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 Con	nplete all entries in accordan	ce with the instruc	tions to the Form 550	0-SF.		p	
Part I	Annual Report Identifica							
For calend	ar plan year 2012 or fiscal plan ye	ar beginning 01/01/2012		and ending 1	2/31/201	12		
	turn/report is for.	-	multiple-employer place final return/report	an (not multiemployer)		a one-particip	pant plan	
	an ame	ended return/report a si	hort plan year returr	/report (less than 12 m	onths)			
C Check	box if filing under: Form 5		tomatic extension			DFVC progra	m	
- · · ·	<u> </u>	extension (enter description)						
Part II	Basic Plan Information	enter all requested informatio	n		1 41 -			
1a Name BLUEGRAS	of plan S INTERNAL MEDICINE GROUP	, PLLC 401K RETIREMENT SA	AVINGS PLAN		pl	hree-digit lan number PN)	001	
						ffective date of 01/01/		
	ponsor's name and address; inclus INTERNAL MEDICINE GROUP		oyer, if for a single-	employer plan)		mployer Identif	ication Number 93696	
	ODSBURG ROAD, C-435				2c S	hone number 7-1570		
LEXINGTON	N, KY 40504-1755				2d Bt	usiness code (62111	see instructions)	
	dministrator's name and address INTERNAL MEDICINE GROUP, I		e Same as Plan URG ROAD, C-435	Sponsor Address	3b Ac	dministrator's E 26-04		
						859-277	·-1570	
name	name and/or EIN of the plan spons , EIN, and the plan number from th or's name		return/report filed fo	r this plan, enter the	4b E			
	number of participants at the begin	nning of the plan year			5a	.,	6	
_	number of participants at the end of	. ,			5b		4	
C Numb	er of participants with account bal- lete this item)	ances as of the end of the plan	year (defined bene	fit plans do not	5c		3	
	all of the plan's assets during the						X Yes No	
b Are yo	ou claiming a waiver of the annual 29 CFR 2520.104-46? (See instru	examination and report of an i	ndependent qualifie	d public accountant (IQ	PA)		X Yes No	
If you	answered "No" to either line 6a	or line 6b, the plan cannot u	use Form 5500-SF	and must instead use	Form 55	500.		
Caution: A	A penalty for the late or incomple	ete filing of this return/report	will be assessed u	unless reasonable cau	ıse is es	tablished.		
SB or Sche	alties of perjury and other penaltie edule MB completed and signed by true, correct, and complete.							
SIGN HERE	Filed with authorized/valid electron	onic signature.	05/22/2013	DANIEL BEITING				
Signature of plan administrator Date		Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sp		Date		vidual signing as employer or plan sponsor			
Preparer's	name (including firm name, if appl	icable) and address; include ro	oom or suite number	(optional)	Prepare	er's telephone	number (optional)	

Form 5500-SF 2012 Page **2**

Dor	t III Einangial Information		-				
<u> </u>	t III Financial Information Plan Assets and Liabilities		(a) Baginning of Vac				(h) End of Voor
	Total plan assets	7a	(a) Beginning of Yea	(b) End of Year			
	Total plan liabilities	7a 7b	270734				333736
	Net plan assets (subtract line 7b from line 7a)	7c	27073	84			333736
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	1073	8			
	(2) Participants	8a(2)	3631	0			
	(3) Others (including rollovers)	8a(3)					
<u>b</u>	Other income (loss)	8b	1749)2			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					64540
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9	16			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	144	2			
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1538
	Net income (loss) (subtract line 8h from line 8c)	8i					63002
	Transfers to (from) the plan (see instructions)	8j					
Par							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Coc	les in tl	ne instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amazint
a	Was there a failure to transmit to the plan any participant contribu				165	X	Amount
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a			
	on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,				
	insurance service or other organization that provides some or all cinstructions.)			10e	X		3287
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount a					X	
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X	
i	2520.101-3.)	ne require	d notice or one of the	10h			
Part	vi Pension Funding Compliance	1-3		10i			
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	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mor	ıth	and e	enter th Day	e date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		
b	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2012 Page 3 - 1			
	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	
	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):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part Annual Report Identification Information

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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01,	/01/2012	and ending	12/31/2012
A This return/report is for:	a multiple-employer p	olan (not multiemployer)	a one-participant plan
B This return/report is:	the final return/report		
an amended return/report a	short plan year retui	n/report (less than 12 mor	nths)
C Check box if filing under: Form 5558	automatic extension		DFVC program
special extension (enter description			☐ av ve bve3vavi
Rartil Basic Plan Information—enter all requested informat			
1a Name of plan	1011	1	1b Three-digit
BLUEGRASS INTERNAL MEDICINE GROUP, PLLC 401	K RETIREMENT	SAVINGS PLAN	plan number
			(PN) ▶ ⁰⁰¹
			1c Effective date of plan 01/01/2008
2a Plan sponsor's name and address; include room or suite number (em	ployer, if for a single	-employer plan)	2b Employer Identification Number
BLUEGRASS INTERNAL MEDICINE GROUP, PLLC		,	(EIN) 26-0493696
1401 HARRODSBURG ROAD, C-435			2c Sponsor's telephone number 859-277-1570
		1	2d Business code (see instructions)
LEXINGTON KY 40504-1755			621111
3a Plan administrator's name and address Same as Plan Sponsor Na BLUEGRASS INTERNAL MEDICINE GROUP, PLLC	me ∐Same as Plar	·	3b Administrator's EIN 26-0493696
]	3c Administrator's telephone number
1401 HARRODSBURG ROAD, C-435			859-277-1570
		•	
LEXINGTON KY 40504-1755			
4 If the name and/or EIN of the plan sponsor has changed since the last	st return/report filed fo	or this plan, enter the	4b ein
name, EIN, and the plan number from the last return/report. a Sponsor's name		1	4c PN
5a Total number of participants at the beginning of the plan year			
b Total number of participants at the end of the plan year		<u> </u>	5a 6
C Number of participants with account balances as of the end of the pla			5b 4
complete this item)	in year (delined bene	thit plans do not	5 c 3
6a Were all of the plan's assets during the plan year invested in eligible			
b Are you claiming a waiver of the annual examination and report of an	independent qualifie	d public accountant (IQPA	N)
under 29 CFR 2520.104-46? (See instructions on waiver eligibility an If you answered "No" to either line 6a or line 6b, the plan cannot	d conditions.)	and must instead use Ea	X Yes No
Caution: A penalty for the late or incomplete filing of this return/report			
Under penalties of perjury and other penalties set forth in the instructions,			
SB or Schedule MB completed and signed by an enrolled actuary, as well belief, it is true, correct, and complete.	as the electronic vers	sion of this return/report, a	nd to the best of my knowledge and
he me	1	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
SIGN HERE		DANIEL BEITING	
Signature of plan administrator	Date		signing as plan administrator
SIGN. HERE		DANIEL BEITING	
Signature or employer/plan sponsor	Date	Enter name of individual	signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include r	oom or suite number	(optional) P	reparer's telephone number (optional)

Pa	italia Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	Τ'''		(b) End of Year		
a	Total plan assets	7a	, , , , , , , , , , , , , , , , , , ,	707	34			333736	
b	Total plan liabilities	7b			\top				
С	Net plan assets (subtract line 7b from line 7a)	7¢	2	7073	34			333736	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1		(b) Total		
а		8a(1)	(,,	1073	38				
	(2) Participants	8a(2)		363:	10				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		1749	92				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				6454			
	Benefits paid (including direct rollovers and insurance premiums			ioninini in in incidenti					
	to provide benefits)	8d			96				
	Certain deemed and/or corrective distributions (see instructions)	8e _							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		144	12				
g_	Other expenses	8g	3/1-10-1-16/1-1-10-16/1-1-10-16/1-16/1-16	vehalumen.					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1538	
<u>.</u>	Net income (loss) (subtract line 8h from line 8c)	8i (efellissferhersterhler		63002	
	Transfers to (from) the plan (see instructions)	8j							
1000	Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature cod	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Chara	cterist	ic Coc	ies in 1	the instructions:		
Par					Yes			<u> </u>	
10						No	Amount		
	a 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)					·x	·		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	with any party-in-interest? (Do not include transactions reported				x			
С	Was the plan covered by a fidelity bond?		•••••	10c	İ	X]		
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 other	er persons	by an insurance carrier.				<u> </u>		
	insurance service or other organization that provides some or all o instructions.)		•	10e	х		·	3287	
⊸ 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 er	nd.)	10g		х			
: h	If this is an individual account plan, was there a blackout period? (52520.101-3.)			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 2520.101	e required -3	notice or one of the	10i		·			
Part	VI. Pension Funding Compliance			•			Same constant and constant and enclosive control of the control of	eintoren caronne proné	
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete \$	Sched	ule SE	3 (Form Yes	∏ No	
11a	Enter the amount from Schedule SB line 39				1	11a			
12	Is this a defined contribution plan subject to the minimum funding r				_ '		ERISA? Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applical	ble.)				· · · · · · · · · · · · · · · · · · ·		
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortize	d in this plan year, see instruc	tions,	and e	nter th	ne date of the letter rul Year	ing	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forn	n 5500), and skip to line 13.					***************************************	
b	Enter the minimum required contribution for this plan year	••••		[12b				

	Form 5500-SF 2012		Page 3 -					
		· · · · · · · · · · · · · · · · · · ·			- 27	r		
C	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 negative amount)	ne 12b. Enter the result	(enter a minus sign to the	left of a	12d			
е	Will the minimum funding amount reported on line 12		*.			Yes	No	N/A
Part	VII Plan Terminations and Transfers o	f Assets						,
13a	Has a resolution to terminate the plan been adopted in a	ny plan year?		******	. 🔲 🕯	es X No		
	If "Yes," enter the amount of any plan assets that rev	erted to the employer t	nis year		. 13a			
b	Were all the plan assets distributed to participants or of the PBGC?	beneficiaries, transferre	ed to another plan, or brou	ght under the	control	· .	Yes	X No
C	If during this plan year, any assets or liabilities were twhich assets or liabilities were transferred. (See instr	ransferred from this pla						
1	3c(1) Name of plan(s):			· · · · · · · · · · · · · · · · · · ·	13c(2) El	N(s)	13c(3) PN(s)
					-		1	· .
							<u> </u>	
Ham	VIII Trust Information (optional)							
14a i	14a Name of trust			14b Trust's EIN				