## 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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		t Identification Information							
For calenda	ar plan year 2017 or t	fiscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017				
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer) ( mployer information in ac					
		a one-participant plan	a foreign plan						
<b>b</b> This retu	ırn/report is	the first return/report	the final return/report						
•		an amended return/report	a short plan year retur	rn/report (less than 12 m	_				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC prograr	n			
Dant II	Dania Diam Inf	special extension (enter descr	• /						
Part II		ormation—enter all requested inf	formation		46 = 11 11 11				
1a Name	•	DOEDY, DOO DOOEIT OUADING D	LANI		<b>1b</b> Three-digit plan numb				
ASSOCIATES IN GENERAL SURGERY, PSC PROFIT SHARING PLAN					(PN) ▶	001			
						ate of plan			
						01/04/1972			
2a Plan st	oonsor's name (empl	oyer, if for a single-employer plan)				dentification Number			
Mailing	address (include roo	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		eruotiono)		61-0722916			
	S IN GENERAL SUR		ai code (ii loreign, see inst	i uctions)		telephone number 2-583-5948			
					2d Business code (see instructions)				
201 ABRAHAM FLEXNER WAY, STE 902 LOUISVILLE, KY 40202					621111				
LOUISVILLE	, KT 40202								
3a Plan administrator's name and address X Same as Plan Sponsor.			<b>3b</b> Administrator's EIN						
					3c Administrat	tor's telephone number			
4 If the r	name and/or FINI of th	an plan anangar ar tha plan nama h	as abanged since the last r	raturn/ranart filed for	4b FIN				
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
<b>a</b> Spons	or's name				4d PN				
C Plan N	ame								
<b>5a</b> Total r	number of participant	s at the beginning of the plan year			5a	10			
	•	s at the end of the plan year			5b	0			
<b>C</b> Number	er of participants with	account balances as of the end of			5c	0			
	,	articipants at the beginning of the pl			5d(1)	0			
<b>d(2)</b> Tota	al number of active p	articipants at the end of the plan yea	ar		5d(2)				
e Number of participants who terminated employment during the plan year with accrued benefits that were less					5e	0			
Caution: A	100% vested penalty for the late	e or incomplete filing of this return	n/report will be assessed	unless reasonable car		d.			
Under pena SB or Sche	alties of perjury and o	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/re	port, including, if	applicable, a Schedule			
SIGN		d/valid electronic signature.	02/14/2018	RUSSELL WILLIAMS	, MD				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator			
SIGN									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor			

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No									
	If "Yes" is checked, enter the My PAA confirmation number from the		-				· <u>-</u>	Not determined . (See instructions.)		
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (	of Vear			(b) Enc	l of Year		
<u>·</u>	Total plan assets	7a		74484			(b) Life	0		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	227	74484			0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	23	31810						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						231810		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	248	88023						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	dministrative service providers (salaries, fees, commissions) 8f 18271									
g	Other expenses									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							2506294		
<del>_</del>	Net income (loss) (subtract line 8h from line 8c)							-2274484		
	Transfers to (from) the plan (see instructions)	8j								
	Part IV Plan Characteristics									
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2H 2J 2K 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	cterist	ic Cod	les in the insti	ructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	Χ			50000		
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X				
е	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.)					X				
f	Has the plan failed to provide any benefit when due under the plan	n?n		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		Χ				
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 2520.101			10i						

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Part '	/I Pension Funding Compliance									
11 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 contributions for all years from Schedule SB (Form 5500) line 40	. 11a								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
а	<b>a</b> 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									
lf y	ou 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								
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 \	/II Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X Yes I	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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> P	N(s)					

## 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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

		lentification Informatio									
For calendar plan year 2	017 or fisca	al plan year beginning 01/01/2	2017		and ending 12/3	31/2017					
A This return/report is for	or:		_ lis	t of participating en	an (not multiemployer) ( nployer information in ac		-				
_	L	a one-participant plan	∐a1	foreign plan							
B This return/report is		the first return/report	X the	final return/report							
		an amended return/report	∏as	hort plan year retur	n/report (less than 12 m	2 months)					
C Check box if filing un	der:	Form 5558	au	tomatic extension		DFV	C program				
		special extension (enter des	scription)								
Part II Basic Pla	an Inform	nation—enter all requested	informatio	on							
1a Name of plan							hree-digit				
ASSOCIATES IN GENERAL SURGERY, PSC PROFIT SHARING PLAN						olan number PN) ▶	001				
						1c E	Effective date o	f plan			
		r, if for a single-employer plan				2b E	mployer Identi	fication Number			
		apt., suite no. and street, or P country, and ZIP or foreign po		(if foreign see inst	cuctions)		EIN) 61-07229				
ASSOCIATES IN GENER	•		,010. 0000	(ii ioroigii, ooo iiioi	addidno)	2c S	ponsor's telep	hone number 583-5948			
						2d F					
201 ABRAHAM FLEXNER WAY, STE 902						2d Business code (see instructions) 621111					
	,										
LOUISVILLE, KY 40202		LL Ela Black				3b Administrator's EIN					
<b>3a</b> Pian administrator's	name and	address X Same as Plan Sp	oonsor.			JOD F	aministrators	EIN			
	enne troppy maken meloke kesembalik k		ad de the de again him ble action of the act			edigita dala sala dala dala dala dala dala dal		telephone number			
		olan sponsor or the plan name or's name, EIN, the plan name				4b	EIN				
a Sponsor's name	pidii opoiio	or a ridine, Ena, the plan ham	s and the	piem namber nom t	no last retainineport.	4d PN					
c Plan Name											
5a Total number of par	ticipants at	the beginning of the plan yea	ır			5a		10			
<b>b</b> Total number of par	ticipants at	the end of the plan year				5b		0			
, ,		count balances as of the end			•	5c		0			
d(1) Total number of a	active partic	cipants at the beginning of the	plan year	r		5d(*	1)	0			
		cipants at the end of the plan				5d(2	2)	. 0			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e		0			
Caution: A penalty for tunder penalties of perjur	the late or y and othe pleted and	incomplete filing of this return the instruction in	urn/repor	t will be assessed I declare that I have	unless reasonable ca examined this return/re	eport, in	cluding, if appli	cable, a Schedule y knowledge and			
SIGN	//	MATTER	2	2-14-18	RUSSELL WILLIAMS	, MD					
HERE Signature	The state of the s	ninistrator		Date	Enter name of individ	tual sigr	ning as plan ad	ministrator			
SIGN HERE											
Signature	of employe	erinian sponsor		Date	Fnter name of individ	tual sior	ning as employ	er or nian enoneor			

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determine if "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year							
Pa	rt III Financial Information				<del></del>			
7	Plan Assets and Liabilities	L.	(a) Beginning	of Year			(b) End of	Year
a	Total plan assets	7a		227448	34			0
<u>b</u>	Total plan liabilities	7b		**************************************				
C	Net plan assets (subtract line 7b from line 7a)	7c		227448	34			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Tot	al
а	Contributions received or receivable from:							
A	(1) Employers	8a(1)				100		
Farmer Control	(2) Participants	8a(2)			-+			
	(3) Others (including rollovers)	8a(3)		23181	_			
-	Other income (loss)	8b		2310				004040
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					231810		
	to provide benefits)	0.40000						
е	Certain deemed and/or corrective distributions (see instructions)	8e		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
f	Administrative service providers (salaries, fees, commissions)	8f		1827	8271			
9	Other expenses	8g		Marie Company				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2506294
i	Net income (loss) (subtract line 8h from line 8c)				T			-2274484
j	Transfers to (from) the plan (see instructions)	8i				· Automotivation **		
Pa	rt IV Plan Characteristics		and the second s					
ATTACL VINE OF THE STREET	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2K 2R 3D							
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pia	n Chara	ıcıerisi	ic Coa	es in the instruct	ions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	An	nount
а	Was there a failure to transmit to the plan any participant contr budescr bed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary F	iduciary Correction	10a		х		
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х		
C	Was the plan covered by a fidelity bond?			10c	Х			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		and the second s
е	Were any fees or commissions paid to any brokers, agents, or other		CONTRACTOR OF THE PROPERTY OF					

Х

Х

Х

Х

10e

10f

10g

10h

10i

carrier, insurance service, or other organization that provides some or all of the benefits under

f Has the plan failed to provide any benefit when due under the plan? .....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ......

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.) .....

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.....

the plan? (See instructions.)

		-		-
Page	3_	Ī	1	

Part '	VI Pension Funding Compliance						· · · · · · · · · · · · · · · · · · ·		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	edule S	B		Yes	⊠ No			
11a	Enter the unpaid minimum required contr butions for all years from Schedule SB (Form 5500) line 40		11a						
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  (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									
lf y	ou 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 Yes		No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			704124	0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou control of the PBGC?	-			Yes	□ N	o		
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identwhich assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to						
1	3c(1) Name of plan(s):	EIN(s)	13c(3) PN(s)						
						. •			