Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 section 6058(a) of the Internal Revenue Code (the Code).

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

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information						
For	calendar plan year 2009 or fiscal plan year beginning 01/01/200	09	and ending	12/31/	2009		
A	This return/report is for: X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan		
B This return/report is for: ☐ first return/report ☐ final return/report							
	an amended return/report	short plar	year return/report (less than 12 m	onths)			
C	Check box if filing under:	extension	DFVC program				
	special extension (enter descripti	ion)					
Pa	Int II Basic Plan Information—enter all requested inform	,					
	Name of plan	iation		1b	Three-digit		
	D GLENN SMITH, M.D. RETIREMENT PLAN				plan number		
					(PN) • 001		
				1c	Effective date of plan 01/01/2006		
	Plan sponsor's name and address (employer, if for single-employe	r plan)		2b	Employer Identification Number		
DAVI	D GLENN SMITH, M.D., LLC			20	(EIN) 20-2863243		
1325	ANDREA STREET, SUITE 203			20	Plan sponsor's telephone number 270-846-3811		
BOW	LING GREEN, KY 42104			2d	Business code (see instructions)		
				.	621111		
	Plan administrator's name and address (if same as Plan sponsor, on D GLENN SMITH, M.D., LLC 1325 ANDR		e") T. SUITE 203	36	Administrator's EIN 20-2863243		
27	BOWLING			3с	Administrator's telephone number		
					270-846-3811		
	the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report. Spons		port filed for this plan, enter the	4b	EIN		
'	iame, Lin, and the plan humber from the last return/report. Spons	oi s name		4c	PN		
5a	Total number of participants at the beginning of the plan year			. 5a	5		
b Total number of participants at the end of the plan year			. 5b	5			
С	Total number of participants with account balances as of the end of	of the plan y	ear (defined benefit plans do not				
complete this item)			. 5c	4			
_					V D		
	Were all of the plan's assets during the plan year invested in eligii		'		X Yes No		
	Are you claiming a waiver of the annual examination and report of	an indeper	dent qualified public accountant (I	 QPA)			
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use If	an indeper	dent qualified public accountant (Idons.)	 QPA)			
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	dent qualified public accountant (Idons.)	 QPA)			
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b Pa 7	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Interest III Financial Information	an indeper and conditi Form 5500-	dent qualified public accountant (Ioons.)SF and must instead use Form 5	QPA) 500.	X Yes No		
Pa 7 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities	an indeper and conditi Form 5500-	dent qualified public accountant (Roons.)SF and must instead use Form 5	QPA) 500.	(b) End of Year		
Pa 7 a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi Form 5500- 7a 7b	dent qualified public accountant (Roons.)SF and must instead use Form 5	QPA) 500.	(b) End of Year		
Pa 7 a b c 8	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi Form 5500- 7a 7b	dent qualified public accountant (Idons.)	QPA) 500.	(b) End of Year 223031		
Pa 7 a b c	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use If till Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi Form 5500- 7a 7b 7c	(a) Beginning of Year 1575: (a) Amount	2PA) 500.	(b) End of Year 223031		
Pa 7 a b c 8	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use If III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi Form 5500- 7a 7b 7c 8a(1)	dent qualified public accountant (Idons.)	2PA) 500.	(b) End of Year 223031		
Pa 7 a b c 8	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use If III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 1575: (a) Amount	2PA) 500.	(b) End of Year 223031		
Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fert III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3)	dent qualified public accountant (Ifons.)SF and must instead use Form 5 (a) Beginning of Year 15752 (a) Amount	QPA) 500. 28 28	(b) End of Year 223031		
Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use If III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	dent qualified public accountant (Idons.)	QPA) 500. 28 28	(b) End of Year 223031		
Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fert III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	dent qualified public accountant (Itoons.)	QPA) 500. 28 28 43 35	(b) End of Year 223031 (b) Total		
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Pa 7 a b c 8 a b c d	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use If III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and condition of the conditio	dent qualified public accountant (Itoons.)	QPA) 500. 28 28 43 35	(b) End of Year 223031 (b) Total		
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Pa 7 a b c 8 a b c d e f g	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use for III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and condition of the conditio	dent qualified public accountant (Itoons.)	28 28 13 35 16 11 11 11 11 11 11 11 11 11 11 11 11	(b) End of Year 223031 (b) Total		

Dorf IV	Dian	Characteristics
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: 2A 2E 2K 2J 2G 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

		plan provided fioliate bottomer, ether the applicable from the			0.0110.		200 111		0110.
art	٧	Compliance Questions							
0	Duri	ng the plan year:		_		Yes	No		Amount
а		there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a		X		
b		e there any nonexempt transactions with any party-in-interest? (Dine 10a.)		•	10b		X		
С	Was	s the plan covered by a fidelity bond?			10c		X		
d		he plan have a loss, whether or not reimbursed by the plan's fidel shonesty?			10d		X		
е	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of the uctions.)	e benefits under the	e plan? (See	10e		X		
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X		
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X		
h	If this	s is an individual account plan, was there a blackout period? (See	e instructions and 29	9 CFR	10h		X		
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i		X		
art	VI	Pension Funding Compliance							
11	Is thi	s a defined benefit plan subject to minimum funding requirements							Yes X No
2	Is th	is a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Yes X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						
а		vaiver of the minimum funding standard for a prior year is being ar							
lf v		ompleted line 12a, complete lines 3, 9, and 10 of Schedule ME			n		Day		Year
		r the minimum required contribution for this plan year					12b		
							12c		
	temperature describing the employer to the plan for this plan year								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?							No N/A	
art		Plan Terminations and Transfers of Assets	J						
3a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior vea	r?					Yes X No
		es," enter the amount of any plan assets that reverted to the employers.					13a		
b		e all the plan assets distributed to participants or beneficiaries, train					ntrol	I	
	of th	e PBGC?							Yes X No
С		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plar	n(s) to			1
1	13c(1) Name of plan(s):					13c(2) EIN(s)			13c(3) PN(s)
auti	ion: A	penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is	<u>es</u> tabl	ished.	
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
	Fil		09/02/2010	FARNK HARRISO)NI				
SIGN	1	ou with authorized/valid electronic signature.	00/02/2010	I ANNIN HANNIOU	714				

SIGN	Filed with authorized/valid electronic signature.	09/02/2010	FARNK HARRISON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2009

SIGN HERE

Signature of employer/plan sponsor

Page 2 Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2**K** 2J2G 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 Yes No During the plan year: Amount 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) Х 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b 10c Was the plan covered by a fidelity bond?..... Х Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d 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.) Х 10a Has the plan failed to provide any benefit when due under the plan? Х 10f Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... Х 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h 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..... Χ Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 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 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 _____ Month ____ If 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 12c Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) No Will the minimum funding amount reported on line 12d be met by the funding deadline?..... N/A Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year...... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. (30/20/0 DAVID G. SMITH, MD SIGN HERE Signature of plan administrator Enter name of individual signing as plan administrator

DAVID G. SMITH, MD

Enter name of individual signing as employer or plan sponsor

Aug. 30. 2010 9:38AM____Dr. David Glenn Smith MD

No. 8117

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 section 6058(a) of the Internal Revenue Code (the Code).

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

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

F	art I Annual Report Identification Information						
F٥	r calendar plan year 2009 or fiscal plan year beginning	01/01/	2009 and ending		12/31/2009		
Α	This return/report is for:	multiple-	employer plan (not multiemployer)	one-participant plan			
В	This return/report is for: first return/report	final retu	rn/report	,			
	an amended return/report	short pla	n year return/report (less than 12 mo	onths)			
С	Check box if filing under: Form 5558	Η ΄	c extension		DFVC program		
	special extension (enter descrip				П		
P	art II Basic Plan Information—enter all requested infor	•					
	Name of plan	mauon		1b	Three-digit		
-	DAVID GLENN SMITH, M.D. RETIREMENT PLA	Ń			plan number		
				<u></u>	(PN) ▶ 001		
				1c	Effective date of plan 01/01/2006		
2a	Plan sponsor's partie and address (employer, if for single-employer	er nlan)	/1 //A1VF /W	2h	Employer Identification Number		
	Plan sponsor's name and address (employer, if for single-employ DAVID GLENN SMITH, M.D., LLC	ei piati)		20	(EIN) 20-2863243		
					Plan sponsor's telephone number		
	1325 ANDREA STREET, SUITE 203			2.1	(270)846-3811		
	BOWLING GREEN		KY 42104	20	Business code (see instructions) 621111		
За	Plan administrator's name and address (if same as Plan sponsor,	enter "Sam		3b	Administrator's EIN		
	COPIN				-111		
				3c	Administrator's telephone number		
4	If the name and/or EIN of the plan sponsor has changed since the	last return/re	eport filed for this plan, enter the	4b	FIN		
	name, EIN, and the plan number from the last return/report. Spons						
	T-t-t-resident for a transfer of the state o		TE TESTIBILITY	4c	PN		
	Total number of participants at the beginning of the plan year			5a	<u>-</u>		
b			5b	5			
С	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						
6a	Were all of the plan's assets during the plan year invested in elig			5c	X Yes No		
	Are you claiming a waiver of the annual examination and report of						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	y and condit	ions.)	••••	X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use	Form 5500	SF and must instead use Form 55	00.			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
b	Total plan assets	7a	157,5:	28	223,031		
	Net plan assets (subtract line 7b from line 7a)		7 (%) (20	000 001		
8	Income, Expenses, and Transfers for this Plan Year	7c	157,53	48	· ·		
а	Contributions received or receivable from:	1147141 114141 1444	(a) Amount	(3027)%	(b) Total		
~	(1) Employers	8a(1)	8,24	13	7(5,500 - 10		
	(2) Participants	8a(2)	24,88	35			
	(3) Others (including rollovers)	8a(3)	T = 14 \ 1/47 1				
b	Other income (loss)	8b	35,13	16			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		XX.	68,244		
d	Benefits paid (including direct rollovers and insurance premiums			3 7			
_	to provide benefits).		2,69	<u> </u>			
e	Certain deemed and/or corrective distributions (see instructions)						
f	Administrative service providers (salaries, fees, commissions)		,				
g	Other expenses		The state of the s	0	0. 544		
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)			::ia ::::	2,741		
!	Net income (loss) (subtract line 8h from line 8c)	774			65,503		
		Þi					