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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pensi	on Benefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	uctions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part	I Annual Report	t Identification Information					
For cal	endar plan year 2012 or f	iscal plan year beginning 01/01	/2012	and ending 1	2/31/2	2012	
	s return/report is for:	X a single-employer plan     □		plan (not multiemployer)		a one-partici	pant plan
<b>B</b> This	s return/report is:	the first return/report	the final return/repor				
		x an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	_	
C Che	eck box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter desc	ription)				
Part	II Basic Plan Info	ormation—enter all requested in	formation				
	me of plan				1b	Three-digit	
DAVID G	ELENN SMITH, M.D. RET	TREMENT PLAN				plan number	004
					4.0	(PN) •	001
					10	Effective date o	•
2a Di	an enoneor's name and a	ddress; include room or suite numb	er (employer if for a single	a-employer plan)	2h	Employer Identi	
	GLENN SMITH, M.D., LLO		er (employer, ir for a single	s-employer plan	20		63243
					2c	Sponsor's telep	hone number
1325 AN	DREA STREET, SUITE	203				270-84	
	IG GREEN, KY 42104				2d	Business code	(see instructions)
						62111	i1
3a Pla	n administrator's name a	and address XSame as Plan Spon	sor Name Same as Pla	an Sponsor Address	3b	Administrator's	EIN
					2-		
					3C	Administrator's	telephone number
<b>4</b> If t	he name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN	
na	ime, EIN, and the plan nu	umber from the last return/report.			_		
	onsor's name				4c	PN	
<b>5a</b> To	ital number of participants	s at the beginning of the plan year			5a		4
<b>b</b> To	tal number of participants	s at the end of the plan year			5b		5
	' '	account balances as of the end of	' '		5c		4
_		ts during the plan year invested in e					X Yes No
_	•	of the annual examination and repo	•	•			
		6? (See instructions on waiver eligib					X Yes No
<u>If</u>	you answered "No" to e	either line 6a or line 6b, the plan	cannot use Form 5500-Si	F and must instead use	Form	5500.	
		or incomplete filing of this return					
		ther penalties set forth in the instru- and signed by an enrolled actuary, a					
	t is true, correct, and com		as well as the electronic ve	rision of this return/report	, and t	o the best of my	Knowledge and
	E9 1 20 0 1 1		10/04/0040				
SIGN HERE	Filed with authorized	d/valid electronic signature.	12/04/2013	DAVID G. SMITH, MD			
HEKE	Signature of plan	administrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator
SIGN HERE	Filed with authorized	d/valid electronic signature.	12/04/2013	DAVID G. SMITH, MD	ı		
		oyer/plan sponsor	Date	Enter name of individu			
Prepar	er's name (including firm	name, if applicable) and address; ir	nclude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)
				-			
				1			

Form 5500-SF 2012 Page **2** 

Pai	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Y	ear
a	Total plan assets	7a	48598					588906
	Total plan liabilities	7b						200000
	Net plan assets (subtract line 7b from line 7a)	7c	48598	34				588906
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	700000
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	3959	0				
	(2) Participants	8a(2)	4815	55				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	1530	)2				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1	103047
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	12	.5				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						125
	Net income (loss) (subtract line 8h from line 8c)	8i						102922
	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics	, <u>°,</u>						
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2K 2J 2G 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions	<b></b>
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:	
Dor	t V Compliance Questions							
Par					Vac	Na		
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tiono with:	n the time period described in	I	Yes	No	Am	ount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X		
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			20000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X		
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10-		X		
	instructions.)			10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		^		
g		•	<u> </u>	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		Х		
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	dule SE	3 (Form	Yes X No
11a						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,							
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date of the le	-
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.				I	
b	Enter the minimum required contribution for this plan year					12b		

	Form 5500-SF 2012 Page <b>3</b> - 1			
	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 X 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):	l3c(2) ⊟	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			1
	Name of trust	<b>14b</b> ⊺	rust's EIN	

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).

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	Annual Repor	t Ide	ntification Information		ice with the matrice.	don's to the Form cook	-01.			the the continues of
				plan year beginning		01/2012	and ending		12/31/201	2	
Α	This retu	urn/report is for:	X	a single-employer plan	Па	multiple-employer pla	n (not multiemployer)		a one-particip	ant plan	
В	This retu	urn/report is:	П	the first return/report	T th	e final return/report					
			П	an amended return/report	П́а	short plan year return	n/report (less than 12 m	nonths	s)		
С	Check b	ox if filing under:	П	Form 5558	∏ aι	utomatic extension			DFVC progra	am	
•		o	П	special extension (enter des	cription)						
P:	art II	Basic Plan Inf	orm	ation—enter all requested in		n				***************************************	
	Name o		<u> </u>	acioni dinordi roductioni				1b	Three-digit		
		•	н. М	4.D. RETIREMENT PI	AN				plan number	0.0	-
			,					1.	(PN)	0.0	<u> </u>
								10	Effective date of 01/01/2006		
2a	Plan sr	onsor's name and a	ddres	ss; include room or suite num	ner (emn	lover if for a single-e	employer plan)	2h	the state of the s		hor
Lu		GLENN SMIT			oor (ornip	noyon, in for a dirigio c	maple year practy	20	Employer Identif (EIN) 20-286		iber
			•	,				2c	Sponsor's telep		er
									(270) 846-		
	1325	ANDREA STRE	ET,	SUITE 203				2d	Business code (	see instruct	ions)
	BOWL	NG GREEN					42104	26	621111 Administrator's I	-111	
3a	Plan ac	lministrator's name	and a	ddress 🏻 Same as Plan Spo	nsor Nan	ne Same as Plan	Sponsor Address	30	Administrator's I	=IN	
								3с	Administrator's t	elephone n	umber
										•	
									(070) 046	2011	
	10.11					in the second file of fa	- this slaw series the	Ala	(270) 846-	-3811	
4	if the n	ame and/or EIN of t	ne pia umbe	an sponsor has changed since or from the last return/report.	e tne last	return/report filed to	r this plan, enter the	40	EIN		
а		or's name						4c	PN		
5a	Total n	umber of participan	ts at t	he beginning of the plan year				5a			4
b	Total n	umber of participan	ts at t	he end of the plan year				5b			5
C	Numbe	er of participants with	h acc	ount balances as of the end o	f the plai	n year (defined bene	fit plans do not	-			4
								_5c		₽.v	$\frac{4}{\Box \mathbf{v}}$
				ring the plan year invested in	-	•	·			X Yes	No
D				e annual examination and replee instructions on waiver elig						X Yes	No
				r line 6a or line 6b, the plan							
Ca	ution: A	penalty for the late	e or i	ncomplete filing of this retu	rn/repor	t will be assessed ւ	ınless reasonable cau	use is	established.		
				penalties set forth in the instr							
		dule MB completed rue, correct, and cor		signed by an enrolled actuary,	as well	as the electronic vers	sion of this return/repor	t, and	to the best of my	knowledge	and
201	101, 11 10 1	2	- Ipiot			T 2					
SIC		1/L	Marine State of the State of th			2-25-13	DAVID G. SMITH	H, N	ID		
HE	RE	Signature of plan	adm	inistrator		Date	Enter name of individ	lual si	gning as plan adr	ninistrator	***************************************
SIC	3N	R				2-25-13	DAVID G. SMITH	н, М	ID .		
	RE	Signature of emp				Date	Enter name of individ				
Pre	eparer's	name (including firm	nam	e, if applicable) and address;	include r	room or suite numbei	r (optional)	Pre	parer's telephone	number (o	otional)

_	rt III Financial Information				Т		/L\ F :	- £ V ·	***************************************		
7	Plan Assets and Liabilities		(a) Beginning of Yea	-	1		(b) End		0 1 1 1		
<u>a</u>	Total plan assets	7a	485	, 98	4			55	8,144		
	Total plan liabilities	7b	405	- 00	_			r r	0 144		
	Net plan assets (subtract line 7b from line 7a)	7c		5,98	4			**************************************	8,144		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	8	3,82	7						
	(2) Participants	8a(2)		3,15							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	15	5,30	3						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7	2,285		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	8f		12	5						
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							125		
i	Net income (loss) (subtract line 8h from line 8c)	8i							72,160		
j	Transfers to (from) the plan (see instructions)	- 8j	AND REPORT OF THE PROPERTY OF								
	rt IV Plan Characteristics			<u> </u>							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2K 2J 2G 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions:	MANUAL		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plan Charac	cteristi	ic Cod	es in tl	ne instruct	ions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amount			
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		Х					
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			oversom in the state of the sta		
	Was the plan covered by a fidelity bond?			10c	Х				20,000		
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х					
•	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		Х					
f				10f		Х					
				10g		Х					
-	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	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 2520.10	he require	d notice or one of the	10i		X					
Par				***************************************	(Programme Control of	Santa Comment of the	<del>dionina de la constanta de la</del>	oran de la companya d			
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							Yes	X No		
11:	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding	Water Body and Desiritor	The state of the s			302 of	ERISA?	Yes	X No		
to promise and	(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.	ing amortiz	red in this plan year, see instru Mor	nth	, and	enter tl Day		the letter r Year	uling		
	you completed line 12a, complete lines 3, 9, and 10 of Schedu	L MD /E-	EEOO) and alsin to line 12								
Į:	you completed line 12a, complete lines 3, 9, and 10 of Schedu	IE MR (LO	rm 5500), and skip to line 13.								
	Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2012 Page <b>3</b> -			
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 X N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		res 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?			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		
	3c(1) Name of plan(s):	3c(2) E	N(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)	***************************************		
14a	Name of trust	14b T	rust's EIN	

V ·

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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				plan year beginning		01/2012	and ending		12/31/201	2	
Α	This retu	urn/report is for:	X	a single-employer plan	Па	multiple-employer pla	n (not multiemployer)		a one-particip	ant plan	
В	This retu	urn/report is:	П	the first return/report	T th	e final return/report					
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•		o	П	special extension (enter des	cription)						
P:	art II	Basic Plan Inf	orm	ation—enter all requested in		n				***************************************	
	Name o		<u> </u>	acioni dinordino della				1b	Three-digit		
		•	н. М	4.D. RETIREMENT PI	AN				plan number	0.0	-
			,					1.	(PN)	0.0	<u> </u>
								10	Effective date of 01/01/2006		
2a	Plan sr	onsor's name and a	ddres	ss; include room or suite num	ner (emn	lover if for a single-e	employer plan)	2h	the state of the s		hor
Lu		GLENN SMIT			oor (ornip	noyon, in for a dirigio c	maple year practy	20	Employer Identif (EIN) 20-286		iber
			•	,				2c	Sponsor's telep		er
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								3с	Administrator's t	elephone n	umber
										•	
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C	Numbe	er of participants with	h acc	ount balances as of the end o	f the plai	n year (defined bene	fit plans do not	-			4
								_5c		₽.v	$\frac{4}{\Box N}$
				ring the plan year invested in	-	•	·			X Yes	No
D				e annual examination and replee instructions on waiver elig						X Yes	No
				r line 6a or line 6b, the plan							
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				penalties set forth in the instr							
		dule MB completed rue, correct, and cor		signed by an enrolled actuary,	as well	as the electronic vers	sion of this return/repor	t, and	to the best of my	knowledge	and
201	101, 11 10 1	2	- Ipiot			T 2					
SIC		1/L	Marine State of the State of th			2-25-13	DAVID G. SMITH	H, N	ID		aggrange of the milks spiro
HE	RE	Signature of plan	adm	inistrator		Date	Enter name of individ	lual si	gning as plan adr	ninistrator	***************************************
SIC	3N	R				2-25-13	DAVID G. SMITH	н, М	ID .		
	RE	Signature of emp				Date	Enter name of individ				
Pre	eparer's	name (including firm	nam	e, if applicable) and address;	include r	room or suite numbei	r (optional)	Pre	parer's telephone	number (o	otional)

_	rt III Financial Information				Т		/L\ F :	- £ V ·	***************************************		
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<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e									
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g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							125		
i	Net income (loss) (subtract line 8h from line 8c)	8i							72,160		
j	Transfers to (from) the plan (see instructions)	- 8j	AND REPORT OF THE PROPERTY OF								
	rt IV Plan Characteristics			<u> </u>							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2K 2J 2G 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions:	MANUAL		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plan Charac	cteristi	ic Cod	es in tl	ne instruct	ions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amount			
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		Х					
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			oversom in the state of the sta		
	Was the plan covered by a fidelity bond?			10c	Х				20,000		
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х					
•	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		Х					
f				10f		Х					
				10g		Х					
-	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	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 2520.10	he require	d notice or one of the	10i		X					
Par				***************************************	(Annual property of the Control of t	Santa Comment of the	<del>dionina de la constanta de la</del>	and and an			
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							Yes	X No		
11:	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding	Water Body and Desiritor	The state of the s			302 of	ERISA?	Yes	X No		
to promise and	(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.	ing amortiz	red in this plan year, see instru Mor	nth	, and	enter tl Day		the letter r Year	uling		
	you completed line 12a, complete lines 3, 9, and 10 of Schedu	L MD /E-	EEOO) and alsin to line 12								
Į:	you completed line 12a, complete lines 3, 9, and 10 of Schedu	IE MR (LO	rm 5500), and skip to line 13.								
	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 X N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		res 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?			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		
	3c(1) Name of plan(s):	3c(2) E	N(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)	***************************************		
14a	Name of trust	14b T	rust's EIN	

V ·