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

Р	ension Be	nefit Guaranty Corporation	▶ Complete all entries in acc	ordance	with the instruc	tions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Pa	art I	Annual Report I	dentification Information												
For	calenda	ar plan year 2012 or fisc	cal plan year beginning 01/01/2	012		and ending	12/31/2	2012							
		arrivioport io ior.	a single-employer plan	H		an (not multiemployer)	oyer) a one-participant plan								
В	This ret	urn/report is:	the first return/report	H	nal return/report										
			an amended return/report	a shor	t plan year return	/report (less than 12 m	onths))							
C	Check b	oox if filing under:	Form 5558	auton	natic extension			DFVC program							
			special extension (enter descrip	otion)											
Pa	art II	Basic Plan Infor	mation—enter all requested info	rmation											
	Name						1b	Three-digit							
			C 401K RETIREMENT SAVINGS F	PLAN				plan number							
								(PN) ▶	001						
							1c	Effective date o	•						
		 						01/01							
		oonsor's name and add AST PHYSICIANS, PLL	Iress; include room or suite number .C	r (employe	er, if for a single-e	employer plan)	2b	Employer Identi (EIN) 61-13	fication Number 61203						
							2c	Sponsor's telep	hone number						
3950	KRESC	SE WAY, STE 207						502-89							
LOUI	SVILLE	, KY 40207					2d	Business code ((see instructions)						
								621111							
3a	Plan ad	dministrator's name and	d address XSame as Plan Sponso	or Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN						
							3c Administrator's telephone number								
4			plan sponsor has changed since the	ne last ret	urn/report filed fo	r this plan, enter the	4b EIN								
_		•	ber from the last return/report.				40.00								
		or's name					4c	PN	18						
ъa			at the beginning of the plan year				5a								
b	Total r	number of participants a	at the end of the plan year				5b		18						
С			ccount balances as of the end of th		,	•	5c		13						
6a			during the plan year invested in eli						X Yes No						
b		·	the annual examination and report	-	,	•									
			(See instructions on waiver eligibili						X Yes No						
	If you	answered "No" to eit	her line 6a or line 6b, the plan ca	nnot use	Form 5500-SF a	and must instead use	Form	5500.							
Cau	ıtion: A	penalty for the late o	r incomplete filing of this return/	report wi	ill be assessed ບ	ınless reasonable cau	use is	established.							
			er penalties set forth in the instructi												
		dule MB completed and rue, correct, and compl	d signed by an enrolled actuary, as lete.	well as the	he electronic vers	sion of this return/report	t, and	to the best of my	knowledge and						
	<i>'</i>			-											
SIG HEF		Filed with authorized/v	ralid electronic signature.	07	7/29/2013	LASZLO MAKK, M.D.									
ПЕ	\ <u>L</u>	Signature of plan ad	ministrator	D	ate	Enter name of individ	ual sig	gning as plan adr	ninistrator						
SIG															
HEF	RE	Signature of employer/plan sponsor Date Enter name				Enter name of individ	dividual signing as employer or plan spor								
Pre	parer's		ame, if applicable) and address; inc						number (optional)						
							·								

Form 5500-SF 2012 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) Enc	l of V	oar		
	Total plan assets	(a) Beginning of Tea		(b) End of Year 2627004							
_ <u>a</u>	Total plan liabilities								02700	4	
	Net plan assets (subtract line 7b from line 7a)							2	62700	4	
8		70		-0			(h)			4	
	Contributions received or receivable from:	ome, Expenses, and Transfers for this Plan Year (a) Amount						Total			
	(1) Employers	8a(1)	921	6							
	(2) Participants	Participants									
	(3) Others (including rollovers)	8a(3)	1720)9							
b	Other income (loss)	8b	22530)8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							26746	4	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14901	9							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	2326	67							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							17228	86	
i	Net income (loss) (subtract line 8h from line 8c)	8i							9517	'8	
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 2A 2E 2G 2J 2K 2R 3B 3D 2T	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ction	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions			
Par	t V Compliance Questions										
10					Yes	No		A			
a	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tions within	n the time period described in		162	NO		Am	ount		
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	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					350	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				330	7000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service or other organization that provides some or all of					V					
	instructions.)			10e		X					
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							
Par	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,					•		Yes	X	No
11:	,										
12		Enter the amount from Schedule SB line 39									
12	· · · · · · ·	to the defined community pair outspect to the minimum arrange of the community of the commu								110	
a	If a waiver of the minimum funding standard for a prior year is being	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		Yea	<u>ــــ</u>		
	Enter the minimum required contribution for this plan year	•				12b					
	Enter the minimum required continuation for this plant year						Ī				

	Form 5500-SF 2012									
С	Enter the amount contributed by the employer to the plan for this plan year.	12	C.							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	12	d!							
е	Will the minimum funding amount reported on line 12d be met by the funding		. [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	Y	es N	0					
	If "Yes," enter the amount of any plan assets that reverted to the employer	13	а							
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	red to another plan, or brought under	the conti	ne control Yes						
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the pla	n(s) to			_				
13c(1) Name of plan(s):						13c(3) PN(s)				
Part	VIII Trust Information (optional)					•				
) Tr	ust's EIN					

OMB Nos. 1210-0110

1210-0089

Form 5500-SF

Department of the Treasury Internal Revenue Service

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 the Internal Revenue Code (the Code).

2012

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Department of Labor This Form is Open to Public Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation > Complete all entries in accordance with the instructions to the Form 5500-SF Part I | Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) the first return/report the final return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report □ DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number GASTRO EAST PHYSICIANS, PLLC 401K RETIREMENT SAVINGS PLAN 001 (PN) > 1c Effective date of plan 01/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number GASTRO EAST PHYSICIANS, PLLC 61-1361203 (EIN) 2c Sponsor's telephone number (502) 894-0228 3950 KRESGE WAY, STE 207 2d Business code (see instructions) 621111 LOUISVILLE, KY 40207 3a Plan administrator's name and address |x|Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN 5a Total number of participants at the beginning of the plan year 5a 18 b Total number of participants at the end of the plan year..... 18 5b C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 13 5c No Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot 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 unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. LASZLO MAKK, M.D. SIGN. HERE Enter name of individual signing as plan administrator Signature of plan administrator Date SIGN HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Х

10h

Form 5500-SF 2012 Page 2 Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets..... 7a 2531826 2627004 b Total plan liabilities..... 7b C Net plan assets (subtract line 7b from line 7a)..... 7c 2531826 2627004 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 9216 15731 (2) Participants..... 8a(2) (3) Others (including rollovers) 8a(3) 17209 b Other income (loss)..... 8b 225308 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 267464 Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 149019 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions). 8f g Other expenses..... 8g 23267 h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 172286 Net income (loss) (subtract line 8h from line 8c)..... 8i 95178 Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2K 2R 3B 3D 2T If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes During the plan year: 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) 10a Х b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b Was the plan covered by a fidelity bond? 10c Х 350000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 10d Х Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See 10e Х f Has the plan failed to provide any benefit when due under the plan? Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g х

Pari	VI.	Pension Funding Compliance					,
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 00) and line 11a below)				Yes X	No
11a		ter the amount from Schedule SB line 39	11a				
12	ls l	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
	(lf "	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and nting the waiver	enter the Day		ie lette Year	r ruling	i
If	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ent	er the minimum required contribution for this plan year	12b		**************************************	·	

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

	Form 5500-SF 2012 Page 3 - 1	_											
	Enter the amount contributed by the employer to the plan for this plan year	.]	12	 2c	T								
d	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)												
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	.,,		Ţ		Y	es'		1	No	П	N/A	
Part	VII Plan Terminations and Transfers of Assets												
13a	Has a resolution to terminate the plan been adopted in any plan year?)	<u> </u>	Ye	S		No)				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year											0	_
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						rol Yes X N						X No	 >
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) 1	to										
1	3c(1) Name of plan(s):	1:	3c(2	2) E	IN	(s)			I	13¢	(3)	PN(s)	
Part	VIII Trust Information (optional)	-											
P-20-00-00-00-00-00-00-00-00-00-00-00-00-						14b Trust's EIN							