## 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the inst	ructions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part I	Annual Report	Identification Information						
For calend		iscal plan year beginning 01/01/2	012	and ending 1	2/31/20	012		
A This ref	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-particip	oant plan	
<b>B</b> This ref	turn/report is:	the first return/report	the final return/repo	rt				
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)	_		
C Check	box if filing under:	Form 5558	automatic extension	١		DFVC progra	ım	
		special extension (enter descrip	otion)					
Part II	Basic Plan Info	ormation—enter all requested info	rmation					
1a Name					1b ·	Three-digit		
		SSOCIATES, PSC PROFIT SHARING	G PLAN		ı	plan number		
					(	(PN) <b>•</b>	001	
					1c	Effective date o		
						09/01/		
	ponsor's name and ac Y RADIOLOGICAL A	ddress; include room or suite number SSOCIATES, PSC	(employer, if for a sing	le-employer plan)			fication Number 24908	
						Sponsor's telep	hone number	
PO BOX 212	249				20 (	502-85		
LOUISVILLE	E, KY 40221-0249				2d [	Business code (see instructions)		
						62111	1	
3a Plan a	idministrator's name a	nd address XSame as Plan Sponso	r Name Same as P	lan Sponsor Address	3b /	Administrator's	EIN	
					30	A dministrator's	telephone number	
					JC /	Administrators	elepriorie fluribei	
4 If the r	name and/or EIN of th	e plan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b	EIN		
		imber from the last return/report.	•	,				
<b>a</b> Spons	or's name				4c	PN		
<b>5a</b> Total	number of participants	s at the beginning of the plan year			5a		36	
<b>b</b> Total	number of participants	s at the end of the plan year			5b		36	
		account balances as of the end of th	. , ,	•	5c		36	
							X Yes No	
		ts during the plan year invested in eligor the annual examination and report of					A 103 L No	
		6? (See instructions on waiver eligibility)					X Yes No	
		either line 6a or line 6b, the plan ca						
Caution: A	A penalty for the late	or incomplete filing of this return/	report will be assesse	ed unless reasonable cau	ıse is e	stablished.		
Under pena	alties of perjury and o	ther penalties set forth in the instructi	ons, I declare that I have	e examined this return/rep	ort, inc	cluding, if applic	able, a Schedule	
		and signed by an enrolled actuary, as	well as the electronic v	rersion of this return/report	, and to	the best of my	knowledge and	
belief, it is	true, correct, and com	ipiete.						
SIGN	Filed with authorized	/valid electronic signature.	03/06/2013	GREGORY C. POSTE	L, M.D	) <u>.</u>		
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual sign	ning as plan adn	ninistrator	
SIGN								
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individe	ual sign	ning as employe	r or plan enoneor	
Preparer's		name, if applicable) and address; incl					number (optional)	
	. 3	,, ,		, , ,		•	. 1	
Ī								

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Pa	rt III   Financial Information									
7	Plan Assets and Liabilities				T	(b) End of Year				
<del>'</del>		70	(a) Beginning of Yea					283273	7	
_ <u>a</u>	Total plan assets	7a 7b	223200	2232002				203273	<i>I</i>	
	Net plan assets (subtract line 7b from line 7a)	76 7c	223286	32		283273	7			
8	Income, Expenses, and Transfers for this Plan Year	70		)	+					
	Contributions received or receivable from:		(a) Amount				(b) Tota	<u> </u>		
	(1) Employers	8a(1)	30623	80						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	30433	34						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						610564	1	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1050	)9						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	18	80						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1068	9	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						59987	5	
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 3D 2F	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruction	is:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	ic Cod	des in t	he instructions	::		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Δη	nount		
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)			10a		X	7	- Iouin		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
				10c	X				250000	
С	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	er person	s by an insurance carrier,							
	instructions.)		• `	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g		Χ				
		(See instru	uctions and 29 CFR	10g		X				
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	ne required	d notice or one of the	10i		X				
Par				101						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
11:	5500) and line 11a below)									
12										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the l		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
	Enter the minimum required contribution for this plan year	•	•			12b				
Ų										

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	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 a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		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 under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	l3c(2) ⊟	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			1
	Name of trust	<b>14b</b> ⊺	rust's EIN	

## 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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Ber	nefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instruc	tions to the Form 5500	)-SF.	!	·		
Part I		Identification Information	0 100 1= -			10/01/00			
For calenda	r plan year 2012 or fis	scal plan year beginning	01/01/2012	and ending		12/31/201			
A This retu	A This return/report is for:								
B This retu	ırn/report is:	the first retum/report	the final retum/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths	)			
C Check b	ox if filing under:	Form 5558	automatic extension			DFVC progra	am		
	<b>3</b>	special extension (enter desc	ription)		·	_			
Part II	Basic Plan Info	rmation—enter all requested in	<u> </u>						
1a Name o					1b	Three-digit			
	,	ogical Associates, P:	SC Profit			plan number	001		
	ing Plan				10	(PN)			
Silali	ing rian				16	Effective date o 09/01/199	•		
2a Plan sn	onsor's name and ad	Idress; include room or suite numb	er (employer, if for a single-	emplover plan)	2h		fication Number		
		ogical Associates,	or (omproyon, in for a amgre		20	(EIN) 61-122	4908		
PSC	2				2c	Sponsor's telephone number			
						(502) 852-	-1753		
PO Bo	ox 21249				2d		(see instructions)		
	sville			40221-0249	01	621111			
3a Plan ad	dministrator's name a	nd address $\overline{\mathbb{X}}$ Same as Plan Spon	sor Name USame as Plan	Sponsor Address	30	Administrator's	EIN		
					3c	Administrator's	telephone number		
		e plan sponsor has changed since imber from the last return/report.	the last retum/report filed f	or this plan, enter the	4b	EIN			
a Sponse	•	imper from the last return/report.			4c	PN			
		at the beginning of the plan year.			5a		36		
<b>b</b> Total r	number of participants	at the end of the plan year			5b		36		
		account balances as of the end of							
					5c		36		
6a Were	all of the plan's asset	ts during the plan year invested in	eligible assets? (See instru	ctions.)			X Yes No		
		of the annual examination and repo					X Yes No		
		6? (See instructions on waiver eligilether line 6a or line 6b, the plan					E 100		
		or incomplete filing of this retu							
Under pen	oltios of porium and o	ther penalties set forth in the instru	ctions I declare that I have	examined this return/re	port ir	ncluding, if applie	cable, a Schedule		
SB or Sche	edule MB completed a	and signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/repor	t, and	to the best of m	y knowledge and		
belief, it is	true, correct, and con	nplete.				7.0			
SIGN	N - C	Parto	3/5/13	Gregory C. Po	stel	, M.D.			
HERE	2		5/3/2	Enter name of individ			ministrator		
	Signature of plan	administrator	Date	Effer flame of flidivic	iuai si	gilling as plair ad	i i i i i i i i i i i i i i i i i i i		
SIGN									
	Signature of empl	oyer/plan sponsor	Date	Enter name of individ			er or plan sponsor e number (optional)		
Preparer's	name (including tirm	name, if applicable) and address;	include room of suite frumb	er (optional)	Liei	parer s telepriori	e namber (optionar)		
					1				
1									
:									

Part III Financial Information		<u> </u>		_					
7 Plan Assets and Liabilities		(a) Beginning of Yea		_	_	(b) End			
a Total plan assets	. 7a	2,232	86	2			2	<b>,</b> 832	2,737
<b>b</b> Total plan liabilities	1			_					
C Net plan assets (subtract line 7b from line 7a)	. 7с	2,232	86	2			2	<b>,</b> 832	2,737
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		+		(b) .	Total		
Contributions received or receivable from:     (1) Employers	8a(1)	306	5,23	0					
(2) Participants	8a(2)			0				I I	
(3) Others (including rollovers)	8a(3)						7,10		
<b>b</b> Other income (loss)	. 8b	304	, 33	4			10.7		
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							610	0,564
Benefits paid (including direct rollovers and insurance premiums to provide benefits)		10	,50	9					•
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f	+	18	0					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10	0,689
Net income (loss) (subtract line 8h from line 8c)	8i							599	9,875
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 3D 2F	n feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions:		
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Plan Charac	cteristi	ic Cod	les in th	ne instruc	tions:		
Part V Compliance Questions									
10 During the plan year:			1	Yes	No		Amo	unt	
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.			10a		Х				
<b>b</b> Were there any nonexempt transactions with any party-in-intere on line 10a.)	st? (Do not	include transactions reported	10b		Х				
C Was the plan covered by a fidelity bond?			10c	X				2.5	0,000
d Did the plan have a loss, whether or not reimbursed by the plan									0,000
or dishonesty?	·····		10d		Х				
Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)	I of the bend	efits under the plan? (See	10e		Х				
f Has the plan failed to provide any benefit when due under the p			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount  h If this is an individual account plan, was there a blackout period		······	10g	-	Х				
n if this is an individual account plan, was there a blackout period 2520.101-3.)	•		10h		Х		54		
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i		Х				
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ements? (If "	Yes," see instructions and con	nplete	Sche	dule SE	3 (Form	Τп	Yes	⊠No
11a Enter the amount from Schedule SB line 39					11a				
12 Is this a defined contribution plan subject to the minimum funding				ection	302 of	ERISA?		Yes	XNo
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo									
If a waiver of the minimum funding standard for a prior year is b granting the waiver.	eing amortiz	zed in this plan year, see instru		, and	enter tl Day		f the le Yea		ling
If you completed line 12a, complete lines 3, 9, and 10 of Sched	ule MB (Fo	rm 5500), and skip to line 13				,			· · · · · · · · · · · · · · · · · · ·

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	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 a negative 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?		Yes X No		
7	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 under the of the PBGC?		Yes X N		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b T	rust's EIN		