## 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).

Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	fication Information					
For calendar plan year 2014 or fiscal plan		01 <u>4</u>	and ending 1	2/31/2014		
A This return/report is for:	ngle-employer plan	of participating empl	olan (not multiemployer oyer information in acco	-		
∐ ao	ne-participant plan	a foreign plan				
B This return/report is	first return/report	the final return/report				
an	amended return/report	a short plan year retu	rn/report (less than 12 i	months)		
Crieck box ir illing under.	m 5558	automatic extension		DFVC pro	ogram	
spe	cial extension (enter desc	ription)				
Part II Basic Plan Information	<b>n</b> —enter all requested in	formation		Т -	1	
1a Name of plan INTERNAL MEDICINE ASSOCIATES PSO	401(K) PROFIT SHARIN	IG PLAN		<b>1b</b> Three-digit plan numbe (PN) ▶	r 002	
				1c Effective da		
2a Plan sponsor's name and address; in INTERNAL MEDICINE ASSOCIATES PSC	clude room or suite numb	er (employer, if for a single	e-employer plan)		entification Number 1-0959143	
1401 HARRODSBURG ROAD SUITE B 16	0			2c Sponsor's to	elephone number 0-276-4486	
LEXINGTON, KY 40504					de (see instructions) 21111	
3a Plan administrator's name and addre	ss Same as Plan Spon	sor.		<b>3b</b> Administrato		
INTERNAL MEDICINE ASSOCIATES PSC		RRODSBURG ROAD SUI TON, KY 40504	TE B 160	<b>3c</b> Administrato	1-0959143 or's telephone number -276-4486	
4 If the name and/or EIN of the plan sp	oonsor has changed since	the last return/report filed	for this plan, enter the	4b EIN		
name, EIN, and the plan number fro <b>a</b> Sponsor's name				4c PN		
5a Total number of participants at the b	eginning of the plan year.			5a	28	
<b>b</b> Total number of participants at the e	nd of the plan year			<b>5b</b>	28	
Number of participants with account complete this item)				5c	27	
d(1) Total number of active participant				5d(1)	25	
<b>d(2)</b> Total number of active participant	s at the end of the plan ye	ar		5d(2) 2		
Number of participants that terminate less than 100% vested			efits that were	5e	C	
Caution: A penalty for the late or incor Under penalties of perjury and other pena SB or Schedule MB completed and signe	alties set forth in the instru	ctions, I declare that I have	e examined this return/r	eport, including, if ap	plicable, a Schedule	
belief, it is true, correct, and complete.  SIGN  Filed with authorized/valid electric structure in the complete.	ctronic signature.	09/16/2015	BARRY SCHUMER,	MD		
HERE Signature of plan administ	rator	Date	Enter name of indiv	dual signing as plan	administrator	
SIGN						
HERE Signature of employer/plan		Date		dual signing as emp	loyer or plan sponsor	
Preparer's name (including firm name, if	applicable) and address (ii	nclude room or suite numb	er ) (optional)	Preparer's teleph	one number (optional)	

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable or the considerable or th	an indepe and condit	ndent qualified public accountations.)	nt (IC	PA)			X Ye		No No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)?		Yes	No	Not det	ermine	∌d
Par	t III Financial Information	1	1							
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End			
	Total plan assets	7a	18739	995				1750	0361	
	Total plan liabilities	7b	18739	005	+			1750	1361	
	Net plan assets (subtract line 7b from line 7a)	7c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+		(b) T		3001	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	307							
	(2) Participants	8a(2)	440	)44						
	(3) Others (including rollovers)	8a(3)	700	200						
	Other income (loss)	8b	706	000				4.41	5385	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						140	0300	
	to provide benefits)	8d	2690	)19						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g							2040	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9019 3634	
	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	8i						-12	0034	
Par	, , , , , ,	8j								
b	2E 2F 2G 2J 2K 3D 2T  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ons:		
10	During the plan year:				Yes	No		Amount	1	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
<u>C</u>	Was the plan covered by a fidelity bond?			10c	X				500	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e	X				15	173
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 a	s of year e	end.)	10g		X				
	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										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es	No
	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	Ye	es 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		·	ctions	and a	anter +l	he date of the	na lattor	rulina	
а	granting the waiver	-			, and 6	enter tr Day		Year	- uiiiig	_

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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

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2014

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OMB Nos. 1210-0110 1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part		t identification information		/				10/01/001	4			
For calenda	ar plan year 2014 or	fiscal plan year beginning	01/	01/2014		and ending	12/31/2014					
A This ref	A This return/report is for:    X   a single-employer plan											
■ a one-participant plan ■ a foreign plan  B This return/report is ■ the first return/report ■ the final return/report												
D This rett	um/report is	H .	a short plan year return/report (less than 12 months)									
		an amended return/report	∐as	non pian yea	rretum	report (less than 12 in	OHIHS)					
C Check box if filling under:								DFVC progra	am			
		special extension (enter descr	ription)									
Part II	Basic Plan Inf	ormation—enter all requested inf	ormatio	n								
1a Name							1b	Three-digit				
		Associates PSC 401(k)	Prof:	it Shari	ng P	lan		plan number (PN) ▶	002			
							1c Effective date of plan 01/01/1993					
		ddress; include room or suite numbe	er (empl	loyer, if for a	single-	employer plan)		Employer Ident (EIN) 61-09	ification Number			
1401 Ha	arrodsburg Ro	oad Suite B 160						Sponsor's telep				
Lexingt		KY 40504					2d		(see instructions)			
		and address Same as Plan Spons	sor.				3b	Administrator's	EIN			
		Associates PSC	,				30	61-0959143				
1401 H:	errodeburg Po	oad Suite B 160					3c Administrator's telephone number 859-276-4486					
1401 116	arrousburg Re	ad buice b 100										
Lexingt		KY 40504										
		he plan sponsor has changed since umber from the last return/report.	the last	retum/report	filed fo	r this plan, enter the	4b	EIN				
	or's name						4c	PN				
5a Total r	number of participant	s at the beginning of the plan year					5a 2					
<b>b</b> Total r	number of participant	s at the end of the plan year					5b					
		account balances as of the end of					5c					
		articipants at the beginning of the pl					5d(1)					
<b>d(2)</b> Tota	al number of active p	articipants at the end of the plan yea	ar				5d(	2)	23			
		terminated employment during the p					56	9	0			
		or incomplete filing of this return					ise is e	established.				
Under nena	alties of periury and o	other penalties set forth in the instruc	tions. I	declare that	have e	examined this return/re	port, in	cluding, if applic	cable, a Schedule			
SB or Sche	edule MD completed true, correct, and cor	and signed by an enrolled actuary, a	s well a	s the electron	nic vers	ion of this return/report	t, and t	o the best of my	/ knowledge and			
SIGN	15	800				Barry Schumer	, MD					
HERE	Signature of plan	administrator		Date 4.0	1.15	Enter name of individ	ual sigi	ning as plan ad	ministrator			
SIGN	15					Barry Schumer	, MD					
HERE	Signature of omp	oyer/plan sponsor		Date 9.6	1.15	Enter name of individ	lual sigi	ning as employe	er or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address (in	clude ro		number				e number (optional)			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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b /	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accountarions.)rm 5500-SF and must instead	nt (IQ  d use	PA)  <b>Form</b>	5500.	X Yes No		
		surance p	logiam (see LittoA section 40	21): .		100		_	
Par	t III   Financial Information						#15 1 <b>6</b> 14	_	
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year 175036	-	
	Total plan assets	7a	107	7399	3		173030	_	
_	Total plan liabilities	7b	105	7399	_		175036	-	
	Net plan assets (subtract line 7b from line 7a)	7c	at the last	333	3	0.0000.000			
100	ncome, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount		+		(b) Total	_	
	(1) Employers	8a(1)	3	3073	5				
	(2) Participants	8a(2)	4	1404	4			_	
	3) Others (including rollovers)	8a(3)						_	
b	Other income (loss)	8b	7	7060	6			_	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			$\bot$		14538	15	
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	26	5901	9			_	
_ e (	Certain deemed and/or corrective distributions (see instructions)	8e			_				
f /	Administrative service providers (salaries, fees, commissions)	8f			+			_	
_ g (	Other expenses	8g			+-		26001	_	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+		26901 -12363	_	
	Net income (loss) (subtract line 8h from line 8c)	8i			+		-12303	. 4	
-	Transfers to (from) the plan (see instructions)	8j							
Part			to form the Link of Dian Chan		tio Co	doo in	the instructions:	_	
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	teature co	odes from the List of Plan Chara	acteris	suc Co	ues III	the mstructions.		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Cod	es in th	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribu	tions withi	in the time period described in			х			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		Λ			
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	Х		50000	0(	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	and, that was caused by fraud	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.)	of the ber	nefits under the plan? (See	10e	х		1517	73	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Х			
_	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR	10h		Х			
i	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 2520.10	1-3		10i			l.	_	
Part	VI Pension Funding Compliance	anta? (If !	"Vee " eee instructions and com	nlete	Scher	lule SF	B (Form	_	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)				············		Yes No	0	
_11a	Enter the unpaid minimum required contribution for current year for					11a	ERISA? Yes X N	lc.	
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	EKISA! TES KI N	U	
a	(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 being the standard for the minimum funding standard for the st	ng amortiz	zed in this plan year, see instru	ctions	, and	enter th	he date of the letter ruling		
	granting the waiver.	<b></b>	Mor	ith		Day	Year	_	

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
197	Enter the minimum required contribution for this plan year	1	12b		
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 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 of the PBGC?	under the c	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he plan(s) t	0		
1	3c(1) Name of plan(s):	13	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a I	lame of trust		14b ⊺ı	rust's EIN	