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

	enefit Guaranty Corporation	 Complete all entries in a 	accordance with the instruc	tions to the Form 5500	SF.				
Part I	Annual Report lo	dentification Information	n						
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/0	1/2013	and ending 12	2/31/2	2013			
	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemploye						pant plan		
B This ref	turn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths))			
C Check	box if filing under:		DFVC program						
Dowt II	Decis Dien Infor	special extension (enter des	· /						
Part II		mation—enter all requested in	ntormation		41.		I		
1a Name JOHN BROA	•	(K) PROFIT SHARING PLAN			1D	Three-digit plan number (PN)	001		
						1c Effective date of plan 03/11/2002			
	ponsor's name and add	ress; include room or suite numb	ber (employer, if for a single-	employer plan)	2b	Employer Identi			
225 MEDIC	AL CENTER DRIVE, SU	IITE 204			2c	Sponsor's telep			
PADUCAH,	KY 42003	MTL 204			2d	Business code ((see instructions)		
3a Plan a	dministrator's name and	d address Same as Plan Spor	nsor Name Same as Plan	Sponsor Address	3b	Administrator's I			
					3с	Administrator's t	telephone number		
name	, EIN, and the plan num	plan sponsor has changed since ber from the last return/report.	e the last return/report filed fo	or this plan, enter the		EIN			
	or's name				4c	PN			
_		at the beginning of the plan year		-	5a		7		
b Total	number of participants a	at the end of the plan year			5b				
6a \Mara				•	5c				
Ju WEIE	all of the plan's assets						X Yes No		
b Are you under	ou claiming a waiver of to 29 CFR 2520.104-46?	during the plan year invested in the annual examination and repo	eligible assets? (See instruct ort of an independent qualifie ibility and conditions.)	tions.)d public accountant (IQF	PA)		X Yes No		
b Are you under	ou claiming a waiver of t 29 CFR 2520.104-46? answered "No" to eith	during the plan year invested in the annual examination and repo	eligible assets? (See instruct ort of an independent qualifie ibility and conditions.)	tions.)d public accountant (IQF	PA) Form	5500.			
b Are you under If you c If the p	ou claiming a waiver of to 29 CFR 2520.104-46? It answered "No" to eithold it and the same and t	during the plan year invested in the annual examination and repo (See instructions on waiver eligi her line 6a or line 6b, the plan plan, is it covered under the PB	eligible assets? (See instruct ort of an independent qualifie ibility and conditions.)	tions.)d public accountant (IQF and must instead use I	PA) Form	5500. Yes	X Yes No		
b Are you under If you C If the p Caution: A Under pena SB or Sche	ou claiming a waiver of to 29 CFR 2520.104-46? It answered "No" to eitholan is a defined benefit to plan is a defined benefit to a penalty for the late of alties of perjury and other to the late of alties of perjury and other to the late of the late of alties of perjury and other to the late of the late o	during the plan year invested in the annual examination and report (See instructions on waiver eliging ther line 6a or line 6b, the plant plant, is it covered under the PB r incomplete filing of this return the penalties set forth in the instruct of signed by an enrolled actuary,	eligible assets? (See instruct ort of an independent qualifie ibility and conditions.)cannot use Form 5500-SF agC insurance program (see rn/report will be assessed uctions, I declare that I have described in the conditions.	tions.)d public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable causexamined this return/rep	PA) Form se is	5500. Yes No established. ncluding, if applic	X Yes No Not determined able, a Schedule		
b Are you under If you C If the p Caution: A Under pens SB or Schebelief, it is SIGN	ou claiming a waiver of to 29 CFR 2520.104-46? It answered "No" to eitholan is a defined benefit to a penalty for the late of alties of perjury and other dule MB completed and true, correct, and completed	during the plan year invested in the annual examination and report (See instructions on waiver eliging ther line 6a or line 6b, the plant plant, is it covered under the PB r incomplete filing of this return the penalties set forth in the instruct of signed by an enrolled actuary,	eligible assets? (See instruct ort of an independent qualifie ibility and conditions.)cannot use Form 5500-SF agC insurance program (see rn/report will be assessed uctions, I declare that I have described in the conditions.	tions.)d public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable causexamined this return/rep	PA) Form se is	5500. Yes No established. ncluding, if applic	X Yes No Not determined able, a Schedule		
b Are you under If you C If the p Caution: A Under pena SB or Schebelief, it is	ou claiming a waiver of to 29 CFR 2520.104-46? It answered "No" to eitholan is a defined benefit to a penalty for the late of alties of perjury and other dule MB completed and true, correct, and completed	during the plan year invested in the annual examination and report (See instructions on waiver eliginal her line 6a or line 6b, the plant plan, is it covered under the PB rependitions of this return of signed by an enrolled actuary, lete.	eligible assets? (See instruct ort of an independent qualifie ibility and conditions.)cannot use Form 5500-SF agC insurance program (see rn/report will be assessed uctions, I declare that I have described in the conditions.	tions.)d public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable causexamined this return/rep	Form se is	5500. Yes No established. Including, if applicate the best of my	Yes No Not determined able, a Schedule knowledge and		
b Are you under If you C If the p Caution: A Under pens SB or Schebelief, it is SIGN HERE	ou claiming a waiver of to 29 CFR 2520.104-46? It answered "No" to either plan is a defined benefit to a penalty for the late of alties of perjury and other edule MB completed and true, correct, and completed with authorized/vices.	during the plan year invested in the annual examination and report (See instructions on waiver eliginal her line 6a or line 6b, the plant plan, is it covered under the PB rependitions of this return of signed by an enrolled actuary, lete.	eligible assets? (See instruct ort of an independent qualifie ibility and conditions.)	tions.)	Form se is	5500. Yes No established. Including, if applicate the best of my	Yes No Not determined able, a Schedule knowledge and		
b Are you under If you C If the p Caution: A Under pena SB or Schebelief, it is SIGN HERE SIGN HERE	ou claiming a waiver of to 29 CFR 2520.104-46? I answered "No" to eith plan is a defined benefit. A penalty for the late of alties of perjury and other dule MB completed and true, correct, and completed with authorized/vi	during the plan year invested in the annual examination and report (See instructions on waiver eliginary in the factor of the fa	eligible assets? (See instruct ort of an independent qualifie ibility and conditions.) cannot use Form 5500-SF a GC insurance program (see rn/report will be assessed u uctions, I declare that I have a as well as the electronic vers Date Date	tions.)d public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable causexamined this return/report, Enter name of individu	Form Se is soort, irrand and signal s	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employed.	X Yes No Not determined able, a Schedule knowledge and ministrator		
b Are you under If you c If the p Caution: A Under pens SB or Schebelief, it is: SIGN HERE SIGN HERE Preparer's J. RONALD JACKSON A	ou claiming a waiver of to 29 CFR 2520.104-46? I answered "No" to eith plan is a defined benefit. A penalty for the late of alties of perjury and other dule MB completed and true, correct, and completed with authorized/via Signature of plan ad Signature of employ name (including firm nate JACKSON AND PAGE, PLLC	during the plan year invested in the annual examination and report (See instructions on waiver eliging ther line 6a or line 6b, the plan or plan, is it covered under the PB or incomplete filing of this return or penalties set forth in the instruct of signed by an enrolled actuary, lete. All indicates the plan waiver penalties are forth in the instruction of the plan of the instruction of the plan o	eligible assets? (See instruct ort of an independent qualifie ibility and conditions.) cannot use Form 5500-SF a GC insurance program (see rn/report will be assessed u uctions, I declare that I have a as well as the electronic vers Date Date	tions.)d public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable causexamined this return/report, Enter name of individu	Form Se is soort, irrand and signal s	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employed.	Not determined able, a Schedule knowledge and ministrator er or plan sponsor number (optional)		
b Are you under If you C If the p Caution: A Under pens SB or Schebelief, it is SIGN HERE SIGN HERE Preparer's J. RONALD JACKSON P. O. BOX	ou claiming a waiver of to 29 CFR 2520.104-46? I answered "No" to eith plan is a defined benefit. A penalty for the late of alties of perjury and other dule MB completed and true, correct, and completed with authorized/via Signature of plan ad Signature of employ name (including firm nate JACKSON AND PAGE, PLLC	during the plan year invested in the annual examination and report (See instructions on waiver eliginary in the factor of the fa	eligible assets? (See instruct ort of an independent qualifie ibility and conditions.) cannot use Form 5500-SF a GC insurance program (see rn/report will be assessed u uctions, I declare that I have a as well as the electronic vers Date Date	tions.)d public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable causexamined this return/report, Enter name of individu	Form Se is soort, irrand and signal s	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employed parer's telephone	Not determined able, a Schedule knowledge and ministrator er or plan sponsor number (optional)		

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities (a) Beginning of Ye					ar (b) End of Year					
	otal plan assets						(b) Elia o	136971	3		
	Total plan liabilities										
		otal plan liabilities						136971	3		
	Income, Expenses, and Transfers for this Plan Year	70									
	Contributions received or receivable from:		(a) Amount				(b) To	aı			
	(1) Employers	8a(1)	3908	1							
	(2) Participants	8a(2)	6103	5							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b 1486									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							24879	7		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11027	6							
е	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						11027	6		
i	Net income (loss) (subtract line 8h from line 8c)	8i						13852	1		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3B	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruction	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Cod	les in t	he instruction	ns:			
Par	t V Compliance Questions										
10								mount			
	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					No X	<u> </u>	mount			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10a 10b		X					
	·					X					
				10c							
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					
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ					
g						X					
h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10h							
D	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part 11	Is this a defined benefit plan subject to minimum funding requirem										
	5500) and line 11a below)							Yes	X	No	
	Enter the unpaid minimum required contribution for current year fr		,			11a	<u> </u>				
12	Is this a defined contribution plan subject to the minimum funding			or se	ction 3	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		e letter ru ′ear	uling	_	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			T	40:	1				
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	1
------	-----	---

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	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

Form \$500-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).

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

Part 12 Annual Report Identification Information							
For calendar plan year 2013 or fiscal plan year beginning and ending							
A Th	is return/report is for:	X a single-employer	plan	a multiple-employe	r plan (not multiemployer)	a one-participant plan
B Th	is return/report is:	the first return/rep	ort	the final return/repo	ort		
		an amended retur	n/report	a short plan year re	eturn/report (less than 12	montf(s)	
C Ch	eck box if filing under:	X Form 5558		automatic extensio	n 🔈		DFVC program
		special extension	(enter description	on)	•		
Pai	till Basic Plan In	formation—enter all r	equested inform	ation		No.	
1a	Name of plan						e-digit
JOHN	BROADBENT MD PLLO	C 401(k) PROFIT SHAI	RING PLAN			(PN)	number 001
							ctive date of plan
						0h =	3/11/2002
2a	Plan sponsor's name and	address; include room or	suite number (e	employer, if for a sing	le-employer plan)	2b Emp (EIN	bloyer Identification Number 33-0994721
JOHN	BROADBENT MD PLLO						nsor's telephone number
				A		270-441-	-
	EDICAL CENTER DRIV	E, SUITE 204		,			iness code (see instructions)
	CAH, KY 42003		. Cl		See Conserved days	621111	-1-1-44- 1- 1-
Ja	Plan administrator's name an	o address	Plan Sponsor Na	ame A Mameras	Plan Sponsor Address	JD Adm	ninistrator's EIN
						3c Adm	ninistrator's telephone number
Same							•
			. (•			
4	If the name and/or EIN of t	he plan sponsor has cha	nged since the	ast return/report filed	for this plan, enter	4b EIN	
	the name, EIN, and the pla	in number from the last re	eturn/rapott	•			
	Sponsor's name		- W			4c PN	7
5a b	Total number of participant Total number of participant	s at the beginning of the is at the end of the plan v	plan year			5a 5b	
C	Number of participants with	h account balances asgot	the end of the p	lan year (defined bei	nefit plans do not		
	complete this item)					5c	
	Were all of the plan's asset Are you claiming a waiver						X Yes No
U	under 29 CFR 2520.104-4						X Yes No
	If you answered "No" to						
C	If the plan is a defined ben	efit plant is it covered und	der the PBGC in	surance program (se	e ERISA section 4021)?	Yes Yes	
	ution: A penalty for the						
							g, if applicable, a Schedule
	Schedule MB completed and completed are		actuary, as well	as the electronic ven	sion of this return/report,	and to the I	best of my knowledge and
Transition.	100	Or o /		10 100 /200	T		-
SIGN HERI		- Cury		18/09/2014	JOHN BROADBENT		
1775 S. 0715 S. 1	SV N. I 4	ministrator		Date 18/09/2714	Enter name of individua	al signing a	s plan administrator
SIGN HERI		<u>cong</u>		() () () () () () () () () ()	JOHN BROADBENT		
"NASAWATEL	Signature of employ rer's name (including firm r		addrage: include	Date			s employer or plan sponsor s telephone number (optional)
) riepa	iei s name (including IKM f	iame, ii applicable) and a	auuress, miciude	TOOM OF SUITE HUMBE	si (opuonai)	- reparer:	э кыерионе липоег (ориолаі) -
Jackso	on and Page, PLLC						
1	ald Jackson					(270) 442	2-3433
	3ox 7603						
Paduc	ah		KY 420	002-7603			

Pa	HIII Financial Information						_				
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year				
а	Total plan assets		1,23	1,192	1,369,713						
b	Total plan liabilities	plan liabilities									
С	Net plan assets (subtract line 7b from line 7a)	7c 1,							1,3	69,713	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
a	Contributions received or receivable from:						All I				
	(1) Employers	8a(1)			9,081	TRANSPORTATION (IN					
	(2) Participants	8a(2)	 	6	1,035	4			i de Tilen		
	(3) Others (including rollovers)	8a(3)				Date Salma de Alizado				<u> </u>	
<u>b</u>	Other income (loss)	. 8b	erinaminika filotoka dia mangana.	148	8,681						
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		<u> </u>	Ren.	Total attended	y savananan	an Falence Assert	<u>2</u>	48,797	
d	Benefits paid (including direct rollovers and insurance premiums	Ì			~~~			111	, i		
	to provide benefits)	. 8d		WA THE	OFE/ D				1993 - 1900		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	<u> </u>	AV				0 10 10 10 10 10 10 10 10 10 10 10 10 10	7		
	Administrative service providers (salaries, fees, commissions)	. 8f								<u> 44.22.576</u> 22.23.257	
g	Other expenses	. 8g		DESTRUCTION OF THE PARTY OF THE		10/162/6					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)									10,276	
	Net income (loss) (subtract line 8h from line 8c)	. <u>8i</u>		<u>V</u>		fersagterer.	este malareta (1 September	<u>38,521</u>	
Looke-Katel	Transfers to (from) the plan (see instructions)	. 8j					// 18 July 18	2.0470.232			
	Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E, 2G, 2J, 3B	feature car	lestrom the List of Plan (Characte	eristic (Codes	in the insi	tructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for		Anna Azira								
_	The trial provides we have a serious, since the approximation				,,,,,,						
Pa	Compliance Questions	The state of the s	<u> </u>								
10	During the plan year:	<i>(</i>	· · · · · · · · · · · · · · · · · · ·		Yes	No		Amou	unt		
а	Was there a failure to transmit to the plan any participant contributions in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	ithin the time	e period described Program)	10a		х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	Oo not in	clude transactions	10b		х					
	Was the plan covered by a fidelity bond?			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond	i, that was caused by								
	fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	er persons e or all of th	by an insurance e benefits under	10e		x					
f	Has the plan failed to provide any benefit when the under the plan			10f		Х					
	Did the plan have any participant loans (II Yes," enter amount as			10g		Х					
	If this is an individual account plant 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 2520,101			101						(M)	
Pa	Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Пу	es 🕽	K No	
<u>11a</u>	Enter the unpaid minimum required contribution for current year fro	om Schedu	le SB (Form 5500) line 39		<u>l_</u>	11a	<u> </u>			0	
12	Is this a defined contribution plan subject to the minimum funding require	ements of se	ction 412 of the Code or se	ction 302	of ER	ISA?		Y	es 🕽	⟨ No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	_			s, and	enter t Day		of the lett Year		ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (For	m 5500), and skip to lin	ne 13.			_				
b	Enter the minimum required contribution for this plan year					12b					

5500 EF Info - Practitioner Signature Agreement

Plan Administrator/Employer:

In accordance with expanded EFAST2 signature options, I, the Plan Administrator/Employer for the following plan: JOHN BROADBENT MD PLLC 401(k) PROFIT SHARING PLAN

give this written authorization to:

J. Ronald Jackson
to submit this return/report electronically and to sign this return/report with their EFAST2 UserID and PIN. I further acknowledge that an image of my manual signature will be included with the rest of the annual return/report posted by the DOL on the Internet for public disclosure.

JOHN BROADBENT

Plan Administrator/Employer Name

Plan Administrator/Employer signature

10/09/2014

Practitioner:

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, true and correct pdf copies of the first page of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury and the second page of the completed Form 5500 or Form 5500-SF; (3) I advised the plan administrator/employer that by selecting this electronic signature option the pdf image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

I declare that I am authorized to make and sign this statement.

X (Check "X" here)

et peulligiumost eus echtergeit effeks