## 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	ance with the instruc	ctions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report I	dentification Information							
For calenda	ar plan year 2013 or fise	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013			
A This ret	turn/report is for:			an (not multiemployer)		a one-partici	pant plan		
<b>B</b> This ret	turn/report is:		the final return/report						
_				n/report (less than 12 mo	onths)	_			
C Check I	box if filing under:	Form 5558 special extension (enter description	automatic extension			DFVC progra	am		
Part II	Rasic Plan Infor	mation—enter all requested informa	•						
		Illation—enter all requested illionna	uon		1h	Three-digit			
1a Name		ENTER, P.S.C. 401(K) PLAN			10	plan number			
OKELKOIDE	TAMILT MEDIOAL OL	111 ET, 1 .0.0. 401(II) 1 EAIV				(PN) ▶	001		
					1c	Effective date of	f plan		
						01/01			
	ponsor's name and add FAMILY MEDICAL CE	ress; include room or suite number (er ENTER PSC	nployer, if for a single-	employer plan)	2b		fication Number 58943		
D O POV 5	20				2c	phone number 7-1955			
P.O. BOX 52 TAYLORSVI	ILLE, KY 40071-0529				2d	Business code	(see instructions)		
<b>3a</b> Plan a	dministrator's name and	d address XSame as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b	6211 <sup>2</sup> Administrator's			
					3с	Administrator's	telephone number		
4 16.0									
		plan sponsor has changed since the laber from the last return/report.	ist return/report filed to	or this plan, enter the	4b	EIN			
	or's name	iber from the last return/report.			4c	PN			
		at the beginning of the plan year			5a		12		
_		at the end of the plan year			5b		11		
		ccount balances as of the end of the p	, ,	•	5c		11		
	•	during the plan year invested in eligible					X Yes No		
		the annual examination and report of a					₩ vaa □ Na		
		(See instructions on waiver eligibility a					X Yes   No		
-		her line 6a or line 6b, the plan canno			_		7		
C If the p	olan is a defined benefit	plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes ∐No L	Not determined		
Caution: A	penalty for the late o	r incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	se is	established.			
Under pena	alties of perjury and oth	er penalties set forth in the instructions d signed by an enrolled actuary, as we	, I declare that I have	examined this return/rep	ort, in	cluding, if applic			
	true, correct, and comp		ii as trie electroriic ver	sion of this return/report,	, and i	o the best of my	Knowledge and		
		man and a second		<u> </u>					
SIGN HERE	Filed with authorized/v	alid electronic signature.	08/19/2014	THOMAS C. CRAIN					
	Signature of plan ad	lministrator	Date	Enter name of individu	ne of individual signing as plan administrator				
SIGN									
HERE	Signature of employ		Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor		
Preparer's	name (including firm na	ame, if applicable) and address; include	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)		
				ŀ					

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır.			(b) End	of V	nar.		
	Total plan assets	7a	(a) Beginning of Yea						37955		
<u>a</u>	Total plan liabilities	7a 7b		0	+	201		(			
	Net plan assets (subtract line 7b from line 7a)	76 7c	25329	8			237955			_	
	Income, Expenses, and Transfers for this Plan Year	70		(a) Amount			(b) Total				
	Contributions received or receivable from:		(a) Amount				(0) 1	Otai			
	(1) Employers	8a(1)	685.	2							
	(2) Participants	8a(2)	983	4							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	4109	5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							57781		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7089	4							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	223	0							
g	Other expenses	. 8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							73124	ļ	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						-	15343	3	
j	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions	:		
b	b 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										
10	During the plan year:				Yes	No		Amo	unt		
а				10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Χ					250	00
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				200	00
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service, or other organization that provides some or all				X						
	instructions.)			10e	^					11	76
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	X					112	35
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							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					•		Yes	X	No
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-		, UI SE	CUUII	JUZ UI	LINOM!	ш	, 00	* `	
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 instruc		and e	enter th	ne date of t	ne le Yea		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		ı ca			
	Enter the minimum required contribution for this plan year					12b					

Page	3 -	1
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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	
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.)	)			
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).

OMB Nos. 1210-0110 1210-0089

2013

	event Comment Comments	- Inc Internal	il Revenue Code (the (	Code).			s Open to Public spection					
Liu barati O	enalit Guaranty Corporetion	► Complete all entries in accord	dance with the instru	ctions to the Form 550	00-SF.	1015	paction					
Part I		Identification Information	707	101111111111111111111111111111111111111			<del>n linna.</del>					
For calend	lar plan year 2013 or fis	cal plan year beginning 0	1/01/2013	and ending		12/31/201	. 3					
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip						
<b>B</b> This ref	turn/report is:		the final return/report									
		an amended return/report	a short plan year retur	n/report (less than 12 m	ionths)							
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	m					
		special extension (enter description	n)			_						
Part II	T. William Co.	rmation—enter all requested informa	ation									
1a Name of plan						Three-digit						
	kside Family M k) Plan	Medical Center, P.S.C.				plan number (PN) ▶	001					
					1c	Effective date of plan 01/01/2007						
<b>2a</b> Plansp Creel	<mark>ponsor's name and ado</mark> kside Family M	dress; include room or suite number (en ledical Center PSC	nployer, if for a single-	employer plan)		Employer Identification Number (EIN) 81-0558943						
					2с	Sponsor's telephone number (502) 477-1955						
P.O.	Box 529				2d	Business code (s	see instructions)					
	onsville			40071-0529	<u> </u>	621111						
3a Plan a	dministrator's name and	d address 🏻 Same as Plan Sponsor Na	ame Same as Piar	Sponsor Address	3b	Administrator's E	IN					
					3с	Administrator's to	elephone number					
							•					
			<sub>117</sub>				<u> </u>					
		plan sponsor has changed since the lander from the last return/report.	est return/report filed fo	or this plan, enter the	4b	EIN	шиш-получитт-р					
a Sponso		·			4c	PN						
5a Total r	number of participants a	at the beginning of the plan year		***************	5a		1.2					
		at the end of the plan yoar			5b	1.1.						
		ccount balances as of the end of the pl			5c		11					
6a Were	all of the plan's assets	during the plan year invosted in eligible	e assets? (See instruc	tions.)	,		X Yes No					
<b>b</b> Are vo	su claimino a waiver of	the annual examination and report of a	n independent qualifie	ed public accountant (IQ	od Weie all of the plan's assets during the plan year investor in displant and the plan's assets during the plan year investor in displant and the plan's assets during the plan year investor in displant and the plan's assets during the plan year investor in displant and the plan's assets during the plan year investor in displant and the plan's assets during the plan year investor in displant and the plan's assets during the plan year investor in displant and the plan's assets during the plan year investor in displant and the plan's asset and the plan year investor in displant and the plan's asset and the plan's asset and the plan's asset and the plan year investor in displant and the plan's asset as a second and the plan's as a second and the plan's as							
under	29 CFR 2520.104-46?	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 litthe c		ther line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	Form	5500.	X Yes [] No					
	plan is a defined benefit	ther line 6a or line 6b, the plan cannot t plan, is it covered under the PBGC ins	ot use Form 5500-SF surance program (see	and must instead use ERISA section 4021)?	Form	5500. Yes No						
Caution: A	plan is a defined benefit	ther line 6a or line 6b, the plan cannot t plan, is it covered under the PSGC ins or incomplete filing of this return/rep	ot use Form 5500-SF surance program (see ort will be assessed	and must instead use ERISA section 4021)? untess reasonable ca	Form	5500. Yes No established.	X Yes No					
Caution: A	plan is a defined benefit  penalty for the late o	ther line 6a or line 6b, the plan cannot t plan, is it covered under the PBGC ins or incomplete filing of this return/rep- tor genelities set forth in the instructions	ot use Form 5500-SF surance program (see ort will be assessed a Lideclare that I have	and must instead use ERISA section 4021)? untess reasonable car examined this return/re	Form	5500. Yes No no notes No no no notes No no no notes No	X Yes No					
Caution: A Under pena SB or Sche	plan is a defined benefit  penalty for the late o	ther line 6a or line 6b, the plan cannot t plan, is it covered under the PBGC ins or incomplete filing of this return/reprice for penalties set forth in the instructions disigned by an onrolled actuary, as well	ot use Form 5500-SF surance program (see ort will be assessed a Lideclare that I have	and must instead use ERISA section 4021)? untess reasonable car examined this return/re	Form	5500. Yes No no notes No no no notes No no no notes No	X Yes No					
Caution: A Under pens SB or Sche belief, it is t	plan is a defined benefit openalty for the late of alties of perjury and oth adule MB completed an true, correct, and comp	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC instructions or incomplete filing of this return/reprior penalties set forth in the instructions disigned by an enrolled actuary, as wellete.	ot use Form 5500-SF surance program (see ort will be assessed a Lideclare that I have	and must instead use ERISA section 4021)? untess reasonable car examined this return/re	Form use is part, in t, and t	5500. Yes No no notes No no no notes No no no notes No	X Yes No					
Caution: A Under pena SB or Sche	plan is a defined benefit A penalty for the late of alties of perjury and oth adule MB completed an true, correct, and comp	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC instructions or incomplete filing of this return/reprior penalties set forth in the instructions disigned by an enrolled actuary, as wellete.	ot use Form 5500-SF surance program (see ort will be assessed at least the olectronic ver	and must instead use ERISA section 4021)? untess reasonable can examined this return/re sion of this return/repor	Form	S500. Yes No established. cluding, if applicate the best of my	X Yes No Not determined able, a Schedule knowledge and					
Caution: A Under pens SB or Sche belief, it is t SIGN HERE	plan is a defined benefit openalty for the late of alties of perjury and oth adule MB completed an true, correct, and comp	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC instructions or incomplete filing of this return/reprior penalties set forth in the instructions disigned by an enrolled actuary, as wellete.	ot use Form 5500-SF surance program (see fort will be assessed s, I declare that I have all as the electronic ver	and must instead use ERISA section 4021)? unless reasonable car examined this return/re sion of this return/repor	Form	S500. Yes No established. cluding, if applicate the best of my	X Yes No Not determined  able, a Schedule knowledge and					
Caution: A Under pens SB or Sche belief, it is t	plan is a defined benefit A penalty for the late of alties of perjury and other adule MB completed and complete and comple	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC instructions or incomplete filing of this return/repart penalties set forth in the instructions disigned by an enrolled actuary, as wellete.	ot use Form 5500-SF surance program (see ort will be assessed at least the olectronic ver	and must instead use ERISA section 4021)? untess reasonable can examined this return/re sion of this return/repor	Form use is part, in t, and t	Yes No established. cluding, If applicate the best of my	X Yes No Not determined  able, a Schedule knowledge and					
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Caution: A Under pens SB or Sche belief, it is t SIGN HERE SIGN HERE	plan is a defined benefit  A penalty for the late of alties of perjury and oth adule MB completed an true, correct, and complete of plan acceptance of employed signature signat	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC instructions or incomplete filing of this return/repart penalties set forth in the instructions disigned by an enrolled actuary, as wellete.	ot use Form 5500-SF surance program (see fort will be assessed s, I declare that I have all as the electronic ver bate  Date	and must instead use ERISA section 4021)? untess reasonable can examined this return/re sion of this return/repor  Fhomas C. Cra: Enter name of individ	Form use is part, in t, and t	Yes No sestablished.  In the best of my  No sestablished.  So the best of my  No sestablished.  No sestablished.	X Yes No Not determined  able, a Schedule knowledge and  inistrator					
Caution: A Under pens SB or Sche belief, it is t SIGN HERE SIGN HERE	plan is a defined benefit  A penalty for the late of alties of perjury and oth adule MB completed an true, correct, and complete of plan acceptance of employed signature signat	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC instructions or incomplete filing of this return/reprior penalties set forth in the instructions of signed by an enrolled actuary, as wellete.	ot use Form 5500-SF surance program (see fort will be assessed s, I declare that I have all as the electronic ver bate  Date	and must instead use ERISA section 4021)? untess reasonable can examined this return/re sion of this return/repor  Fhomas C. Cra: Enter name of individ	Form use is part, in t, and t	Yes No sestablished.  In the best of my  No sestablished.  So the best of my  No sestablished.  No sestablished.	X Yes No Not determined  able, a Schedule knowledge and					
Caution: A Under pens SB or Sche belief, it is t SIGN HERE SIGN HERE	plan is a defined benefit  A penalty for the late of alties of perjury and oth adule MB completed an true, correct, and complete of plan acceptance of employed signature signat	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC instructions or incomplete filing of this return/reprior penalties set forth in the instructions of signed by an enrolled actuary, as wellete.	ot use Form 5500-SF surance program (see fort will be assessed s, I declare that I have all as the electronic ver bate  Date	and must instead use ERISA section 4021)? untess reasonable can examined this return/re sion of this return/repor  Fhomas C. Cra: Enter name of individ	Form use is part, in t, and t	Yes No sestablished.  In the best of my  No sestablished.  So the best of my  No sestablished.  No sestablished.	X Yes No Not determined  able, a Schedule knowledge and					
Caution: A Under pens SB or Sche belief, it is t SIGN HERE SIGN HERE	plan is a defined benefit  A penalty for the late of alties of perjury and oth adule MB completed an true, correct, and complete of plan acceptance of employed signature signat	ther line 6a or line 6b, the plan cannot plan, is it covered under the PBGC instructions or incomplete filing of this return/reprior penalties set forth in the instructions of signed by an enrolled actuary, as wellete.	ot use Form 5500-SF surance program (see fort will be assessed s, I declare that I have all as the electronic ver bate  Date	and must instead use ERISA section 4021)? untess reasonable can examined this return/re sion of this return/repor  Fhomas C. Cra: Enter name of individ	Form use is part, in t, and t	Yes No sestablished.  In the best of my  No sestablished.  So the best of my  No sestablished.  No sestablished.	X Yes No Not determined  able, a Schedule knowledge and					

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Par	t III Financial Information								
7	n Assets and Liabilities (a) Beginning of Yo		ar		-	(b) End of Year			
a	Total plan assets	. 7a		3,2	98		237,955		
	Total plan liabilities	. 7ь			0		0		
¢	Net plan assets (subtract line 7b from line 7a)	7¢	25	3,29	98		237,955		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from: (1) Employers	. 8a(1)		6,85	52				
	(2) Participants	8a(2)		9,83			The second secon		
	(3) Others (Including rollovers).	8a(3)			0				
	Other income (loss)	8b	4	1,09	9.5				
							57,781		
	Benefits paid (including direct rollovers and insurance premiums			···	┿				
	to provide benefits)	8d	7	0,89	94	.,			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0		and the second s		
f	Administrative service providers (salarles, fees, commissions)	8f		2,23	30		1 0 0		
<u> </u>	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			$\Box$		73,124		
i	Net income (loss) (subtract line 8h from line 8c)	8i					(15,343)		
j	Transfers to (from) the plan (see instructions)	8j			0				
Par	t IV Plan Characteristics				<u> </u>				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature cod	des from the List of Plan Char	acteri	stic Co	odes In	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Chara	cterist	ic Cod	fes in t	the Instructions:		
Part									
10	During the plan year:				Yes	No	Amount		
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		Х			
¢	Was the plan covered by a fidelity bond?	***************************************		10c	X.		25,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 cinstructions.)	of the bene	fits under the plan? (See	10e	Х		1,176		
f	Has the plan falled to provide any benefit when due under the plan	1?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd )	10g	Х		11,235		
	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See instru	ctions 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 2520.101	e required	notice or one of the	101					
Part							<u> </u>		
11	Is this a defined benefit plan subject to minimum funding requirements of the subject to minimum funding requirements o								
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39								
12									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortize	ed in this plan year, see instruc		and e	enter th Day	ne date of the letter ruling Year		
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forr	n 5500), and skip to line 13.						
	Enter the minimum regulred contribution for this plan year				[	12b			

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CREEKSIDE FAMILY

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Page 3 -Form 5500-SF 2013 130118 12c C Enter the amount contributed by the employer to the plan for this plan year ..... 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 12d negative amount)..... N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII | Plan Terminations and Transfers of Assets X No Yes 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes 🕅 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.) 13c(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s): Part VIII Trust Information (optional) 14b Trust's EIN 14a Name of trust