_	m 5500-SF	Short Form Annual Rei	turn/Report o enefit Plan	of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089		
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employed					2012		
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058		This Form is Open to Public		
Pension Be	nefit Guaranty Corporation	Complete all entries in accordate	nce with the instruc	tions to the Form 5500)-SF.	Inspection		
Part I		entification Information			0/04/	2010		
	ar plan year 2012 or fisca			<u> </u>	2/31/2			
	urn/report is for:			an (not multiemployer)		a one-participant plan		
B This ret	urn/report is:		e final return/report					
•		╡		n/report (less than 12 mc	onths)	-		
C Check b	box if filing under:		utomatic extension			DFVC program		
		special extension (enter description)						
Part II		nation—enter all requested information	on		1h	Three digit		
1a Name	of plan ANESTHESIA PSC PR	OFIT SHARING PLAN			a	Three-digit plan number		
						(PN) ▶ 002		
					1c	Effective date of plan		
20 Diam an			alauran if fan a ain ala		0 h	01/01/2001		
	ANESTHESIA PSC	ess; include room or suite number (emp	bioyer, il for a single-	employer plan)	2b	Employer Identification Number (EIN) 61-1377368		
					2c	Sponsor's telephone number 859-268-1030		
425 LEWIS I	HARGETT CIRCLE I, KY 40503				2d	Business code (see instructions)		
					24	621111		
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's EIN		
					30	Administrator's telephone number		
		lan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN		
a Sponso		er nom the last return/report.			4c PN			
5a Total r	number of participants at	the beginning of the plan year			5a	7		
b Total r	number of participants at	the end of the plan year			5b			
		count balances as of the end of the pla				7		
					5c	7 X Yes No		
	•	luring the plan year invested in eligible and a second termination and report of an	,	,		Yes No		
		See instructions on waiver eligibility and				Xes No		
lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.		
		incomplete filing of this return/repor						
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.						
SIGN	Filed with authorized/va	lid electronic signature.	05/17/2013	KATHY KEATON				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator		
SIGN								
HERE	Signature of employe		Date		ual sig	ning as employer or plan sponsor		
Preparer's	name (including firm nar	ne, if applicable) and address; include r	room or suite number	r (optional)	Prep	parer's telephone number (optional)		

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a Total plan assets	. 7a	380102				4434460
b Total plan liabilities	. 7b		0			0
C Net plan assets (subtract line 7b from line 7a)	. 7c	380102	3			4434460
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:		15004	_			
(1) Employers	. 8a(1)	15091		_		
(2) Participants	. 8a(2)	3998	88	_		
(3) Others (including rollovers)	. 8a(3)	15017				
b Other income (loss)	. 8b	45617	4	-		
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	. 8c			_		647079
to provide benefits)	. 8d	1364	2			
e 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					13642
i Net income (loss) (subtract line 8h from line 8c)	. 8i					633437
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 3D 2H 2J 2F b If the plan provides welfare benefits, enter the applicable welfare f 						
Part V Compliance Questions				×		
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		Х	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not incl	lude transactions reported	10b		x	
C Was the plan covered by a fidelity bond?			10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	10d		Х	000000
e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.)	of the benefits	s under the plan? (See	10e		x	
f Has the plan failed to provide any benefit when due under the pla	in?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	.)	10q		Х	
 h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	(See instruction	ons and 29 CFR	10g		×	
If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	•		10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	e or se	ection	302 of I	ERISA? 🛛 Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applicable	e.)				
						a data af ika lattan mil'an
a If a waiver of the minimum funding standard for a prior year is bei granting the waiver.		Mon		, and e	Day	e date of the letter ruling Year
		Mon		, and e		•

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

·····							
Form 5500-SF	Short Form Annual R	eturn/Report o Benefit Plan	of Small Employ	yee		OMB Nos. 1210- 1210-	
Department of the Treasury internal Revenue Service	This form is required to be filed	d under sections 104 a	and 4065 of the Employe	e		2012	
Department of Labor Employee Bonefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security Act of the Interna	1974 (ERISA), and se I Revenue Code (the (ctions 6057(b) and 6058 Code).	3(a) of	This Form	is Open to Pub spection	olic
	Complete all entries in accord	dance with the instru	ctions to the Form 550	0-SF.			
Part I Annual Report Id For calendar plan year 2012 or fisc	lentification Information	1/01/0010					
-	a single-employer plan	1/01/2012	and ending		12/31/20		
			olan (not multiemployer)		a one-partic	ipant plan	
B This return/report is;	the first retum/report	the final return/report					
C Charleton if fit and f			rn/report (less than 12 r	nonthe			
C Check box if filing under:	Form 5558	automatic extension			DFVC prog	am	
	special extension (enter description	,					
Part II Basic Plan Inform	nation-enter all requested information	ation		·····			
1a Name of plan				1b	Three-digit		
LEXINGTON ANESTHESI	LA PSC PROFIT SHARING	PLAN			plan number (PN)	002	
				1c	Effective date of	1	
					01/01/200		
2a Plan sponsor's name and addr LEXINGTON ANESTHESI	ess; include room or suite number (el IA PSC	mployer, if for a single	-employer plan)	2b	Employer Ident (EIN) 61-137		 :r
				2c	Sponsor's telep (859) 268	hone number	
425 LEWIS HARGETT (CIRCLE			2d	Business code		<u></u>
LEXINGTON		КY	40503		621111	000 10000000	3)
3a Plan administrator's name and	address XSame as Plan Sponsor N	lame Same as Plan	Sponsor Address	3b	Administrator's	EIN	
	Min-11-11-11-11-11-11-11-11-11-11-11-11-11						
 4 If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name 	len sponsor has changed since the la per from the last return/report.	ast retum/report filed fo	or this plan, enter the		EIN		
	the beginning of the plan year				PN		
				5a			7
	the end of the plan year			5b			7
complete this item)	count balances as of the end of the p	*****		5c			7
	uring the plan year invested in eligibi				••••••	X Yes	No
D Are you claiming a warver of th under 29 CFR 2520 104-462 (ne annual examination and report of a See instructions on waiver eligibility a	an independent qualifie	ed public accountant (IQI	PA)		X Yes	No
If you answered "No" to eith	er line 6a or line 6b, the plan canno	of use Form 5500-SF	and must instead use	Form	5500		
	incomplete filing of this return/rep						
Under penalties of perjury and other	r penalties set forth in the instructions signed by an enrolled actuary, as we	s, I declare that I have	examined this return/rec	ort. in	cluding, if applic	able, a Schedul knowledge and	le J
sign Pamila	Harris	3/71.	PAMELA HARRIS				
HERE Signature of plan adn		Date 13	Enter name of individu	ual sia	ning as plan adr	ninistrator	
SIGN THUE	Klh		JANE FIELDS				
HERE Signature of employe		Date 3/2/17			ning as1 .		
	ne, if applicable) and address, include		(optional)		arer's telephone		
For Paperwork Reduction Act Notice a	and OMB Control Numbers, see the inst	ructions for Form 5500-	SE			orm 5500-SF (20	0121

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Page **2**

7 Plan Assets and Liabilities	a) Beginning of Year		/1_) End of Vr	
a Total plan assets		22	ci)) End of Year	
b Total plan liabilities	3,801,0	23		4,	434,460
c Net plan assets (subtract line 7b from line 7a)	3,801,0	23		λ	434,460
8 Income, Expenses, and Transfers for this Plan Year	(a) Amount				434,400
a Contributions received or receivable from:				(b) Total	
(1) Employers	150,9	17			<u></u>
(2) Participants	39,9	88	· · ·	ана, 11 Аландар	
(3) Others (including rollovers)					
b Other income (loss)	456,1	74			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			······		647,079
to provide benefits)	13,6	42			
e Certain deemed and/or corrective distributions (see instructions) 8e		 			VA
f Administrative service providers (salaries, fees, commissions) 8f	······································				
g Other expenses	····				
h Total expenses (add lines 8d, 8e, 8f, and 8g)		7	<u></u>		13,642
					633,437
j Transfers to (from) the plan (see instructions)		1		· · · · · ·	000,100
Part IV Plan Characteristics					<u></u>
9a If the plan provides pension benefits, enter the applicable pension feature codes from the 2E 3D 2H 2J 2F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the applicable welfare feature					
DOM'N COMMISSION OF OFFICE					
		1 T.			
10 During the plan year:		Yes	No	Amour	nt
 During the plan year; a Was there a failure to transmit to the plan any participant contributions within the time plan 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Programmeter) 	gram) 10a	Yes	No X	Amour	ıt
 During the plan year; a Was there a failure to transmit to the plan any participant contributions within the time (29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Prog b Were there any nonexempt transactions with any party-in-interest? (Do not include transon line 10a.) 	gram) 10a nsactions reported 10b	Yes		Amour	ht
 During the plan year; a Was there a failure to transmit to the plan any participant contributions within the time participant content contributions within the time participant content co	gram) 10a nsactions reported 10b 10c	Yes	x		
 During the plan year; a Was there a failure to transmit to the plan any participant contributions within the time p 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program b) Were there any nonexempt transactions with any party-in-interest? (Do not include transmit no line 10a.) c Was the plan covered by a fidelity bond?	gram) 10a nsactions reported 10b 10c as caused by fraud		x		
 10 During the plan year; a Was there a failure to transmit to the plan any participant contributions within the time p 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Prog b Were there any nonexempt transactions with any party-in-interest? (Do not include trat on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that wa or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an ins 	gram)		x x		
 During the plan year; a Was there a failure to transmit to the plan any participant contributions within the time p 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program b) Were there any nonexempt transactions with any party-in-interest? (Do not include transmit to the plan covered by a fidelity bond?	gram)		x x		
 During the plan year; a Was there a failure to transmit to the plan any participant contributions within the time p 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program b) Were there any nonexempt transactions with any party-in-interest? (Do not include transmit not ine 10a.) c Was the plan covered by a fidelity bond?	gram)		x x x		
 10 During the plan year; a Was there a failure to transmit to the plan any participant contributions within the time p 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program b) Were there any nonexempt transactions with any party-in-interest? (Do not include transmit to the plan covered by a fidelity bond? c Was the plan covered by a fidelity bond?	gram)		x x x x x x		
 10 During the plan year; a Was there a failure to transmit to the plan any participant contributions within the time p 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program b) Were there any nonexempt transactions with any party-in-interest? (Do not include transmit to the plan covered by a fidelity bond? c Was the plan covered by a fidelity bond?	gram)		x x x x x x		
 10 During the plan year; a Was there a failure to transmit to the plan any participant contributions within the time p 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Prog b Were there any nonexempt transactions with any party-in-interest? (Do not include trans on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an instinuarence service or other organization that provides some or all of the benefits under linstructions.) f Has the plan have any participant loans? (If "Yes," enter amount as of year end.)	gram)		x x x x x x		
 10 During the plan year; a Was there a failure to transmit to the plan any participant contributions within the time p 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program b) Were there any nonexempt transactions with any party-in-interest? (Do not include transmit to the plan covered by a fidelity bond?	gram)		x x x x x x x x x		
 10 During the plan year; a Was there a failure to transmit to the plan any participant contributions within the time p 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Progenetic Progenet Progenetic Progenetic Progenetic Progenetic Progenetic Progene	gram)		x x x x x x x x x		
 10 During the plan year; a Was there a failure to transmit to the plan any participant contributions within the time p 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Progenetic Progenetics 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Progenetics 29 CFR 2510.3-102? (See instructions with any party-in-interest? (Do not include transmit to the plan on the plan on the plan progenetic Progenetics 20 CFR 2510.3-102? (See instructions with any party-in-interest? (Do not include transmit to the plan on the plan.) c Was the plan covered by a fidelity bond?	gram)	X	X X X X X X X X	m	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time p 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Property Operation of the plan and pole's Voluntary Fiduciary Correction Property Operation of the plan on the plan on the plan provide the plan on the plan party-in-interest? (Do not include transmit to the plan transactions with any party-in-interest? (Do not include transmit to the plan transactions with any party-in-interest? (Do not include transmit to a.) c Was the plan covered by a fidelity bond?	gram) 10a nsactions reported 10b 10c 10c nstructions and complete	X	X X X X X X X X	m	500,000
 10 During the plan year; a Was there a failure to transmit to the plan any participant contributions within the time (29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Proposed on the time on the time (29 CFR 2510.3-102?) (See instructions and DOL's Voluntary Fiduciary Correction Proposed on the time on time on time on the time on the time on time on time on the time on tim	gram) 10a nsactions reported 10b nsactions reported 10c scaused by fraud 10d surance carrier, the plan? (See 10e 10g 10g 129 CFR 10h one of the 10i	X Schedu	X X X X X X X X Ie SB (For	m	500,000
 10 During the ptan year; a Was there a failure to transmit to the plan any participant contributions within the time p 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Prop b Were there any nonexempt transactions with any party-in-interest? (Do not include tration line 10a.)	gram) 10a nsactions reported 10b nsactions reported 10c scaused by fraud 10d surance carrier, the plan? (See 10e 10g 10g 129 CFR 10h one of the 10i	X Schedu	X X X X X X X X Ie SB (For	m	500,000
 10 During the plan year; a Was there a failure to transmit to the plan any participant contributions within the time (29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Proposed on the time on the time (29 CFR 2510.3-102?) (See instructions and DOL's Voluntary Fiduciary Correction Proposed on the time on time on time on the time on the time on time on time on the time on tim	gram) 10a nsactions reported 10b nsactions reported 10c scaused by fraud 10c scaused by fraud 10d surance carrier, 10e the plan? (See 10e 10g 10g 129 CFR 10h one of the 10i nstructions and complete 10i ion 412 of the Code or se 10a	X Schedu	X X X X X X X X Ie SB (For 1a 2 of ERIS	m Ye	500,000 s XNo
 10 During the plan year; a Was there a failure to transmit to the plan any participant contributions within the time p 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Proo b Were there any nonexempt transactions with any party-in-interest? (Do not include transmit to 10a.)	gram) 10a nsactions reported 10b nsactions reported 10c is caused by fraud 10c is caused by fraud 10d surance carrier, the plan? (See 10e 10g 10g 129 CFR 10h one of the 10i istructions and complete 10i ion 412 of the Code or se Ian year, see instructions, Month	X Schedu	X X X X X X X X X X Z X Z Z Z Z Z Z Z Z	m Ye	500,000 s XNo

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c	Enter the amount contributed by the employer to the plan for this plan year	120		
a	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		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	I	/ Yes	
Part				
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			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	contro		∏ Yes ⊠N
C	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(2)	EIN(s)	13c(3) PN(s
Part	VIII Trust Information (optional)		**************************************	L
	lame of trust	14b	Trust's EIN	<u></u>