Year 2583078		(b) End of Year 2531826			
a b								
C			2583078		2531826			
8	Income, Expenses, and Transfers for this Plan Year	/C	(a) Amount		(b) Total			
а			(a) Amount		(b) Total			
_	(1) Employers	8a(1)	14774					
	(2) Participants	8a(2)	27642					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-63731					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-21315			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3902					
е								
f	Administrative service providers (salaries, fees, commissions)							
g	Other expenses	8g	26035					
h					29937			
i	Net income (loss) (subtract line 8h from line 8c)				-51252			
j	Transfers to (from) the plan (see instructions)							

Form	5500.	SF.	201

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Part IV	Plan	Characteristics
Parriv	ı Pian	Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2K 2R 3B 3D 2T

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

art	V Compliance Questions						
0	During the plan year:		Yes	No		Amount	
	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)	10a		X	,	anount	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X			3500	000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	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		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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					
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Yes X	No
2	Is this 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
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						_
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г				
	Enter the minimum required contribution for this plan year			12b			
	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 of negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N	I/A
art	VII Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	′es X No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upon the PBGC?					Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plaı	n(s) to	1			
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3) PN	(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.		-
В о	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returns Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returns, it is true, correct, and complete.						
	Filed with outhorized/volid electronic signature	4.5					

SIGN	Filed with authorized/valid electronic signature.	07/13/2012	LASZLO MAKK, M.D.
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

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Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Р	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/	2011				
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan			
В	This return/report is:	the final i	return/report		_				
			an year return/report (less than 12 m	onths))				
C	Check box if filing under: Form 5558		c extension		DFVC progra	m			
•	special extension (enter description		5 5.KG.16161.		☐ or ve pregra				
D.	art II Basic Plan Information—enter all requested informa	305040							
	Name of plan	ation		1h	Three-digit	*****			
	TRO EAST PHYSICIANS, PLLC 401K RETIREMENT SAVINGS PLA	ΔΝΙ		10	plan number				
O, 1C	THE STREET OF STREET OF STREET	(-)1 ¥			(PN) >	001			
	*			1c	Effective date of 01/01/2				
2a GAS	Plan sponsor's name and address; include room or suite number (er TRO EAST PHYSICIANS, PLLC	mployer, i	f for a single-employer plan)	2b	Employer Identif				
0055	NADEGOE MANA PER DOZ	*		2c	Sponsor's telepl				
	0 KRESGE WAY, STE 207 ISVILLE KY 40207			2d	Business code (a 621111	see instructions)			
3a SAM	Plan administrator's name and address (if same as plan sponsor, en	nter "Same	e")	3b	Administrator's E 61-136				
				3с	Administrator's to 502-894	elephone number -0228			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN				
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	DNI				
	Total number of participants at the beginning of the plan year				FIN	24			
	Total number of participants at the end of the plan year			5a	21				
				5b		18			
C	Number of participants with account balances as of the end of the p complete this item)	ian year (defined benefit plans do not	5c	İ	15			
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes ☐ No			
	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	an indeper	ndent qualified public accountant (IQI	PA)		X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 55	00.					
Pa	rt III Financial Information	ř –							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year			
а	Total plan assets	7a	2583078			2531826			
	Total plan liabilities	7b		_		****			
С	Net plan assets (subtract line 7b from line 7a)	7c	2583078			2531826			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:	00/41	14774	15					
	(1) Employers	8a(1)	27642	- :					
	(2) Participants	8a(2)	21042	-					
h		8a(3)	-63731						
	Other income (loss)	8b	-03731			24245			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				-21315			
	to provide benefits)	8d	3902						
-	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g	26035						
h,	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-		29937			
ĵ	Net income (loss) (subtract line 8h from line 8c)	8i				-51252			
1	Transfers to (from) the plan (see instructions)	o:		1	in a sini in in and a sing	rock and because with the first			

1,000		
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Par	IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for the 2A 2E 2G 2J 2K 2R 3B 3D 2T	eature codes from the L	List of Plan Chara	acterist	ic Co	des in	the instr	uctions:	
	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes from the Li	st of Plan Charac	cteristic	Cod	les in t	he instru	ctions:	
Part	V Compliance Questions					33.0			
10	During the plan year:	***	700		Yes	No		Amou	unt.
а	Was there a failure to transmit to the plan any participant contribution	ons within the time peri	od described in					AIRUL	\$11L
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Correction Program	m)	10a		Х			
D	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include transac	ctions reported	10b		Х	727		•
C	Was the plan covered by a fidelity bond?			10c	X			100000	35000
d	Did the plan have a loss, whether or not reimbursed by the plan's fir or dishonesty?	delity bond, that was ca	aused by fraud	10d		Х		53364965	
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	r persons by an insurar	nce carrier,	10e		X			
f	Has 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			10g		X			
	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructions and 29	CFR	10g		Х	* 20		
ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required notice or one	of the	10ii					
Part \		***************************************	L		1				
11	s this a defined benefit plan subject to minimum funding requiremen	nts? (If "Yes," see instru	uctions and comp	olete S	ched	ule SB	(Form	п,	, _[]
12	5500)) Is this a defined contribution plan subject to the minimum funding re							<u> </u>	Yes X No Yes X No
lf y	f a waiver of the minimum funding standard for a prior year is being granting the waiver. bu completed line 12a, complete lines 3, 9, and 10 of Schedule I	MB (Form 5500), and	Month skip to line 13.	n	···········	Day	e date of	the lette Year_	r ruling
	Enter the minimum required contribution for this plan year					12b			
d :	Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter the	ne result (enter a minus	sion to the left o	fa		12c 12d		3-	
	negative amount)					NEXT CONTROL	7 vaa	Пма	Пъи
Part \		a fullding deadline?					Yes	No	N/A
	Has a resolution to terminate the plan been adopted in any plan year?		***************************************				[7]		
	f "Yes," enter the amount of any plan assets that reverted to the em					Y	es X I	VO	4
100000	Vere all the plan assets distributed to participants or beneficiaries, tr						- 4		7.77
	of the PBGC?					itroi		_ Y	′es 🛛 No
	which assets or liabilities were transferred. (See instructions.)	Tana plan to another pla	an(s), identity the	pian(5) 10				
13	c(1) Name of plan(s):				13c	(2) EI	۱(s)	13	c(3) PN(s)
Cautio	n: A penalty for the late or incomplete filing of this return/repor	t will be assessed un	less reasonable	cause	م عا د	etabli	ebod		
Under SB or S	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a t is true, correct, and complete.	declare that I have eve	aminad this ratur	n/rana	d inc	ludina	if applie	able, a S knowled	Schedule dge and
SIGN		an. I	LASZLO MAKK,	M.D.					
HERE	Signature of plan administrator	VIII	/		einn	ing or	nlan ad-	iniotrat	
SIGN		Jaie III	Inter name of ind	ividual	sign	ny as	pian adm	unistrato	II.
HERE	Signature of employer/plan sponsor	Data	Internal Cont	i. 2.1 4					
	a - 3 contract of curbins and the short sol	Date E	nter name of ind	ividual	sign	ng as	employe	r or plan	sponsor