## 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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.			
Part I	<b>Annual Report</b>	<b>Identification Information</b>						
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012		
	urn/report is for:	a single-employer plan	H	olan (not multiemployer)		a one-particip	oant plan	
<b>B</b> This ret	rurn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)			
C Check I	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım	
		special extension (enter descr	iption)					
Part II	Basic Plan Info	rmation—enter all requested info	ormation					
1a Name					1b	Three-digit		
		NCE SERVICES, PLLC PROFIT SH	HARING PLAN AND TRUS	ST		plan number		
						(PN) ▶	001	
					1c Effective date of plan			
					01/01/2000			
<b>2a</b> Plan sp COMPREHE	ponsor's name and ad ENSIVE NEUROSCIE	dress; include room or suite numbe NCE SERVICES, PLLC	er (employer, if for a single	e-employer plan)	2b	b Employer Identification Number (EIN) 27-5559392		
					2c	Sponsor's telep	hone number	
	BERRY COURT					502-588	3-2187	
LOUISVILLE	E, KY 40207				2d	<b>2d</b> Business code (see instructions) 621111		
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's		
					30	Administrator's	telephone number	
						Administrator 3	elephone number	
		e plan sponsor has changed since to mber from the last return/report.	he last return/report filed	for this plan, enter the	4b	EIN 61-13	32947	
		E. HODES, MD, PLLC			4c	PN	001	
		at the beginning of the plan year			5a		22	
		at the end of the plan year			5b			
	•				อม		35	
		account balances as of the end of t	. , ,	•	5c		35	
<b>6a</b> Were	all of the plan's assets	s during the plan year invested in e	ligible assets? (See instru	ctions.)			X Yes No	
_		f the annual examination and report						
under	29 CFR 2520.104-46	? (See instructions on waiver eligibi	lity and conditions.)		······		X Yes No	
If you	answered "No" to e	ither line 6a or line 6b, the plan c	annot 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 cau	ıse is	established.		
		her penalties set forth in the instruc						
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a	s well as the electronic ve	rsion of this return/report	t, and t	to the best of my	knowledge and	
Dellet, It is i		piete.						
SIGN	Filed with authorized/	valid electronic signature.	10/09/2013	JONATHAN E. HODE	S, MD			
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual sin	ning as plan adr	ninistrator	
OLON!	orginature or plant a	uninistrator	Date	Enter name of marvior	uai sig	riirig as piari aur	imistrator	
SIGN HERE								
	Signature of emplo		Date	Enter name of individu				
Preparer's	name (including firm n	ame, if applicable) and address; in	ciuae room or suite numb	er (optionai)	Prep	arer's telephone	number (optional)	

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Por	t III Financial Information							
<u> </u>	Plan Assets and Liabilities		(a) Deminute of Ver				(h) Fud of Voca	
		7-	(a) Beginning of Yea		(b) End of Year			
	Total plan assets	7a 7b	02040	07			977404	
	Net plan assets (subtract line 7b from line 7a)	7b	7b 82646				977404	
	· · · · · · · · · · · · · · · · · · ·	76						
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	3349	9				
	(2) Participants	8a(2)	2579	97				
	(3) Others (including rollovers)							
b	Other income (loss)	8b	9471	1				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					154007	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	307	0				
<u>e</u>	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					3070	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					150937	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 3H	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 for	eature cod	les from the List of Plan Chara	cteristi	ic Cod	les in tl	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		
b		? (Do not	include transactions reported	10b		X		
С	Was the plan covered by a fidelity bond?			10c	Χ		102000	
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	102000	
е	or dishonesty?			100				
·	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ		
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.)	(See instru	uctions and 29 CFR	10g 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	he require	d notice or one of the	10ii				
Dort	1 1 5 11	1-3		101				
Part VI Pension Funding Compliance  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)								
11a	Enter the amount from Schedule SB line 39					11a	103 🗡 100	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)					
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 Day	ne 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		

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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):	3c(2) E	IN(s)	<b>13c(3)</b> 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

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OMB Nos. 1210-0110 1210-0089

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Part I		Identification Information					
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	eturn/report is for:	7 8		olan (not multiemployer)	-	a one-partici	pant plan
B This re	turn/report is:		the final return/report				
		<u></u>	a short plan year retui	m/report (less than 12 m	nonths)		
C Check	box if filing under:	Form 5558	automatic extension			_ DFVC progra	am
Part II	Basic Plan Info	prmation—enter all requested informa					
1a Name		Amarion Cities an requested mornia	3011		1h	Three-digit	1
		ENCE SERVICES, PLLC PROFIT SHAR	ING PLAN AND TRU	ST		plan number (PN)	001
					1c	Effective date o	
2a Plan s COMPREH	ponsor's name and ac ENSIVE NEUROSCIE	Idress; include room or suite number (en NCE SERVICES, PLLC	nployer, if for a single	-employer plan)		Employer Identi (EIN) 27-555	fication Number 9392
204 / 2044					2c	Sponsor's telep (502) 58	
	NBERRY COURT E. KY 40207				2d		see instructions)
		nd address XSame as Plan Sponsor Na	ame Same as Pla	Sponsor Address	3b	Administrator's I	EIN
					3c /	Administrator's t	elephone numbe
name	, EIN, and the plan nu	e plan sponsor has changed since the la mber from the last return/report. N E. HODES, MD, PLLC	st return/report filed for	or this plan, enter the	4b		2947
		at the beginning of the plan year			40	T 001	
• ***					5a	<del>                                     </del>	2
		at the end of the plan year			5b		3
C Numb	er of participants with lete this item)	account balances as of the end of the plants	an year (defined bene	Mit plans do not	5c		3
		s during the plan year invested in eligible				*************	X Yes [] 1
under	29 CFR 2520.104-46	f the annual examination and report of ar ? (See instructions on waiver eligibility ar	nd conditions.)	***************************************			X Yes [] N
		ither line 6a or line 6b, the plan canno					
		or incomplete filing of this return/repo					
SB or Sche	attles of perjury and of edule MB completed a true, correct, and com	her penalties set forth in the instructions, nd signed by an enrolled actuary, as well plete.	I declare that I have as the electronic ver	examined this return/report sion of this return/report	oort, inc , and to	duding, if application the best of my	able, a Schedule knowledge and
SIGN	Sturite	ENGLIONS	1094613	JONATHAN E. HODE	S, MD		<del>,</del>
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sign	ing as plan adm	ninistrator
SIGN							
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individe	ual sign	ing as employe	r or plan sponsor
Preparer's		ame, if applicable) and address; include					number (optional
						THE RESERVE AND PROPERTY OF THE PERSON NAMED IN COLUMN TO SERVE AND THE PERSON NAMED I	

Par	t III Financial Information						
7	an Assets and Liabilities (a) Beginning of Yea			ar	(b) End of Year		
а	Total plan assets	7a	82646	8.5			977404
	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	82646	7		171734	977404
8	Income, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	3349	9	2		
	(2) Participants	8a(2)	2579	7	. W	jar je	
	(3) Others (including rollovers)	8a(3)			174		
b	Other income (loss)	8b	9471	1		194 Y	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			4		154007
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	- 8d	Alex	1.			
е	Certain deemed and/or corrective distributions (see instructions)	8e	400-	and the same of th			
	Administrative service providers (salaries, fees, commissions)	8f	8. 3		)		
	Other expenses	8g	-10	•			
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	Transfers to (from) the plan (see instructions)	8j <b>(</b>	1				100001
Par	t IV Plan Characteristics	0)					
	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Char	acteri	stic Co	des in	the instructions:
	2E 2J 2K 3D 3H	K					
b	If the plan provides welfare benefits, enter the applicable welfare to	ature ode	s from the List of Plan Chara	cterist	ic Cod	les in th	ne instructions:
		_					
Pari		, ,					
10	During the plan year:	<u> </u>			Yes	No	Amount
	Was there a failure to transmit to the plan any payth pant combut 29 CFR 2510.3-102? (See instructions and set is Valuntary Fidu	ciary Corre	ction Program)	10a		х	
b	Were there any nonexempt transactions with any earty-in-interest on line 10a.)			10b		х	
С	Was the plan covered by a fidelity bond?			10c	Х		102000
d	Did the plan have a loss, whether or not reinfoursed by the plan's 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 o instructions.)	er persons of the benefi	by an insurance carrier, its under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	d.)	10g		×	
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 the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Ye	es," see instructions and com	plete	Sched	dule SB	(Form Yes X No
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the Code	or se	ection :	302 of I	ERISA? 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 bein granting the waiver.		Mon	ctions th	, and e	enter th Day	e date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
b	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2012 Page <b>3 -</b> 1				
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 12b. Enter the result (enter a minus sign 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?		. 🗌 Y	′es X No	
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	13c(1) Name of plan(s):	4 1	3c(2) El	N(s)	13c(3) PN(s)
	VIII Trust Information (optional)  Name of trust	07	<b>14b</b> Tr	rust's EIN	
144	Name of trust			USI S EIIN	