## 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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ections to the Form 550	0-SF.	
Part I		<b>Identification Information</b>				
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012
	turn/report is for:	a single-employer plan	H	olan (not multiemployer)		a one-participant plan
<b>B</b> This ret	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mg	onths)	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descri	ption)			
Part II	Basic Plan Info	rmation—enter all requested info	ormation			
1a Name	of plan				1b	Three-digit
ROBERT B.	BUX, MD FACS, PLL	C 401(K) PS				plan number
					4.	(PN) 001
					1C	Effective date of plan 01/01/2008
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)					2h	
ROBERT B.	BUX, MD FACS, PLL	C	e (employer, il lor a single	e-employer plan)	20	Employer Identification Number (EIN) 30-0138335
					2c	Sponsor's telephone number
1114 REUBI	EN STREET STE 4					606-864-2541
LONDON, K	Y 40741				2d	Business code (see instructions) 621111
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's EIN
					2-	
					3C	Administrator's telephone number
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b	EIN
		mber from the last return/report.		, , , , , , , , , , , , , , , , , , , ,		
<b>a</b> Spons	or's name				4c	PN
<b>5a</b> Total i	number of participants	at the beginning of the plan year $\!\ldots$			5a	4
<b>b</b> Total i	number of participants	at the end of the plan year			5b	4
		account balances as of the end of t		•	5c	4
	,	s during the plan year invested in el				X Yes No
_		f the annual examination and report				
•	•	? (See instructions on waiver eligibi			,	X Yes 📗 No
lf you	answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	l unless reasonable cau	ıse is	established.
		her penalties set forth in the instruc				
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a	s well as the electronic ve	ersion of this return/report	, and t	to the best of my knowledge and
bollot, it is	r		1	_		
SIGN	Filed with authorized	valid electronic signature.	05/06/2013	ROBERT B BUX		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ıning as plan administrator
SIGN						
HERE	Signature of omple	wor/plan anangar	Date	Enter name of individe	uol oio	uning as ampleyer or plan apareer
Preparer's	Signature of emplo name (including firm r	name, if applicable) and address; inc				ning as employer or plan sponsor arer's telephone number (optional)
	(	, app	or oano namo	(560)		and a telephone manifest (optional)

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Pai	t III Financial Information											
	Plan Assets and Liabilities					(b) End of	Year					
	Total plan assets	7a	105774				1138387					
	Total plan liabilities	7b	.001.10					1100	,001			
	Net plan assets (subtract line 7b from line 7a)	7c	105774	1057740			1138387					
	Income, Expenses, and Transfers for this Plan Year	,,,					(b) Total					
	Contributions received or receivable from:		(a) Amount				(a) 10	.aı				
	(1) Employers	8a(1)	301	1								
	(2) Participants	8a(2)	791	8								
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	6970	9								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						80	638			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d										
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							0			
	Net income (loss) (subtract line 8h from line 8c)	8i						80	0638			
	Transfers to (from) the plan (see instructions)	8j										
Par	t IV Plan Characteristics	U U										
	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruction	ons:				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Coc	les in t	he instruction	ns:				
_												
Part	•						<u> </u>					
10	During the plan year:	C 20-1	andra de la compansión de		Yes	No	Α	mour	nt			
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X						
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b		X						
С	Was the plan covered by a fidelity bond?			10c		Х						
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	ner person of the bene	s by an insurance carrier, efits under the plan? (See	40-		X						
	instructions.)			10e								
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X						
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 exceptions to providing the notice applied under 29 CFR 2520.10			10i		X						
Part	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)												
11a	11a Enter the amount from Schedule SB line 39											
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											
-14												
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, 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		e letter 'ear	r rulii	ng		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			u1		Day		Gai _				
	Enter the minimum required contribution for this plan year	•			T	12b						
	= In minimum required continuation for tills plan year											

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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

## 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

Pension Be	nefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 5500	)-SF.	inspection
Part I	Annual Report Id	entification Information			<u> </u>	
For calenda	ar plan year 2012 or fisca		/01/2012	and ending	12/3	1/2012
_	um/report is for:	the first return/report tr	ne final return/report	an (not multiemployer)		e-participant plan
C Check t	oox if filing under:	·	utomatic extension	m/report (less than 12 m		/C program
Part II	Basic Plan Inform	nation—enter all requested information	วก			
1a Name Robe	of plan	ACS, PLLC 401(k) PS				mber
•	ponsor's name and addre rt B. Bux, MD F	ess; include room or suite number (emp 'ACS, PLLC	oloyer, if for a single-	employer plan)	(EIN) 3  2c Sponso	er Identification Number 0-0138335 or's telephone number
1114 Londo	Reuben Street	Ste 4	KY.	40741	<del></del>	ss code (see instructions)
		address ⊠Same as Plan Sponsor Nar	D		3c Adminis	strator's telephone number
name,	, EfN, and the plan numb	lan sponsor has changed since the las er from the last return/report.	t return/report filed fo	or this plan, enter the	4b EIN	
a Spons			<u> </u>		4c PN	
_	• •	the beginning of the plan year			5a	
	•	the end of the plan yearcount balances as of the end of the pla			5b	
compl	lete this item)				5c	4
<b>b</b> Are you	ou claiming a waiver of the 29 CFR 2520,104-46? (	uring the plan year invested in eligible re annual examination and report of an See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot	independent qualifie d conditions.)	d public accountant (IQ		
		incomplete filing of this return/repor				hed.
Under pena SB or Sche	alties of periury and other	penalties set forth in the instructions, signed by an enrolled actuary, as well	declare that I have	examined this return/reg	ort, including,	if applicable, a Schedule
SIGN HERE	Lathum.	f Buy	19 /pel 13	Robert B Bux		
	Signature of plan add	ninistrator	Date/	Enter name of individe	ual signing as	plan administrator
SIGN HERE	Signature of ampleus	dalan enancar	Date	Enter name of individ	ual sionino as	employer or plan sponsor
Preparer's	Signature of employe name (including firm nam	ne, if applicable) and address; include				elephone number (optional)
		, , , , , , , , , , , , , , , , , , , ,		•	-	

Pa	rt III   Financial Information	-			_					
7	Plan Assets and Liabilities	ľ	(a) Beginning of Yes		(b) End of Year					
-ia	Total plan assets	7a	1,05					8,387		
	Total plan liabilities	7b	-,	.,				_		•
	Net plan assets (subtract line 7b from line 7a)	7c	1,05	7,74	9	******			1,13	8,387
8	Income, Expenses, and Transfers for this Plan Year	1.5	(a) Amount		(b) Total					
a	Contributions received or receivable from:		(a) raileann		1		<u>177</u>			
	(1) Employers	8a(1)	<del>1</del>	3,01						
	(2) Participants	8a(2)		7,91	.8					
	(3) Others (including rollovers)		· · · · · · · · · · · · · · · · · · ·		4		<del></del>			
	Other income (loss)	. 8b	6	9,70	9					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					<del></del>		8	0,638
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions)	. 8e	) <u>-</u> .		1					
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	7			1				-	0
	Net income (foss) (subtract line 8h from line 8c)								8	0,638
J	Transfers to (from) the plan (see instructions)	- 8j								
Par	t IV Plan Characteristics	<u> </u>			•					
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K	feature co	des from the List of Plan Chan	acteris	stic Co	des in	the instr	uction	S:	
þ	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions	:	
Part	t V Compliance Questions								<del></del>	
10	During the plan year:				Yes	No		Am	ount	-
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		x				
				10c		Х			•	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		x				
e				100						·
_	insurance service or other organization that provides some or all	of the bene	efits under the plan? (See							
	instructions.)			10e		X	<b></b> -			
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х	<u> </u>			
g				10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х				
!	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i		x				
Part	VI Pension Funding Compliance									
11										
11a	a Enter the amount from Schedule SB line 39									
12										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ie date of	f the k		ling
H	you completed line 12a, complete lines 3, 9, and 10 of Schedul									
b	Enter the minimum required contribution for this plan year	,			[	12b	į			

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	Enter the amount contributed by the employer to the class	a facthia atan una	12	<u>. I                                   </u>	<del></del>
<u>q</u>	Enter the amount contributed by the employer to the plan Subtract the amount in line 12c from the amount in line 1 negative amount)	2b. Enter the result (enter a minus sign to the le		+	
e	Will the minimum funding amount reported on line 12d be			Yes	No X N/A
Part	VII Plan Terminations and Transfers of A	ssets			
13a	Has a resolution to terminate the plan been adopted in any pl	lan year?		Yes X	No
	If "Yes," enter the amount of any plan assets that reverte				<del> </del>
b	Were all the plan assets distributed to participants or ben of the PBGC?	eficiaries, transferred to another plan, or brough	t under the contr	01	Yes X No
С	If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction	sferred from this plan to another plan(s), identify	the plan(s) to		
	3c(1) Name of plan(s):		13c(2)	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
					N .
			1		