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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

P	ension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instruc	ctions to the Form 550	0-SF.	opoono
Pa	art I	Annual Repor	t Identification Information				
For	calenda	ar plan year 2012 or	fiscal plan year beginning 01/01/2012		and ending 1	2/31/2012	
		urn/report is for: urn/report is:		a multiple-employer pl he final return/report	an (not multiemployer)	a one-pa	articipant plan
			an amended return/report a	short plan year return	n/report (less than 12 mo	onths)	
С	Check b	oox if filing under:	X Form 5558 a special extension (enter description	automatic extension		DFVC p	rogram
Pa	art II	Basic Plan Inf	ormation—enter all requested informat	ion			
1a	Name	of plan	STS PSC 401(K) PROFIT SHARING PLAN			1b Three-digit plan number (PN) ▶	
						1c Effective da	ate of plan 01/01/1983
		oonsor's name and a MEDICAL SPECIALIS	ddress; include room or suite number (em STS PSC	ployer, if for a single-	employer plan)		dentification Number 61-1124412
		AWAY DR. SUITE 10	0				telephone number 9-236-6613
DAN	VILLE, I	KY 40422					ode (see instructions) 321111
3a	Plan a	dministrator's name a	and address XSame as Plan Sponsor Na	me Same as Plar	Sponsor Address	3b Administrat	or's EIN
4	If the r	name and/or FIN of th	ne plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b EIN	
а	name,		umber from the last return/report.			4c PN	
5a	Total r	number of participant	s at the beginning of the plan year			5a	21
b	Total r	number of participant	s at the end of the plan year			5b	23
С	Numbe	er of participants with	n account balances as of the end of the pla	an year (defined bene	fit plans do not	5c	23
6a b	Are you	ou claiming a waiver of 29 CFR 2520.104-40	ets during the plan year invested in eligible of the annual examination and report of ar 6? (See instructions on waiver eligibility ar either line 6a or line 6b, the plan canno	n independent qualifiend conditions.)	d public accountant (IQI	PA) 	
Cau	ıtion: A	penalty for the late	or incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ise is established	d.
SB	or Sche		other penalties set forth in the instructions, and signed by an enrolled actuary, as well nplete.				
SIG		Filed with authorized	d/valid electronic signature.	09/20/2013	DANIEL J. MORAN		
ПСІ	NE .	Signature of plan	administrator	Date	Enter name of individu	ual signing as plar	n administrator
SIG							
			oyer/plan sponsor name, if applicable) and address; include	Date room or suite numbe			ployer or plan sponsor hone number (optional)

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Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ar		
a	Total plan assets	7a	` ' -	2013812			2321082				
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	201381	2			2321082				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) -	Γotal			
	Contributions received or receivable from:		(a) runount				(2)	· Ota.			
	(1) Employers	8a(1)	4777	0							
	(2) Participants	8a(2)	3094	17							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	24493	32							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	23649		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1623	19							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	14	0							
q	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							16379)	
	Net income (loss) (subtract line 8h from line 8c)	8i							07270		
	Transfers to (from) the plan (see instructions)	8j							01210		
_	t IV Plan Characteristics	l ol									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruc	ions:			
Part	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а				10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					1400	000
d	, ,			100						1400	<u> </u>
	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X					į	579
f	Has the plan failed to provide any benefit when due under the plan			10f		X	1				
					X						
g h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g	^	X				296	635
i	2520.101-3.)	ne required	d notice or one of the	10h							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
_11a	Enter the amount from Schedule SB line 39					11a				_	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X	No
	(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.		Mon		and e	enter th Day		the let Year		ing	
If	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					

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

Form 5500-SF

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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).

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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

Water Control	art I	·	Identification Information		and an direct	1.0	(21/0010				
For	calenda	r plan year 2012 or tis	scal plan year beginning	01/01/2012	and ending	12,	/31/2012				
A ·	This retu	ım/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)	er) a one-participant plan					
В .	This retu	ım/report is:	the first return/report	the final return/report							
			an amended return/report	a short plan year retur	n/report (less than 12 m	onths)					
C	Check b	ox if filing under:	X Form 5558	automatic extension		Пр	FVC program				
		•	special extension (enter des	cription)							
Pa	ırt II	Basic Plan Info	rmation—enter all requested in			·					
	Name o				<u> </u>	1b Three	e-digit				
		•	SPECIALISTS PSC				number				
		() PROFIT SHA				(PN)		001			
	401 (r	() PROFII SHA	RING FLAN				tive date of plan 01/1983	*			
			dress; include room or suite number SPECIALISTS PSC	per (employer, if for a single-	employer plan)	2b Empl	oyer Identification 61-1124412	Number			
						2c Spor	nsor's telephone no	umber			
	478 V	WHIRLAWAY DR.	SUITE 100		ł	<u>-</u> -	ness code (see ins	tructions)			
	DANV]	LLE		KY	40422		.111	,			
3a			nd address XSame as Plan Spor	nsor Name Same as Plan	Sponsor Address	3b Admi	nistrator's EIN				
			_	_							
						3C Admi	inistrator's telepho	ne number			
	16.4				- this slaw subsetts	41					
4			e plan sponsor has changed since mber from the last return/report.	e the last return/report filed to	runs plan, enter the	4b EIN					
а		or's name				4c PN					
5a	Total n	umber of participants	at the beginning of the plan year			5a		21			
b	Total n	umber of participants	at the end of the plan year			5b		23			
¢	Numbe	er of participants with	account balances as of the end o	f the plan year (defined bene	fit plans do not		· · · · · · · · · · · · · · · · · · ·				
						5c		23			
6a			s during the plan year invested in				X	es No			
b			f the annual examination and reports of the instructions on waiver eligi					es No			
			ither line 6a or line 6b, the plan					ca 🖂 140			
Car			or incomplete filing of this retu				· · · · · · · · · · · · · · · · · · ·				
			ther penalties set forth in the instr					Schedule			
SB	or Sche	dule MB completed a	nd signed by an enrolled actuary,	as well as the electronic vers	ion of this return/report,	and to the	best of my knowle	dge and			
beli	iet, it is t	rue, correct, and com	plete.								
SIG	iN	Daniel	1 Moran	9/20/2013	DANIEL J. MORA	.N					
HE	RE	Signature of plan a		Date	Enter name of individu	ial signing a	as plan administrat	or			
SIG	SN .										
HE		Signature of emplo	over/plan sponsor	Date	Enter name of individu	ial signing o	as employer or pla	n sponsor			
Pre	parer's		name, if applicable) and address;		(optional)		telephone numbe				
		,	, , , , , , , , , , , , , , , , , , , ,		/	, -	.,	, 1			
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Pai	t III Financial Information			· · · · ·						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Y	ear	
а	Total plan assets	7a	2,013	3,81	.2 2,32			2,32	1,082	
<u>b</u>	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	. 7c	2,013	3,81	.2		.,		2,32	1,082
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
a	Contributions received or receivable from: (1) Employers	. 8a(1)	4-	7,77	0	0				
	(2) Participants	. 8a(2)	3(94	7					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	24	4,93	2					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							32	3,649
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	19	6 , 23	9					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f		14	. 0					
q	Other expenses	. 8g							100	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	1				E REAL PROPERTY.	promotoric party of	gentlengte.	1	6 , 379
一	Net income (loss) (subtract line 8h from line 8c)	1								7,270
j	Transfers to (from) the plan (see instructions)	8j		Not to distanting						
Pai	t IV Plan Characteristics	1 9			TEHRE		Distriction of the second		esti pr	
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F 2F 2F 2F 3D						, 			
10	During the plan year:				Yes	No		A		
a				40-	163	Х		Am	ount	
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10a 10b		X				
c	Was the plan covered by a fidelity bond?			10c	Х		L		14	10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	her person of the ben	ns by an insurance carrier, efits under the plan? (See	10e	Х					579
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g	Х		···········		2	29,635
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i						
Par						•		ogoga Rapirio	Material State	
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							Īг	Yes	∏No
118	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA?	\coprod	Yes	X No
	(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 bei granting the waiver.		Mor		, and	enter th Day	ne date of	he le Yea		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13.				····			
b	Enter the minimum required contribution for this plan year					12b				

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	Enter the amount contributed by the ampleyor to the	nlan for this plan year			12c	<u> </u>	
d	Enter the amount contributed by the employer to the p Subtract the amount in line 12c from the amount in lin negative amount)	e 12b. Enter the result	(enter a minus sign to the left		12d		
е	Will the minimum funding amount reported on line 12	d be met by the funding	deadline?			Yes	□ No □ N/A
Part	VII Plan Terminations and Transfers of	f Assets		_			
13a	Has a resolution to terminate the plan been adopted in ar	ny plan year?				Yes X N	٧o
	If "Yes," enter the amount of any plan assets that reve	erted to the employer th	is year		13a		
b	Were all the plan assets distributed to participants or of the PBGC?			under the	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were t which assets or liabilities were transferred. (See instru		n to another plan(s), identify t	he plan(s)	to		
	3c(1) Name of plan(s):			1:	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			·			
	Name of trust				14b ⊺	rust's EIN	