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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information	[]			
For calend	ar plan year 2014 or fi	iscal plan year beginning 01/01/	/2015	and ending 05	5/31/2015	
A This re	turn/report is for:	X a single-employer plan		r plan (not multiemployer) ployer information in accor		
		a one-participant plan	a foreign plan	•		
B This ret	urn/report is	the first return/report	the final return/repo	ort		
		an amended return/report	X a short plan year re	turn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension	n	☐ DFVC p	orogram
Cinoak	oox ii iiiiig andon	special extension (enter des	scription)		_	
Part II	Basic Plan Info	ormation—enter all requested i	information			
1a Name					1b Three-digi	t
INTERNAL	MEDICINE ASSOCIA	TES, PSC 401(K) PROFIT SHAR	ING PLAN		plan numb	
					(PN) 1C Effective d	
						01/01/1993
	ponsor's name and ad MEDICINE ASSOCIAT	ddress; include room or suite num	ber (employer, if for a sing	gle-employer plan)		Identification Number
INTERNALI	ILDICINE ACCOUNT	20,100			(=:)	61-0959143
1401 HARRO	DDSBURG ROAD, SU	IITE B-160				telephone number 59-276-4486
	, KY 40504-1726				2d Business of	code (see instructions)
					-	621111
3a Plan a	dministrator's name a	nd address XSame as Plan Spor	nsor.		3b Administra	ator's EIN
					3c Administra	itor's telephone number
						•
4 If the	name and/or FIN of th	e plan sponsor has changed since	e the last return/report file	d for this plan, enter the	4h FIN	
name	, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN	
name a Spons	, EIN, and the plan nu or's name	mber from the last return/report.			4c PN	
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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 with the considerable with th	an indeper and condit	ndent qualified public accounta ions.)	int (IQ	(PA)		X Yes	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	21)?		Yes	No Not determine	ned
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
a	Total plan assets	. 7a	17503	361			0	
-	Total plan liabilities	. 7b						
	Net plan assets (subtract line 7b from line 7a)	7c	17503	361			0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)	107	737				
	(2) Participants	8a(2)	183	315				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	876	891				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					116743	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	18671	104				
	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1867104	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-1750361	
j	Transfers to (from) the plan (see instructions)	8j						
b	ZE 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	es from the List of Plan Charac	cterist	tic Cod	des in t	he instructions:	
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly)	uciary Cori	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		50	0000
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 ben	efits under the plan? (See	10e	X			6017
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		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Χ		
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)							No
	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		- 1
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA? Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otio c	05-1	nntc = '	and data of the letter will a	~
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and (enter tl Day		y

	F	form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (tive amount)	`		12d			
е	Will t	he 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	Yes N	0	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1:	3c(2) E∣	IN(s)	13c(3) 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**

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. 1210-0089

2014

OMB Nos. 1210-0110

This Form is Open to **Public Inspection**

Parti		rt identification information	01/	01/201	1	and and	ling	0.5	5/31/20:	1	
For calend	ar plan year 2014 or	fiscal plan year beginning				and end					
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A This re	eturn/report is for:					yer information	in accord	ance with	i the form in	structions)	
_		a one-participant plan	\Box	oreign pla							
B This ret	urn/report is	the first return/report	X the	final retur	n/report						
		an amended return/report	Xas	hort plan y	ear retur	n/report (less th	nan 12 mo	onths)			
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C Check	box if filing under:	☐ FOIII 5556	∐ au	tomatic ex	tension			П	DEVC progr	alli	
		special extension (enter descrip	ption)								
Part II	Rasic Plan In	formation—enter all requested info	rmatio	n							
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		,						(P1	√) ▶		
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								01	/01/199	3	
		address; include room or suite number	r (empl	loyer, if for	a single-	employer plan		2b Em	ployer Ident	ification Num	ber
Intern	al Medicine	Associates, PSC						(EII	N) 61-09	59143	
								2c Sp	onsor's tele	ohone numbe	er
1401 H	arrodsburg Ro	oad, Suite B-160							9-276-4		
										(see instructi	ons)
Lexing		KY 40504-1726			10				1111		
3a Plan a	administrator's name	and address XSame as Plan Sponso	or.					3b Adı	ministrator's	EIN	
							-	20 41			
								3C Adi	ministrator's	telephone nu	ımber
1 If the	name and/or FIN of t	he nian snonsor has changed since th	ne last	return/ren	ort filed fo	or this plan ent	er the	4h EIN	i		
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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannual examination and report of the plan cannual examination of the plan's assets during the plan year invested in eligible examination and report of the plan year invested in eligible examination and report of the plan year invested in eligible examination and report of the examination and the	an independe and condition	ent qualified public accounta is.)	ant (IC	(PA)			x		No No
_	If the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	gram (see ERISA section 40	021)?	<u> </u>	Yes	No [Not	deterr	nined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea		—		(b) End	of Y	ear	
a	Total plan assets	7a	17	5036	51					
_	Total plan liabilities	7b			_					
С	Net plan assets (subtract line 7b from line 7a)	7c	17	5036	51					
-	Income, Expenses, and Transfers for this Plan Year		(a) Amount			- 1 6 6 7 7	(b) T	otal		
100	Contributions received or receivable from: (1) Employers	8a(1)		1073	37					
		8a(2)		183:	5					
	(2) Participants(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		8769	91					
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					A		1	16743
Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner,	Benefits paid (including direct rollovers and insurance premiums	OC S			977				_	10743
	to provide benefits)	8d	18	6710)4					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g							v de la	
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							18	67104
i	Net income (loss) (subtract line 8h from line 8c)	8i							-17	50361
j	Transfers to (from) the plan (see instructions)	8j								
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	X				5	00000
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 of instructions.)	of the benefit	s under the plan? (See	10e	х					6017
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.	.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (х		îVa :		
ı	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the	e required no	otice or one of the	10h		^				
	exceptions to providing the notice applied under 29 CFR 2520.101	-3		10i					ne or	
Part	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	ente? (If "Voo	" see instructions and com	nlete	Schad	ule SP	(Form			
	5500) and line 11a below)					T			Yes	No
	Enter the unpaid minimum required contribution for current year fro					11a			Var	G N -
12	Is this a defined contribution plan subject to the minimum funding			orse	ection 3	SU2 of E	:KISA?	Ш	Yes	X No
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 bein granting the waiver.	g amortized i	in this plan year, see instru		and e	nter the	e date of t	he let Year		ng

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
b	Enter the minimum required contribution for this plan year		12b			
C	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 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 the PBGC?		ontrol		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	fy the plan(s) t	:0			
1	3c(1) Name of plan(s):	13	3c(2) El	N(s)	13c(3)	PN(s)
				5		
Part	VIII Trust Information (optional)					
14a 1	Name of trust		14b ⊤r	ust's EIN		