For	m 5500-SF	Short Form Annual R	OMB Nos. 1210-0110 1210-0089						
	tment of the Treasury nal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employed			e 2012			
Employee Be	partment of Labor enefits Security Administration	Retirement Income Security Act of the Internal				Public			
	nefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	tions to the Form 550	0-SF.		poonon		
Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012									
_					2/31/				
	urn/report is for:			an (not multiemployer)		a one-particip	oant plan		
B This ret	urn/report is:		the final return/report						
an amended return/report a short plan year return/report (less than									
C Check b	oox if filing under:	Form 5558 automatic extension DFVC program							
		special extension (enter description	ר)						
Part II	Basic Plan Inform	nation—enter all requested informa	tion						
1a Name EAST LOUIS	•	SC 401(K) PROFIT SHARING PLAN			1b	Three-digit plan number (PN) ►	001		
					10	Effective date of			
					10	01/01/	•		
	oonsor's name and address NILLE PEDIATRICS, PS	ess; include room or suite number (er SC	nployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 61-12		ber	
4171 WESTI	PORT ROAD				2c	c Sponsor's telephone number 502-896-8868			
LOUISVILLE, KY 40207					2d	Business code (see instructions) 621111			
3a Plan ad	ministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's EIN			
 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 									
a Sponso		er from the last return/report.			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					5a 5b				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not					0.0				
complete this item)					5c			42	
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 							No		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
		incomplete filing of this return/rep					able a Cab	dula	
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.									
SIGN	Filed with authorized/va	lid electronic signature.	10/16/2013	LAWRENCE JONES					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator		
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sid	ning as emplove	r or plan sp	onsor	
Preparer's		ne, if applicable) and address; include				parer's telephone			

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e 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 X 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 end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i 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. 10i X extreme the amount from Schedule SB line 39. 11a 11a 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 11a 11a 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 rulir granting the waiver. Month Day Year	Part III Financial Information							
b Total plan labilities 7b 120 c Net plan assets (subtract line 7b from line 70) 7c 4300053 56230071 d Income, Expenses, and Transfers of ruits Plan Vax (a) Amount (b) Total 56230071 a Contributions received or receivable from. 8a(1) 260160 20160 (a) Annount (b) Total 8a(2) 140519 20160	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year		
c Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a	438605	3		5230071		
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable form: 3et(1) 250160 (2) Participants. 8e(2) 14.0519 (3) Others (notiding rolevers) 8e (3) 14.0519 (b) Derive income (loss) 8b 4.99756 (c) Total income (add lines 8e(1), 8a(2), 8a(3), and 8b) 8c 990435 d) Derive income (add lines 8e(1), 8a(2), 8a(3), and 8b) 8c 990435 d) Derive income (add lines 8e(1), 8a(2), 8a(3), and 8b) 8d 46417 g) Other expenses (add lines 8d, 5e, 8f, and 8g) 8d 46417 g) Other expenses (add lines 8d, 5e, 8f, and 8g) 8d 46417 g) Other expenses (add lines 8d, 5e, 8f, and 8g) 8d 46417 g) Other expenses (add lines 8d, 5e, 8f, and 8g) 8d 46417 g) Other expenses (add lines 8d, 5e, 8f, and 8g) 8d 46417 g) Other expenses (add lines 8d, 5e, 8f, and 8g) 8d 46417 g) Dittic the plan spension bonefits, enter the applicable persion feature codes from the List of P	b Total plan liabilities	7b						
a Contributions received or receivable from: Be(1) 220160 (2) Participants	C Net plan assets (subtract line 7b from line 7a)	7c	4386053			5230071		
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(2) Participants 8a(2) 140519 (3) Others (including rolevers) 8a(3) (b) Other income (dos) 8b 499756 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 499756 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 489756 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 489756 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 46417 (c) Carbin deemed and/or corrective distributions (see instructions) 8e 6 (c) Add expenses 8g 0 6 (c) Add expenses 9g 10 10 10 (c) Add expenses 9g 10 10 10 10 <tr< td=""><td></td><td>a (1)</td><td>05040</td><td>•</td><td></td><td></td><td></td></tr<>		a (1)	05040	•				
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c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			10075					
d Bendits paid (including direct rollovers and insurance premiums by provide bendits)			49975	6	_			
to provide benefits,	-	80			_		890435	
f Administrative service providers (salaries, fees, commissions)		8d	4641	7				
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h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f		0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	g Other expenses	8g						
j Transfers to (from) the plan (see instructions) Bj Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 3D 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 No Amount 10 During the plan year: Yes No Amount 29< CFZ 501.3.1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 0 During the plan you nonexempt transactions with any participant contributions within the time period described in 10b X 0 Ware there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on ine 10a.) 10c X 0 Ware there any nonexempt transactions with any participant contributions with in the time period described in 10b X 4 0 Diver there any nonexempt transactions with any participant contributions within the time period described in 10b X 4 0 Were any networed by a fidelity bond? 0not 10c X	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					46417	
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insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	or dishonesty?		· · · · · · · · · · · · · · · · · · ·	10d		Х		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or all o	of the benefit	s under the plan? (See	10e		Х		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
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i 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	${f h}$ If this is an individual account plan, was there a blackout period? (If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR						
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11a Inter the amount from Schedule SB line 39	11 Is this a defined benefit plan subject to minimum funding requirement							
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	a If a waiver of the minimum funding standard for a prior year is bein	ng amortized	in this plan year, see instruc		, and e		•	
b Enter the minimum required contribution for this plan year	If you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	5500), and skip to line 13.					
	b Enter the minimum required contribution for this plan year					12b		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No		
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No	
C 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.)						
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN