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

	01101011 20	Tion Guaranty Corporation	!	Complete all entries in ac	cordance wit	<u>h the instruc</u>	tions to the Form 550	<u>0-SF.</u>				
P	art I	Annual Report	lden	ntification Information								
For	calenda	ar plan year 2012 or fis	<u>cal p</u>	olan year beginning 01/01/	/2012		and ending 1	2/31/	2012			
Α	This retu	urn/report is for:	X	a single-employer plan	a multiple	e-employer pl	an (not multiemployer)		a one-partici	pant plan		
В	This retu	urn/report is:	t	the first return/report	X the final r	eturn/report						
			{	an amended return/report	a short pla	an year returr	/report (less than 12 m	onths)			
С	Check h	oox if filing under:	Π̈́́́́	Form 5558	automatic	extension			DFVC progra	am		
	OHOOK E	oox ii iiiiiig ariaor.	Ħ,	special extension (enter desci	ш							
P	art II	Rasic Plan Info		tion—enter all requested inf	· /							
	Name		IIIa	tion—enter all requested in	omation			1h	Three-digit			
		•	K) PF	ROFIT SHARING PLAN				'~	plan number			
		, ,	,						(PN) •	001		
								1c	Effective date o	f plan		
									01/01			
		oonsor's name and add RMER, MD, PSC	dress	s; include room or suite number	er (employer, it	f for a single-	employer plan)	2b	Employer Identi			
0011		irtivizit, ivib, i oo						-	(=114)	08702		
4004	DUTO	INAANO LANE OLUTE						2C	Sponsor's telep			
		HMANS LANE-SUITE ! ;, KY 40207	טט					2d		(see instructions)		
									6211			
3a	Plan ac	dministrator's name an	d add	dress XSame as Plan Spons	sor Name	Same as Plan	Sponsor Address	3b	EIN			
					Ш							
								3с	Administrator's	telephone number		
4	If the n	name and/or FIN of the	nlan	n sponsor has changed since	the last return/	report filed fo	r this plan enter the	4h	EIN			
•				from the last return/report.	the last retain,	roport mod ro	r tho plan, office the	4b EIN				
а	Sponso	or's name		·				4c PN				
5a	Total n	number of participants	at the	e beginning of the plan year				5a		4		
b	Total n	number of participants	at the	e end of the plan year				5b		0		
С	Numbe	er of participants with a	accou	unt balances as of the end of	the plan year (defined bene	fit plans do not	_				
	comple	ete this item)	<u></u>					5c		0		
		•		ng the plan year invested in e	-	•	•			X Yes No		
b				annual examination and repor e instructions on waiver eligib						X Yes ☐ No		
				line 6a or line 6b, the plan c	-							
Cai				complete filing of this return								
				enalties set forth in the instruc						able, a Schedule		
SB	or Sche	dule MB completed an	nd sig	ned by an enrolled actuary, a								
beli	ef, it is t	rue, correct, and comp	lete.									
SIG	N	Filed with authorized/\	valid ·	electronic signature.	07/20	/2013	JOHN M. FARMER					
HE		Signature of plan as	dmin	istrator	Date			ual cid	ning as plan adr	ministrator		
		Signature of plan ac				0/2012	Enter name of individ	uai Siţ	griirig as piari aur	IIIIIStrator		
SIGN Filed with authorized/valid electronic signature. 07/20/2013 JOHN M. FARMER HERE 2												
Signature of employer/plan sponsor Date Enter name of individent												
-re	paret S I	name (including firm ha	лпе,	ii applicable) and address; In	iciuue 100M Of	Suite Humbel	(οριιοπαι)	Prek	varer s rereprione	number (optional)		

Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	nd of \	/ear	
a	Total plan assets	7a	16572				(2) =:		- oui	0
	Total plan liabilities	7b		0						0
	Net plan assets (subtract line 7b from line 7a)	7c	16572				0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h) Tota	<u> </u>	
	Contributions received or receivable from:		(a) Amount				<u>u)</u>	, i Ota	<u>'</u>	
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	2669	91						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2669)1
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	19241	1						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1924	11
ī	Net income (loss) (subtract line 8h from line 8c)	8i							-16572	20
j	Transfers to (from) the plan (see instructions)	8j		0						-
Pa	rt IV Plan Characteristics	<u> </u>	l							
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the inst	ruction	ıs:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions	:	
_										
Par				1			I			
10	During the plan year:				Yes	No		An	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c	X					256000
C	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	of the bene	efits under the plan? (See			X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
ŀ	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						
Par										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
118	500) and line 11a below)							110		
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 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	ne date d	of the I		uling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
k	Enter the minimum required contribution for this plan year					12b				

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С	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?	X	res 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		X Yes	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):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

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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

P	art I Ann	ual Report	Identification Information	The first section of the first			15.			
For	calendar plan y	ear 2012 or fi	scal plan year beginning	01/01/2012	and ending	12/31/2012)			
Α .	This return/repo	rt is for:	🕱 a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-par	ticipant plan			
B ·	This return/repo	rt is:	the first return/report	x the final return/report						
			an amended return/report	a short plan year retu	rn/report (less than 12 m	noņths)				
C	Check box if filing	ng under:	Form 5558	automatic extension		DFVC pro	gram			
			special extension (enter descrip	otion)		_				
Pa	art II Basi	c Plan Info	ormation enter all requested in	formation						
1a	Name of plan					1b Three-digit				
	JOHN M. F	ARMER, MD	, PSC 401(k) PROFIT SHAR	ING PLAN		plan number (PN) ►	001			
						1c Effective da 01/01/19				
 2a	Plan sponsor's	name and a	ddress; include room or suite numbe	r (employer, if for a single	e-employer plan)		entification Number			
	JOHN M. F			. (,,,		(EIN) 61-				
						2c Sponsor's te	elephone number			
	4001 DUTC	HMANS LAN	E-SUITE 5D			(502) 89				
			TTT 4000H			2d Business co 621111	de (see instructions)			
	LOUISVILLI		KY 40207 and address X Same as Plan Spor	nsor Name Same as I	Plan Sponsor Address	3b Administrato	nr'e FIN			
	r ian adminion		and address [11] same as a lan open	Tool Hame L came as	i idir Oponsor Address	OD Administrate	JI 3 LIIV			
						3c Administrato	or's telephone number			
						7 Administrator o telephone mambel				
						• .				
4			ne plan sponsor has changed since to Imber from the last return/report.	ne last return/report filed t	for this plan, enter the	4b EIN				
а	Sponsor's nan	•				4c PN				
<u></u>	Total number	of participants	s at the beginning of the plan year		***************************************	5a	4			
b			s at the end of the plan year			5b	0			
С 			account balances as of the end of the			5c	0			
6a	Were all of the	plan's asset	s during the plan year invested in elig	gible assets? (See instruc	tions.)		X Yes No			
b			of the annual examination and report		ed public accountant (IQI	PA)				
			? (See instructions on waiver eligibili				X Yes No			
		•	either line 6a or line 6b, the plan ca e or incomplete filing of this returr							
			other penalties set forth in the instruc	1.0.00000000000000000000000000000000000						
SE	3 or Schedule M	B _g completed	and signed by an enrolled actuary, a							
be	lief, it is true, co	ect, and cor	mplete		No. Control of the Co					
s	IGN WAD	VVVVV	James -	4/18/13	JOHN M. FARMER					
Н	IERE Signatur	e of plan adı	ministrator	Date	Enter name of individua	al signing as plan a	dministrator			
s	IGN V			780	SAME					
- 3395			er/plan sponsor	Date	Enter name of individua	al signing as emplo	yer or plan sponsor			
Pr	eparer's name (including firm	name, if applicable) and address; in	clude room or suite numb	er (optional)	Preparer's telepho	one number (optional)			

Pa	rt III Financial Information									
7	Plan Assets and Liabilities	All Marines	(a) Beginning of Yea	r	(b) End of Year					
а	Total plan assets	7a	165,7	20	ı .					
b	Total plan liabilities	7b		0			0 ~			
С	Net plan assets (subtract line 7b from line 7a)	7c	165,7	20	//				0	
8	Income, Expenses, and Transfers for this Plan Year	Parker.	(a) Amount			al	•			
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0	THE STATE					
	(3) Others (including rollovers)	8a(3)		0	7 () () () () () () () () () (51.	
b	Other income (loss)	8b	26,6	91	10.54	18.7				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		ukin.	5		yogg gayana maran harinasa	26,69)1	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	192,4	11		172			1.1.	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0				1		
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						192,41	.1	
i	Net income (loss) (subtract line 8h from line 8c)	8i						(165,720))	
j	Transfers to (from) the plan (see instructions)	8j		0				31.0765		
Pa	rt IV Plan Characteristics									
b										
	rt V Compliance Questions							· · · · · · · · · · · · · · · · · · ·	A c	
10	During the plan year:			1	Yes	No	Ai	nount	45	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ection Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	·	10b		х				
С	Was the plan covered by a fidelity bond?			10c	x			256	,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		-		
е	Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.)	of the bene	efits under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g		х			· .	
h		See instru	uctions and 29 CFR	10h	4	x				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107	ne required	d notice or one of the	10i				100		
Pa	rt VI Pension Funding Compliance			1.0.					45.262012	
									3.4	
77	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)								☑No	
11	a 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 applicable.)									
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.						· ·	
b	No. of the second secon					12b				
	The second secon					.=0				

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С	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		9. 5.
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?	ΧY	es 🔲 I	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coff the PBGC?			X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
	13c(1) Name of plan(s): 13c	(2) EIN	(s)	13c(3) PN(s)
		,,,,,		
Part	VIII Trust Information (optional)			
14a	Name of trust	14b T	rust's Ell	N
				4 \\ \frac{1}{2} \\ \tau \\ \t

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