## 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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in accord	dance with the instruc	ctions to the Form 550	0-SF.		spection			
Part I	Annual Report le	dentification Information								
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/201	3	and ending 1	2/31/2	2013				
A This return/report is for:    a single-employer plan						a one-partici	pant plan			
<b>B</b> This ref	turn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year returi	n/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC program					
		special extension (enter description	on)							
Part II	Basic Plan Infor	mation—enter all requested information	ation							
1a Name		·			1b	Three-digit				
OWENSBOR	RO FAMILY MEDICINE	PSC PROFIT SHARING PLAN				plan number				
						(PN) <b>•</b>	001			
					1c	Effective date of	•			
<b>30</b> Di					01		/1994			
	RO FAMILY MEDICINE	ress; include room or suite number (e	employer, ir for a single-	employer plan)	2D	Employer Identi (EIN) 61-12	Number 240729			
P O BOX 13	370				2c	Sponsor's telep 270-68				
OWENSBO	RO, KY 42302				2d	Business code 6211	(see instructions)			
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor N	Name Same as Plar	Sponsor Address	3b	Administrator's				
					3c	Administrator's	telephone number			
		plan sponsor has changed since the I	ast return/report filed for	or this plan, enter the	4b	EIN				
	or's name	ber from the last return/report.			4c	PN				
		at the beginning of the plan year			5a	1	26			
_		at the end of the plan year								
	• •	• •			5b		24			
	· ·	ccount balances as of the end of the p			5c		27			
	•	during the plan year invested in eligib	,	•			X Yes No			
		the annual examination and report of					X Yes No			
		(See instructions on waiver eligibility a her line 6a or line 6b, the plan cann					M 160   140			
•		plan, is it covered under the PBGC in					Not determined			
• II tile	pian is a defined benefit	plan, is it covered under the i Boo in	isurance program (see	LINION SECTION 4021): .		163   140				
Caution: A	A penalty for the late of	r incomplete filing of this return/rep	oort will be assessed	unless reasonable cau	ıse is	established.				
SB or Sche	edule MB completed and	er penalties set forth in the instruction d signed by an enrolled actuary, as we								
belief, it is	true, correct, and compl	ete.								
SIGN HERE	Filed with authorized/v	alid electronic signature.								
IILIKL	Signature of plan ad	ministrator	Date	Enter name of individ	ual siç	ning as plan adı	ministrator			
SIGN										
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor			
Preparer's		ame, if applicable) and address; includ					number (optional)			

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Pa	rt III   Financial Information										_
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	(b) End of Year						_
a	Total plan assets	7a	345375			3923371				_	
b	Total plan liabilities	7b									_
	Net plan assets (subtract line 7b from line 7a)	7c	345375	55				3	923371		_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			_
a	Contributions received or receivable from:		(a) Amount				(2)	- Ota			
	(1) Employers	8a(1)	16697	8							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	63647	'1							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							303449		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	33383	3							
<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							333833	3	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							469616	6	
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 2E 2G 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	uction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions			
Par	t V Compliance Questions										_
10	During the plan year:				Yes	No		Am	ount		_
а	Was there a failure to transmit to the plan any participant contribut 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.)	? (Do not i	nclude transactions reported	10b		X					
				100	X					350000	_
				10c						330000	_
	or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•	,								
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	X					7774	4
h		(See instru	ictions and 29 CFR	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	ne required	I notice or one of the	10i							
Part		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem								1		_
	5500) and line 11a below)							.	Yes	X No	)
	Enter the unpaid minimum required contribution for current year from					11a		-	1 .		_
12	Is this a defined contribution plan subject to the minimum funding	-		e or se	ection	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 beingranting the waiver.		Mon	th	, and e	enter th Day	ne date o	f the le		ling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•					I				_
	Enter the minimum required contribution for this plan year					12b	I				

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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 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			
	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 coof the PBGC?	ontrol		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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

2013

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information 01/01/2013 12/31/2013 For calendar plan year 2013 or fiscal plan year beginning and ending This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Check box if filing under: automatic extension DFVC program special extension (enter description) Basic Plan Information - enter all requested information 1a Name of plan 1b Three-digit OWENSBORO FAMILY MEDICINE PSC PROFIT SHARING PLAN plan number (PN) 001 1c Effective date of plan 01/01/1994 2a Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) 2b Employer Identification Number (EIN) OWENSBORO FAMILY MEDICINE PSC 61-1240729 2c Sponsor's telephone number P O BOX 1370 270 686 8500 2d Business code (see instructions) **OWENSBORO** KY 42302 621111 X Same as Plan Sponsor Name X Same as Plan Sponsor Address 3a Plan administrator's name and address 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this 4b EIN plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 26 5a Total number of participants at the beginning of the plan year 5a 24 b Total number of participants at the end of the plan year 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 27 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) 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. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes 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. SIGN 21/14 HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

PE	art III Financial Information								**************************************	
7	Plan Assets and Liabilities		(a) Beginning of Year			1	(b) End of	Year		
a	Total plan assets	. 7a	3453755			3923				
<u>b</u>	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	3453755			39233				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		]	1669	78				
	(2) Participants	8a(2)		784-27						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss) SEE STATEMENT 1	8b		$\epsilon$	364	171				
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					8034			
d	Benefits paid (including direct rollovers and insurance premiums to provide									
	benefits)	8d		3	3338	333	STA	TEMEN	T 2	
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							333833	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81							469616	
į	Transfers to (from) the plan (see instructions)	8j								
	rt IV Plan Characteristics									
9a	I lif the plan provides pension benefits, enter the applicable pension feature of $2E\ 2G\ 2R\ 3D$	odes fro	m the List o	of Plan	Char	acteris	tic Code	s in the in	structions:	
b		les from	the List of	Plan (	Chara	cteristic	Codes	in the inst	ructions:	
(monotor						·				
Pa	rt V Compliance Questions				· · · · · · · · · · · · · · · · · · ·					
10	During the plan year:			<del>,</del>	Yes	No		Amoun	ıt	
а	Was there a failure to transmit to the plan any participant contributions within the time p			ļ			l			
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct		ram.)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not inc									
	transactions reported on line 10a.)			10b		X			250000	
	Was the plan covered by a fidelity bond?			10c	X				<u>350000</u>	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond						i			
	was caused by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons in									
	carrier, insurance service, or other organization that provides some or all of the									
	the plan? (See instructions.)			10e		X				
<u></u>	Has the plan failed to provide any benefit when due under the plan?			10f	v	X	1		7771	
_	Did the plan have any participant loans? (If "Yes," enter amount as of year end			10g	X				7774	
n	If this is an individual account plan, was there a blackout period? (See instruct									
	and 29 CFR 2520.101-3.)			10h	ű,	Х				
ı	If 10h was answered "Yes," check the box if you either provided the required									
Da.	of the exceptions to providing the notice applied under 29 CFR 2520.101-3 † VI Pension Funding Compliance	******		10i						
							<del>T</del>			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Ye							$\Box$	X No	
110	Schedule SB (Form 5500) and line 11a below)							Yes	A No	
	Enter the unpaid minimum required contribution for current year from Schedul					11a		TV:	V	
14	Is this a defined contribution plan subject to the minimum funding requirements of section (if "You " complete line 12g or line 12g		me Code or	section	1 302 0	TEKISA T	<u> </u>	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicab		l				el est st	* د د د	Ala - 1 - 44	
a	If a waiver of the minimum funding standard for a prior year is being amortized ruling granting the weiver			e Inst					tne letter	
14 .	ruling granting the waiver.			45	<u>Day</u>	·		Year		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5					101				
U	Enter the minimum required contribution for this plan year		*************			12b				

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C 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 (enter a minus sig					
the left of a negative amount)		12	d		
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		13	а		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan under the control of the PBGC?				Yes	X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s liabilities were transferred. (See instructions.)	s), identify the	pian	(s) to w	hich assets or	
13c(1) Name of plan(s):	13c(2)	EIN	(s)	13c(3) P	N(s)
Part VIII Trust Information (optional)					·
14a Name of trust	14b ⊺	rust	's EIN		