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.

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Р	art I	Annual Report I	Ident	ification Inform	ation					
For	calend	ar plan year 2009 or fis	scal pla	an year beginning	01/01/20	09	and ending	12/31/2	2009	
Α	This ret	turn/report is for:	X siı	ngle-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan	
		turn/report is for:	X fir	st return/report	=	final retur	n/report			
_		,	⊢ar	n amended return/rep	oort	short plar	n year return/report (less than 12 m	onths)		
_	Chook	box if filing under:	片	orm 5558		=	extension	,	DFVC program	
C	CHECK	box ii iiiing under.	H	pecial extension (ente	L or descript	_	CATCHSION		Di vo program	
D	4 II	Dania Dian Info	ш.	`		,				
	art II	Basic Plan Infor	rmati	on—enter all reque	sted inforn	nation		1h	There a digit	
	Name	or pian EDICAL SERVICES, PL	LLCPE	ROFIT SHARING PL	ΔΝ			ID	Three-digit plan number	
LQC	TINE IVIE	IDIOAL SERVICES, I E	LLCTI	COLLI SHAKINO I E	AIN				(PN) ▶ 001	
								1c	Effective date of plan	
									01/01/2009	
		ponsor's name and add		employer, if for single	e-employe	r plan)		2b	Employer Identification N	lumber
EQU	INE ME	EDICAL SERVICES, PL	LLC					20	(EIN) 26-2300896 Plan sponsor's telephone	numbor
529	WEST \	WHITNEY AVENUE						20	502-548-3623	riumbei
		E, KY 40215						2d	Business code (see instr	uctions)
									541940	
		idministrator's name and EDICAL SERVICES, PL				enter "Same WHITNEY A		3b	Administrator's EIN 26-2300896	
LQC	TIVE IVIE	EDIONE CERTICES, I'E				E, KY 4021		3c	Administrator's telephone	e number
									502-548-3623	
4							port filed for this plan, enter the	4b	EIN	
	name, I	EIN, and the plan numb	ber froi	m the last return/repo	ort. Spons	or's name		4c	PN	
5a	Totalı	number of participants a	at the	beginning of the plan	vear			_		0
b					-			5b		2
C		·					rear (defined benefit plans do not	30		
		· ·						5c		2
6a	Were	all of the plan's assets	s durino	g the plan year inves	ted in eligi	ble assets?	(See instructions.)		X Y	es No
b							ndent qualified public accountant (I		X	es 🗌 No
			•				ions.)SF and must instead use Form 5			22 140
Pá	art III	Financial Inform			inot use i	01111 3300	or and must mistead use i orm			
7		Assets and Liabilities					(a) Beginning of Year		(b) End of Year	
a		plan assets				7a	(a) segming or real	0	(2) 2 0 0	28583
		plan liabilities				7b				
С	Net pl	Ian assets (subtract line	e 7b fro	om line 7a)				0		28583
8	Incom	ne, Expenses, and Trans	nsfers f	or this Plan Year			(a) Amount		(b) Total	
а	Contri	ibutions received or rec	ceivable	e from:					.,	
	(1) E	mployers				8a(1)	170	06		
	(2) P	articipants				8a(2)	122	50		
_	(3) O	thers (including rollover	rs)			, ,				
b		income (loss)					-6	73		
C		income (add lines 8a(1)	,			8c				28583
d		fits paid (including directivide benefits)				<u>8d</u>				
е	Certai	in deemed and/or corre	ective c	distributions (see inst	ructions)	8e				
f	Admir	nistrative service provide	ders (sa	alaries, fees, commis	sions)	8f				
g	Other	expenses				8g				
h	Total o	expenses (add lines 8d	d, 8e, 8	f, and 8g)						
i	Net in	come (loss) (subtract lir	ine 8h	from line 8c)		8i				28583

		•	
Part IV	Plan	Charac	teristics

SIGN HERE

Signature of employer/plan sponsor

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

2A 2E 2J 3D

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

D	II th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	list of Pian Charac	cteris	iic Coo	ies in	ine instruct	ions:		
Part	٧	Compliance Questions									
10	Du	ring the plan year:		_		Yes	No		Amount	t	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Doline 10a.)		· ·	10b		X				
С	Wa	as the plan covered by a fidelity bond?			10c	X				14000	
d		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X				
	ins	re any fees or commissions paid to any brokers, agents, or other per urance service or other organization that provides some or all of the tructions.)	e benefits under the	plan? (See	10e		X				
f	Ha	s the plan failed to provide any benefit when due under the plan?			10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		X				
		nis is an individual account plan, was there a blackout period? (See 20.101-3.)) CFR	10h		X				
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part \		Pension Funding Compliance									
		nis a defined benefit plan subject to minimum funding requirements?							П уе	es X No	
12		his a defined contribution plan subject to the minimum funding requ							☐ Ye		
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 01 1110 0000	01 30	Clion	002 01	LINIOA:	⊔ .~		
а	If a	waiver of the minimum funding standard for a prior year is being am	nortized in this plar							_	
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB			''		Day		Teal		
b	Ent	er the minimum required contribution for this plan year					12b				
С	Ent	er the amount contributed by the employer to the plan for this plan y	year			[12c				
		stract the amount in line 12c from the amount in line 12b. Enter the rative amount)	•	-		[12d				
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A	
Part \	VII	Plan Terminations and Transfers of Assets									
13a	Has	s a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?		<u>.</u>			Ye	es X No	
		es," enter the amount of any plan assets that reverted to the emplo					13a				
		re all the plan assets distributed to participants or beneficiaries, tran he PBGC?	nsferred to another	plan, or brought u	ınder	the co	ntrol		Ye	es X No	
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e pla	n(s) to			1		
13	3c(1) Name of plan(s):				13	c(2) El	N(s)	13c	(3) PN(s)	
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.			
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I de nedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.									
SIGN	, F	iled with authorized/valid electronic signature.	09/15/2010	KEVIN D. DUNLA	VY, E	DVM					
HERE	-n-						ndividual signing as plan administrator				

Date

Enter name of individual signing as employer or plan sponsor

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	Part I Annual Report Identification Information								
Ford	alendar plan year 2009 or fis	scal plan year beginning		and ending					
Ат	his return/report is for:	xingle-employer plan	multiple-er	nployer plan (not multiemployer)		one-participa	nt plan		
Вт	his return/report is for:	first return/report	final return	report/					
		an amended return/report	short plan	year return/report (less than 12 mor	nths)	_			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m		
		special extension (enter desc	cription)						
Pa	rt II Basic Plan Info	prmation—enter all requested in	formation						
1a	Name of plan	•			1b	Three-digit			
EQUI	NE MEDICAL SERVICES. P	LLC PROFIT SHARING PLAN				plan number	001		
					10	(PN) ▶ Effective date o	L		
						01/01/2	•		
	•	ldress (employer, if for single-emp	loyer plan)		2b	Employer Identi			
EQUI	NE MEDICAL SERVICES. F	PLLC			20	(EIN) 26-230	0896 elephone number		
gao u	VEST WHITNEY AVENUE				20	502-54			
	SVILLE KY 40215				2d	Business code (
-			. "0	n	26	541940 Administrator's			
SAM		nd address (if same as Plan spons	sor, enter Same)	00	26-230			
wer sire	**				3с	Administrator's	telephone number		
4 11	the name and/or EIN of the	plan sponsor has changed since t	he last return/re	ort filed for this plan, enter the	4b	EIN	S. C. N. A. S.		
		ber from the last return/report. Sp		• •					
	T. () () () ()	I the heart state of the enterior			+	PN			
	, ,				5a		0		
b Total number of participants at the end of the plan year c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not					5b		2		
С	, , ,	s with account balances as of the e			5c		2		
6a				See instructions.)			X Yes No		
b				dent qualified public accountant (IQ ons.)			Yes No		
				F and must instead use Form 55					
Pa	rt III Financial Infor								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year		
а	Total plan assets		7a	()		28583		
b	Total plan liabilities	,	7b						
<u>C</u>	Net plan assets (subtract lin	ne 7b from line 7a)	7c	()		28583		
8	Income, Expenses, and Tra			(a) Amount		(b)	Total		
a	Contributions received or re	eceivable from:	8a(1)	1700	6				
				1225	-				
		ers)							
b	, ,			-67	3				
C	, ,	1), 8a(2), 8a(3), and 8b)					28583		
d	Benefits paid (including dire	ect rollovers and insurance premiu	ms			A			
0	•	rective distributions (see instructio							
e f		iders (salaries, fees, commissions			\neg				
	•		· -						
9	•	3d, 8e, 8f, and 8g)			\top		· · · · · · · · · · · · · · · · · · ·		
5 2	i oral exhelises (and illes c								
n	Net income (loss) (subtract						28583		
999) 1: COURT II TERPOR	, , ,	line 8h from line 8c)	8i				28583		

Page	2-	1	
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-com	2200	-SE	2008

Dart IV	Dlan	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 2J 3D

b 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	1	ng the plan year:				Yes	No	Α	mount	
а	Was	there a failure to transmit to the plan any participant contributions w CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C	vithin the time perio Correction Progran	od described in	10a		×			
b	Were	e there any nonexempt transactions with any party-in-interest? (Do r	not include transac	tions reported	10b		Х			
С	Was	s the plan covered by a fidelity bond?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10c	Χ				14000
d	Did t	the plan have a loss, whether or not reimbursed by the plan's fidelity	bond, that was ca	used by fraud	10d		Х			
е	Wer	e any fees or commissions paid to any brokers, agents, or other per rance service or other organization that provides some or all of the b uctions.)		X						
f	Has	the plan failed to provide any benefit when due under the plan? \ldots			10f		Х			
g	Did 1	the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g		Х			
h		is is an individual account plan, was there a blackout period? (See in 0.101-3.)			10h		Χ			
i		th was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	VI	Pension Funding Compliance								
11	Is th	is a defined benefit plan subject to minimum funding requirements?	(If "Yes," see instr	uctions and com	plete	Sched	lule SB	(Form	Yes	X No
	(If "Y If a v gran	his a defined contribution plan subject to the minimum funding requir (res," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amounting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule MB (ortized in this plan	year, see instruc	ctions th	, and e	enter the	e date of the	letter rul	ling
		er the minimum required contribution for this plan year				Γ	12b			
		er the amount contributed by the employer to the plan for this plan ye				1	12c			
c d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the reative amount)	esult (enter a minu	s sign to the left	of a		12d			
е	_	the minimum funding amount reported on line 12d be met by the fur						Yes	No	N/A
Part		Plan Terminations and Transfers of Assets								
		a resolution to terminate the plan been adopted during the plan yea	ar or any prior year	?					Yes	X No
		es," enter the amount of any plan assets that reverted to the employ				i	13a			
b	Wer of th	re all the plan assets distributed to participants or beneficiaries, trans ne PBGC?	sferred to another p	olan, or brought	under	the c			Yes	⊠ No
С	If du	uring this plan year, any assets or liabilities were transferred from thi ch assets or liabilities were transferred. (See instructions.)	is plan to another p	olan(s), identify t	he pla	ın(s) to)		T	
	13c(1) Name of plan(s):			-	13	c(2) El	N(s)	13c(3) PN(s)
Cau	tion:	A penalty for the late or incomplete filing of this return/report w	vill be assessed u	nless reasonat	ole ca	use is	estab	ished.		
SB	or Sch	nalties of perjury and other penalties set forth in the instructions, I de nedule MB completed and signed by an enrolled actuary, as well as strue, correct, and complete:	eclare that I have e the electronic vers	xamined this ret ion of this return	turn/re i/repoi	port, i t, and	ncludin to the	g, if applicat best of my k	ole, a Sch nowledge	nedule e and
SIG	:NI	Men Jewico	9/14/10	KEVIN D. DUN	(LAV	, DVA	А			
HEF	i	Signature of plan administrator	Date	Enter name of	indivic	lual si	gning a	s plan admii	nistrator	
ŞIG	N.	Min V. Culton	9/14/10							
HE	HERE Signature of employer/plan sponsor Date Enter name of it						gning a	s employer	or plan sp	onsor