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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accordar	nce with the instruc	tions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I		dentification Information					
For calend	ar plan year 2013 or fisc	al plan year beginning 01/01/2013		and ending 1	2/31/2	013	
A This ref	turn/report is for:	x a single-employer plan a	multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
B This ref	turn/report is:	the first return/report X th	e final return/report				
		an amended return/report as	short plan year returr	/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558 au	itomatic extension			DFVC progra	am
		special extension (enter description)				<u> </u>	
Part II	Basic Plan Inforr	mation—enter all requested information	on				
1a Name		4			1b	Three-digit	
	•	GROUP, PLLC 401K RETIREMENT S	AVINGS PLAN			plan number	
						(PN) ▶	001
					1c	Effective date o	
30 Diam.			la 16 fan a alianta		01	01/01	
	ponsors name and addr SS INTERNAL MEDICINE	ress; include room or suite number (emp E GROUP, PLLC	loyer, if for a single-	employer plan)			fication Number 93696
						Sponsor's telep	
1401 HARR	ODSBURG ROAD, C-43	35				859-27	
	N, KY 40504-1755				2d	Business code	(see instructions)
						62111	i1
3a Plan a	dministrator's name and	address Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's	
BLUEGRASS	INTERNAL MEDICINE	GROUP, PLLC 1401 HARRODSE	BURG ROAD, C-435		30		93696
		LEXINGTON, KY	40504-1755		36	859-27	telephone number 7-1570
4 If the r	name and/or EIN of the p	plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN	
	•	per from the last return/report.			4.		
	or's name	A Alexander and Alexander and Alexander			4c	PN T	
_		t the beginning of the plan year			5a		4
		t the end of the plan year			5b		0
		count balances as of the end of the plar	, ,	•	5с		0
6a Were	all of the plan's assets of	during the plan year invested in eligible a	assets? (See instruct	tions.)			X Yes No
		he annual examination and report of an					
		(See instructions on waiver eligibility and					X Yes No
•		ner line 6a or line 6b, the plan cannot			_		1
C If the	plan is a defined benefit	plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	A penalty for the late or	incomplete filing of this return/repor	t will be assessed (unless reasonable cau	se is	established.	
		er penalties set forth in the instructions, I					
	edule MB completed and true, correct, and comple	l signed by an enrolled actuary, as well a	as the electronic vers	sion of this return/report	, and t	o the best of my	knowledge and
Deliei, it is	True, correct, and comple						
SIGN	Filed with authorized/va	alid electronic signature.	05/29/2014	DANIEL BEITING			
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ministrator
SIGN							
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ıal sig	ning as employe	er or plan sponsor
Preparer's		me, if applicable) and address; include r					number (optional)
	-				-	•	•
				h			

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of	Voar		
	Total plan assets	7a	(a) Degining of Tea				(b) Liid O)	
	Total plan liabilities	7b			+					
	Net plan assets (subtract line 7b from line 7a)	7c	33373	86)	
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) Amount				(6) 10	aı		
	(1) Employers	8a(1)	1364	7						
	(2) Participants	8a(2)	1602	23						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	4310	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						72770)	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	40479	2						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	171	4						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						40650	6	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-33373	6	
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	_	mount		
a	Was there a failure to transmit to the plan any participant contribut					X		mount		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not i	include transactions reported	10a		X				
	on line 10a.)			10b						
C	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed 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 instructions.)		. ,	10e	X				3	378
f	Has the plan failed to provide any benefit when due under the plan			10f		X				
						X				
<u>9</u>		-	•	10g		^				
• •	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	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	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12	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 X No									
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	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 ruling granting the waiver									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
b	Enter the minimum required contribution for this plan year					12b				

Page	3 -	. 1	
гаус	J		

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?	X	es No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	control		X Yes	No		
С	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.)	:0					
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust'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

2013

This Form is Open to Public Inspection

	t Identification Information	. / /		10/01/00	
For calendar plan year 2013 or f		1/01/2013	and ending	12/31/20	
A This return/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-part	icipant plan
B 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 mo	onths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC pro	gram
_	special extension (enter description	on)		—	
Part II Basic Plan Info	ormation—enter all requested inform	ation			
1a Name of plan	•			1b Three-digit	
BLUEGRASS INTERNAL	MEDICINE GROUP, PLLC 40	1K RETIREMENT	SAVINGS PLAN	plan number	001
	•			(PN) 1c Effective date	
			:	01/01/20	
2a Plan sponsor's name and a	ddress; include room or suite number (e	employer, if for a single-	employer plan)	2b Employer Ide	ntification Number
	MEDICINE GROUP, PLLC		, , , , , , , , , , , , , , , , , , ,	(EIN) 26-0	
				2c Sponsor's te	lephone number
1401 HARRODSBURG RO	DAD, C-435			859-277-	1570
					le (see instructions)
LEXINGTON	KY 40504-1755			621111	
	and address Same as Plan Sponsor I	Name USame as Plan	Sponsor Address	3b Administrator 26-04936	
BLUEGRASS INTERNAL	MEDICINE GROUP, PLLC				's telephone number
				859-277-	•
1401 HARRODSBURG RO)AD, C-435				
LEXINGTON	KY 40504-1755			İ	
	he plan sponsor has changed since the umber from the last return/report.	last return/report filed to	r this plan, enter the	4b EIN	
a Sponsor's name	ander nom the last return report.			4c PN	
	s at the beginning of the plan year		,,	5a	4
bT otal number of participant	ts at the end of the plan year			5b	0
• •	account balances as of the end of the				
			=	5c	0
	ets during the plan year invested in eligik				X Yes No
	of the annual examination and report of				X Yes No
	6? (See instructions on waiver eligibility either line 6a or line 6b, the plan canı	•			H 100 110
•	efit plan, is it covered under the PBGC in				Not determined
	or incomplete filing of this return/re				
Under penalties of perjury and of SB or Schedule MB completed a	other penalties set forth in the instruction and signed by an enrolled actuary, as w	ns, I declare that I have o	examined this return/rep sion of this return/report	port, including, it app t. and to the best of i	nicable, a Schedule my knowledge and
belief, it is true, correct, and con			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	,
10 (2		ma-15 2014	DANIEL BEITING	<u>ر</u>	· 1
SIGN / L	N. Comments of the comments of	- 			
Signature of plan	administrator	Date	Enter name of individ		administrator
SIGN ML	~~~	may 19, 2014	DANIEL BEITING	G	
HERE Signature of empl	loyer/plan sponsor	Date	Enter name of individ		
Preparer's name (including firm	name, if applicable) and address; include	de room or suite numbe	r (optional)	Preparer's telepho	ne number (optional)
					ļ

Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Yea	г			(b) End	of Year		
a Total plan assets	. 7a	33	3373	6					0
bT otal plan liabilities	. 7b			1					
C Net plan assets (subtract line 7b from line 7a)	. 7c	. 33	3373	6					0
8 Income, Expenses, and Transfers for this Plan Year	Mary Atropage Proposition	(a) Amount				(b) T	otal		
a Contributions received or receivable from:	0-(4)	1	L364	. 7					
(1) Employers	8a(1)		L602	27070					
(2) Participants	8a(2)		.002	. 7		17.50.01760.07.00.000.00			
(3) Others (including rollovers)			1310	10					
bOthe r income (loss)							Best Best Gest	72	2770
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) dBenefit s paid (including direct rollovers and insurance premiums	8c		02209025	2011 17512-				797744.0	
to provide benefits)	8d	4()479)2	And the second				
e Certain deemed and/or corrective distributions (see instructions)	8e			70 N.O.		Transport of the control of the cont			100 Top (200)
f Administrative service providers (salaries, fees, commissions)	8f		171	4			Rodryna.		Supple:
gOthe r expenses	8g			70000 70000					
hT otal expenses (add lines 8d, 8e, 8f, and 8g)	8h							406	5506
i Net income (loss) (subtract line 8h from line 8c)	8i							-333	3736
j Transfers to (from) the plan (see instructions)	8j			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Part IV Plan Characteristics						· · · · · · · · · · · · · · · · · · ·			
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare									
Part V Compliance Questions									
10 During the plan year:				Yes	No		Amour	ıt	
Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	duciary Con	rection Program)	10a		х				<u></u>
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				
C Was the plan covered by a fidelity bond?			10c		Х				
d Did the plan have a loss, whether or not reimbursed by the plan' or dishonesty?			10d		Х				
Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or a instructions.)	il of the ben		10e	х				3	3378
f Has the plan failed to provide any benefit when due under the pl	an?		10f	<u> </u>	Х				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	10g		Х				
h If this is an individual account plan, was there a blackout period 2520.101-3.)			10h		х	Trible beam, received			
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10ì		•				
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)							<u></u>	es 🗌	No
11a Enter the unpaid minimum required contribution for current year	from Sched	iule SB (Form 5500) line 39			11a	<u> </u>			
12 Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		′es 🛚 🗓	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 be granting the waiver.	eing amortiz	ed in this plan year, see instru Mon	th	, and	enter ti Day		he lette Year	r ruling	!
If you completed line 12a, complete lines 3, 9, and 10 of Schedu	ile MB (Fo	rm 5500), and skip to line 13.							
b Enter the minimum required contribution for this plan year				<u> </u>	12b	<u> </u>			

	n 9 [
Form 5500-SF 2013	Page 3 -				•
					
c Enter the amount contributed by the employer	to the plan for this plan year		12c		
dSubtr act the amount in line 12c from the amoun negative amount)			12d		
e Will the minimum funding amount reported on	line 12d be met by the funding deadline?			Yes	No N/A
Part VII Plan Terminations and Transfe	ers of Assets				
13a Has a resolution to terminate the plan been adopt	ed in any plan year?		. X Y	es No	- "
If "Yes," enter the amount of any plan assets the					(
b Were all the plan assets distributed to participa of the PBGC?	ints or beneficiaries, transferred to another p	plan, or brought under the	control		X Yes No
C If during this plan year, any assets or liabilities which assets or liabilities were transferred. (See		plan(s), identify the plan(s)	to		
-13c(1) Name of plan(s):	(1) Name of plan(s):				13c(3) PN(s)
`					
Extraction (Section 2)		<u> </u>		•	
Part VIII Trust Information (optional)					
14a Name of trust			14b Tr	ist's EIN	
•					