## 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

		Complete all entries in accorda	ando with the motivat		••••		
Part I	Annual Report Id	dentification Information					
For calend	ar plan year 2013 or fisc	al plan year beginning 01/01/2013		and ending	12/31/2	2013	
A This ref	turn/report is for:	x a single-employer plan	n multiple-employer pl	an (not multiemployer	)	a one-particip	pant plan
<b>B</b> This ref	turn/report is:	the first return/report	he final return/report				
	Ī	an amended return/report a	short plan year return	n/report (less than 12 i	months)	)	
C Check	box if filing under:	X Form 5558	utomatic extension			DFVC progra	am
		special extension (enter description	)			_	
Part II	Basic Plan Inforr	mation—enter all requested informat	ion				
1a Name					1b	Three-digit	
	•	HOLOGY ASSOCIATES, P.S.C. PROF	IT SHARING PLAN			plan number	
						(PN) <b>▶</b>	002
					1c	Effective date o	•
20.01					01	01/01	
		ress; include room or suite number (em HOLOGY ASSOCIATES, PSC	ployer, if for a single-	employer plan)	20	Employer Identi (EIN) 61-11	fication Number 97980
					2c	Sponsor's telep	hone number
231 EAST C	CHESTNUT STREET					502-629	
LOUISVILLE	E, KY 40202				2d	Business code (	(see instructions)
						62111	<u>  1</u>
3a Plan a	idministrator's name and	address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
		plan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN	
	e, EIN, and the plan numb sor's name	per from the last return/report.			10	PN	
		t the beginning of the plan year			-	FIN	6
_		t the end of the plan year			<u> </u>		6
	·	count balances as of the end of the pla			5b		6
			• '	•	5c		6
	•	during the plan year invested in eligible	,	, , , , , , , , , , , , , , , , , , ,			X Yes No
		he annual examination and report of ar					X Yes No
		(See instructions on waiver eligibility ar ner line 6a or line 6b, the plan canno					A 163 L No
		plan, is it covered under the PBGC ins			_		Not determined
							1 tot dotominod
		incomplete filing of this return/repo	rt will be assessed	unless reasonable ca	ause is		
Under nen:							
		er penalties set forth in the instructions,		examined this return/r			
SB or Sche		signed by an enrolled actuary, as well		examined this return/r			
SB or Sche	edule MB completed and true, correct, and comple	l signed by an enrolled actuary, as well ete.		examined this return/r			
SB or Schebelief, it is	edule MB completed and true, correct, and comple	signed by an enrolled actuary, as well		examined this return/r			
SB or Sche belief, it is	edule MB completed and true, correct, and comple	signed by an enrolled actuary, as well ete. alid electronic signature.		examined this return/r	ort, and	to the best of my	knowledge and
SB or Schebelief, it is SIGN HERE	edule MB completed and true, correct, and completed with authorized/va	signed by an enrolled actuary, as well ete. alid electronic signature.	as the electronic vers	examined this return/r sion of this return/repo	ort, and	to the best of my	knowledge and
SB or Sche belief, it is SIGN HERE	edule MB completed and true, correct, and completed with authorized/va	I signed by an enrolled actuary, as well ete. alid electronic signature. ministrator	as the electronic vers	examined this return/r sion of this return/repo	ort, and	gning as plan adr	ninistrator er or plan sponsor
SB or Schebelief, it is SIGN HERE	edule MB completed and true, correct, and completed with authorized/va  Signature of plan adr  Signature of employer	I signed by an enrolled actuary, as well ete. alid electronic signature. ministrator	Date  Date	examined this return/reposition of the return of the retur	ort, and	gning as plan adr	knowledge and
SB or Schebelief, it is SIGN HERE	edule MB completed and true, correct, and completed with authorized/va  Signature of plan adr  Signature of employer	I signed by an enrolled actuary, as well ete.  alid electronic signature.  ministrator  er/plan sponsor	Date  Date	examined this return/reposition of the return of the retur	ort, and	gning as plan adr	ninistrator er or plan sponsor
SB or Schebelief, it is SIGN HERE	edule MB completed and true, correct, and completed with authorized/va  Signature of plan adr  Signature of employer	I signed by an enrolled actuary, as well ete.  alid electronic signature.  ministrator  er/plan sponsor	Date  Date	examined this return/reposition of the return of the retur	ort, and	gning as plan adr	ninistrator er or plan sponsor
SB or Schebelief, it is SIGN HERE	edule MB completed and true, correct, and completed with authorized/va  Signature of plan adr  Signature of employer	I signed by an enrolled actuary, as well ete.  alid electronic signature.  ministrator  er/plan sponsor	Date  Date	examined this return/reposition of the return of the retur	ort, and	gning as plan adr	ninistrator er or plan sponsor
SB or Schebelief, it is SIGN HERE	edule MB completed and true, correct, and completed with authorized/va  Signature of plan adr  Signature of employer	I signed by an enrolled actuary, as well ete.  alid electronic signature.  ministrator  er/plan sponsor	Date  Date	examined this return/reposition of the return of the retur	ort, and	gning as plan adr	ninistrator er or plan sponsor

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information									—	
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	f Voor			
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella c	3436	200		
	Total plan liabilities	7b	20000					0 100			
	Net plan assets (subtract line 7b from line 7a)	7c	269995	i0	+			3436	200		
	Income, Expenses, and Transfers for this Plan Year	70									
	Contributions received or receivable from:		(a) Amount				(b) To	tai			
	(1) Employers	8a(1)	18955	0							
	(2) Participants	8a(2)	1100	00							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	55064	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7511	94		
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	1494	4							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						14	944		
i	Net income (loss) (subtract line 8h from line 8c)	8i						736	250		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	-,									
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:			
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	V Compliance Questions										
10					Yes	No				—	
a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions within	n the time period described in		163	NO	· · · · ·	Amoun	τ		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X					
V	on line 10a.)	,		10b		X					
				10c	X				50	000	00
d				100					50	1000	00
	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	Х				3	302	28
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
h		(See instru	uctions 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	d notice or one of the	10i							
Part		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem							П v			N.o.
5500) and line 11a below)											
	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ERISA?	Y	es )	<u> </u>	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	ith	, and e	enter th Day		e letter Year _	rulin	g 	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1		I				
h	Enter the minimum required contribution for this plan year					12b	I				

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
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	l <b>4b</b> Tr	ust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Department of Labor

## 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 B	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.	Ins	pection		
Part I	Annual Report lo	lentification Information	ioo mar are monac			d			
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013									
A This re	turn/report is for:	a single-employer plan a	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan		
B This re	turn/report is:	the first return/report th	e final return/report						
		an amended return/report as	hort plan year retun	/report (less than 12 mg	onths)				
C Check	box if filing under:	Form 5558	tomatic extension			DFVC progra	m		
		special extension (enter description)				_			
Part II	Basic Plan Inform	nation—enter all requested information	on						
1a Name	1				1b	Three-digit			
PEDIATRIC	AND PERINATAL PATI	HOLOGY ASSOCIATES, P.S.C. PROFI	T SHARING PLAN			plan number	002		
					40	(PN)			
					10	Effective date of 01/01/2			
2a Plans	ponsor's name and addr	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identi	fication Number		
PEDIATRIC	AND PERINATAL PATI	HOLOGY ASSOCIATES, PSC				(EIN) 61-119			
				2.	2c	Sponsor's telep			
231 EAST C	CHESTNUT STREET				-	(502) 62			
LOUISVILLE	E, KY 40202				20	Business code ( 621111	see instructions)		
		address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's	7		
	anning and	Ligano do Fichi opondo Han	io Domine as i iai	opoliosi risaross		/ tarminou ottor o i			
					3с	Administrator's	telephone number		
					1				
4 If the r	name and/or EIN of the p	lan sponsor has changed since the last	return/report filed for	r this plan, enter the	4b	EIN			
		er from the last return/report.							
	or's name				4c	PN			
		the beginning of the plan year			5a		6		
		the end of the plan year		and the same of th	5b		6		
		count balances as of the end of the plan			5c		6		
		uring the plan year invested in eligible a			_		Yes No		
		ne annual examination and report of an							
under	29 CFR 2520.104-46? (	See instructions on waiver eligibility and	conditions.)				X Yes No		
		er line 6a or line 6b, the plan cannot					Proper maners — ac — ac		
C If the p	plan is a defined benefit p	olan, 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	ise is	established.			
		r penalties set forth in the instructions, I							
	edule MB completed and true, correct, and comple	signed by an enrolled actuary, as well a	as the electronic ver	sion of this return/report	, and t	to the best of my	knowledge and		
1 March 2 Aug 12		0							
SIGN	ou-		10/15/14	ROBERT BENDON					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator		
SIGN									
HERE	Signature of employe		Date	Enter name of individu	ual sig	ning as employe	r or plan sponsor		
Preparer's	name (including firm nar	ne, if applicable) and address; include r	oom or suite numbe	r (optional)			number (optional)		
						-Harris	Carried to		
					417				
						100			

Tell plan assets and Liabilities	Pa	rt III   Financial Information							
D Total plan Sabibles C Note plan assets (subtract line 76 from line 7a)	7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
C Net plan assats (subtract line 7 to from line 7a)         7c         2 5000950         3438200           8 Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           4 Contributions received or receivable from:	a	Total plan assets	7a	·				3436200	
8 income. Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers	b	Total plan liabilities	7b						
a Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rolivers)  (3) Others (including rolivers)  (4) Expense (including rolivers)  (5) Other income (loss)  (6) Total income (losd)  (7) Expense (losd)  (8) Expense (losd)  (9) Expense (losd)  (1) Expenses (losd) (lost expenses (lost	c	Net plan assets (subtract line 7b from line 7a)	. 7c	269995	0		3436200		
(1) Employers   Sa(1)   18950	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
Solution	a	The state of the s	8a(1)	18955	o				
B Other income (loss)		(2) Participants	8a(2)	1100	0				
G Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  e Cartain deemed and/or corrective distributions (see instructions).  8 d  f Administrative service providers (salaries, fees, commissions).  9 f 14944  g Chier expenses (add lines 8d, 8e, 8f, and 8g)	b	Other income (loss)	. 8b	55064	4	, A.A.			
to provide benefits). 8d    6 Certain deemed and/or corrective distributions (see instructions). 8e    7 Administrative service providers (salaries, Sees, commissions). 9f   14944    9 Other expenses. 8g    1 Totala expenses (add lines 8d, 8e, 8f, and 8g). 8h   14944    1 Net income (loss) (subtract line 8h from line 8c). 8h   738250    1 Transfers to (from) the plan (see instructions). 8j   738250    9 If the plan provides persions benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2 If 20 R 3D 2E    10 If the plan provides persions 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:  10 During the plan year:  10 Wes there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510-3-1027 (See instructions and DDL's Voluntary Fluciany Correction Program). 10a	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					751194	
f Administrative service providers (salaries, fees, commissions)	d 	, , ,	. 8d						
Section   Sec	e	Certain deemed and/or corrective distributions (see instructions) $\dots$	. 8e			\$15F			
Note   Total expenses (add lines 8d, 8e, 8f, and 8g)   8h   14944     Note   Income (loss) (subtract line 8h from line 8c)   8i   736250     Transfers to (from) the plan (see instructions)   8     Part IV   Plan Characteristics   8     Part IV   Plan Characteristic see   8   8     Part IV   Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    Part V   Compliance Questions	f	Administrative service providers (salaries, fees, commissions)	8f	1494	4				
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	. 8g			1197			
Transfer to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					14944	
Part IV Pian Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2	i_	Net income (loss) (subtract line 8h from line 8c)	8i					736250	
9a	j	Transfers to (from) the plan (see instructions)	8j			33941 24.54 25.54			
10 Durling the plan year:   2	9a b	If the plan provides pension benefits, enter the applicable pension 2J 2F 2G 2R 3D 2E  If the plan provides welfare benefits, enter the applicable welfare for	·						
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? (Do not include transactions reported on line 10a.).  c Was the plan covered by a fidelity bond?			····			Voc	No	Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		Was there a failure to transmit to the plan any participant contribu			102	100		Amount	
c Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions reported			х		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	С					Х		500000	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).  f Has the plan failed to provide any benefit when due under the plan?	d				10d		х		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See	10e	х		30228	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10a		Х	***************************************	
exceptions to providing the notice applied under 29 CFR 2520.101-3	h	·	•				х		
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).  11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	i				10i				
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).  11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	Part	VI Pension Funding Compliance							
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39		Is this a defined benefit plan subject to minimum funding requirem					lule SE	3 (Form Yes X No	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (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 being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a						11a		
(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 being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  Month  Day  Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				<del></del>			302 of	ERISA? Yes No	
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.  Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
	a	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		, and e			
b Enter the minimum required contribution for this plan year	lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.					
	<u>b</u>	Enter the minimum required contribution for this plan year					12b		

Form 5500-SF 2013	Page <b>3</b> - 1
c Enter the amount contributed by the employer to the	e 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

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?		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		
1	3c(1) Name of plan(s):	3c(2) E	N(s)	13c(3) PN(s)
restrice.				<u> </u>
Part	VIII Trust Information (optional)			
14a	Name of trust	14b T	rust's EIN	