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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Be	enefit Guaranty Corporation		▶ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.		peonon
	art I			ntification Information					
For	calenda	ar plan year 2009 or f	iscal	plan year beginning 01/01/200)9	and ending 1	2/31/2	2009	
Α.	This ret	urn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	int plan
		urn/report is for:	П	first return/report	final retur	n/report		_	
		·	Ī	an amended return/report	short plar	n year return/report (less than 12 mo	nths)		
C	Check b	oox if filing under:	X	Form 5558	automatic	extension		DFVC progra	am
		oon ii iiii ig allaoli	Ħ	special extension (enter descripti	4				
Pa	rt II	Rasic Plan Info	orm:	ation—enter all requested inform	· ·				
	Name		<i>3</i> 11116	ation—enter all requested inform	ialion		1h	Three-digit	
			S PS	C SAVINGS AND PROFIT SHAR	ING PLAN		15	plan number	
								(PN) •	001
							1c	Effective date o	
							-	02/01/1	
		ponsor's name and ac RGICAL ASSOCIATES		s (employer, if for single-employe	r plan)		2b	Employer Identi (EIN) 61-070	
INLUI	KOSOF	GICAL ASSOCIATE.	3 F 3	O .			2c	(=/	telephone number
		ODSBURG ROAD SU	JITE	B485				859-27	
LEXI	NGTON	N, KY 40504					2d		(see instructions)
32	Dlana	dministrator's name o		Idraga (if same as Dian spansor a	antor "Com	2"\	2h	621111 Administrator's	
		RGICAL ASSOCIATES		ddress (if same as Plan sponsor, e C 1401 HARR		ROAD SUITE B485	30	61-070	
				LEXINGTO	N, KY 4050	4	3c	Administrator's	telephone number
								859-27	7-6143
				sponsor has changed since the la rom the last return/report. Spons		eport filed for this plan, enter the	4b	EIN	
	name, i	in, and the plan hun	inei i	ioni the last return/report. Spons	oi s name		4c	PN	
5a	Total r	number of participants	s at th	ne beginning of the plan year			5a		30
b	Total r	number of participants	s at th	ne end of the plan year			5b		28
С		·		, ,		vear (defined benefit plans do not	0.0		
							5c		28
6a	Were	all of the plan's asset	ts dur	ing the plan year invested in eligil	ole assets?	(See instructions.)			X Yes No
b						ndent qualified public accountant (IQ			X Yes □ No
						ions.)SF and must instead use Form 55		•••••	i ics i ivo
Pa	rt III	Financial Infor							
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End	of Year
а					7a	6531044	4	(,	7533952
b									
С	Net pla	an assets (subtract lin	ne 7b	from line 7a)	7с	6531044	4		7533952
8		e, Expenses, and Tra				(a) Amount		(b) ⁷	Γotal
а		butions received or re				,			
	(1) E	mployers			8a(1)	221637	7		
	(2) Pa	articipants			8a(2)	143441	1		
	(3) Ot	thers (including rollove	ers)		8a(3)		_		
b	Other	income (loss)			8b	959170)		
С				a(2), 8a(3), and 8b)	8c				1324248
d				lovers and insurance premiums	8d	321340)		
е	Certai	n deemed and/or corr	rective	e distributions (see instructions)	8e				
f	Admin	istrative service provi	iders	(salaries, fees, commissions)	8f				
g	Other	expenses			8g				
h	Total 6	expenses (add lines 8	8d, 8e	, 8f, and 8g)	8h				321340
i	Net in	come (loss) (subtract	line 8	Sh from line 8c)	8i				1002908
j				instructions)					

D(IV/	Plan Characteristics
Part IV	Plan ("haracteristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D

D '	11 1110	plan provides wellare benefits, effect the applicable wellare feati	ure codes from the f	List of Flair Chara	Cleris	iic Coi	ues III	uie iiisuu	Juoris.	
Part	٧	Compliance Questions								
10	Dur	ng the plan year:				Yes	No		Amoun	t
а		there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian			10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Dine 10a.)			10b		X			
С	Wa	s the plan covered by a fidelity bond?			10c	X				500000
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	10d		X					
f	Has	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	year end.)		10g	X				28461
h		s is an individual account plan, was there a blackout period? (Sec			10h		X			
i		th was answered "Yes," check the box if you either provided the resptions to providing the notice applied under 29 CFR 2520.101-3.			10i		X			
Part '	VI	Pension Funding Compliance								
11	ls th 550	is a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see ins	tructions and com	plete	Sched	lule SE	3 (Form	Y	es X No
12	ls t	nis a defined contribution plan subject to the minimum funding req	uirements of section	n 412 of the Code	or se	ection 3	302 of	ERISA?	Y	es X No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,							
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.								
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule Mi					Day		rear_	
		r the minimum required contribution for this plan year		-		Г	12b			
		r the amount contributed by the employer to the plan for this plan				1	12c			
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the	result (enter a mini	us sign to the left	of a		12d			
е	Will	the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No	N/A
Part \	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Y	es X No
	If "Y	es," enter the amount of any plan assets that reverted to the empl	lover this vear				13a			
	Wer	e all the plan assets distributed to participants or beneficiaries, tra					ontrol	•	Y	es X No
		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	ne pla	n(s) to)			
13	3c(1	Name of plan(s):				13	3c(2) EIN(s)		130	(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	unless reasonab	le cau	ıse is	establ	lished.	1	
Under SB or	per Sch	alties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have	examined this retu	ırn/re _l	port, ir	ncludin	g, if applic		
SIGN	F	led with authorized/valid electronic signature.	09/21/2010	VICKI TURNBUL	L					
HERE	- Г	Signature of plan administrator	Date	Enter name of in	ndividi	ual sig	ning as	s plan adn	ninistrato	r

Date

Date

Enter name of individual signing as plan administrator

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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1210-0089 2009

This Form is Open to Public Inspection

OMB Nos. 1210-0110

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

Рε	Annual Report Identification Information							
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009)	а	ınd en	ding 1	2/31/200	09	
Α	This return/report is for: X single-employer plan multiple-en	mployer p	lan (not m	ultiem	ployer)	one-participar	nt plan	
В	This return/report is for: first return/report final return	n/report						
_	an amended return/report short plan	year retu	rn/report ((less tl	nan 12 month	s)		
С	Check box if filing under: X Form 5558	extension	n			DFVC program	n	
	special extension (enter description)							
	irt II Basic Plan Information - enter all requested information							
	Name of plan				Three-digit			
	UROSURGICAL ASSOCIATES PSC				plan number (PN) >	00)1
SA	VINGS AND PROFIT SHARING PLAN			1c	Effective date	-		
					02/0	1/1974		
	Plan sponsor's name and address (employer, if for single-employer plan)			2b		ntification Numb	oer (Ell	N)
NE	UROSURGICAL ASSOCIATES PSC					705889		
				2c	-	s telephone nu		
14	01 HARRODSBURG ROAD SUITE B485					277-614		
	·			2d		e (see instructio	ons)	
	XINGTON KY 40504				6211			
	Plan administrator's name and address (If same as Plan sponsor, enter "Sam	ne")		3b	Administrator	's EIN		
SA	ME							·
				3c	Administrator	's telephone nu	mber	
1	All and the second of the seco			41-				
	the name and/or EIN of the plan sponsor has changed since the last return/re			4b	EIN			
p	lan, enter the name, EIN, and the plan number from the last return/report.	Sponsor's	s name	4-				
				4c	PN			
52	Total number of participants at the hard-risk and the start of the sta			5a		3.0		•••
b	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year			5b		30 28		
C	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the plan			OD		40		
	benefit plans do not complete this item)			5c		28		
6a	Were all of the plan's assets during the plan year invested in eligible assets?					<u> </u>		No
b	Are you claiming a waiver of the annual examination and report of an indepen	dent aus	diffied publ	ic acc	ountant	<u>മ</u>	75	☐ 1 4 0
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Ye	26	No
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-					23 17		
Pa	rt III Financial Information	or and m	ust mister	au us	, 1 OI III 0000.			
7	Plan Assets and Liabilities		(a) Be	ainnin	g of Year	(b) End	of Ye	ar
а	Total plan assets	7a			531044			33952
b	Total plan liabilities			-				
С	Net plan assets (subtract line 7b from line 7a)	. 7c		6	531044	:	753	33952
В	Income, Expenses, and Transfers for this Plan Year	75 Ta 1	(;	a) Am	-	(b) T		
а	Contributions received or receivable from:					A Property		
	(1) Employers	8a(1)			221637			
	(2) Participants	8a(2)			143441			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss) SEE STATEMENT 1	8b			959170			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					132	24248
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)				321340	STATEME	ENT	2
е	Certain deemed and/or corrective distributions (see instructions)							en en geleger Skrive en de stad
f	Administrative service providers (salaries, fees, commissions)	. 8f						
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							21340
İ	Net income (loss) (subtract line 8h from line 8c)	. 8 i	<u> </u>	<u> </u>			100	<u> </u>
j	Transfers to (from) the plan (see instructions)	- Ri				l de la companya de		6.26660255

Form	5500-SF	(2000)

Page 2-	
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		Chara		
art				

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D

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

Par	V Compliance Questions		T		•					·····
	During the plan year:					Yes	Na		Amarini	
	Was there a failure to transmit to the plan any participant c	ontributione	within tha t	ima pariod described		res	No		Amount	<u> </u>
	in 29 CFR 2510.3-102? (See instructions and DOL's V				10a		x			
b	Were there any nonexempt transactions with any pa	artv.in.inter	set? (Do n	ot include	IVa		- 22			
	transporting respected to Provide N				10b		х			
	Was the plan covered by a fidelity bond?		10c	х				500000		
d	Did the plan have a loss, whether or not reimbursed	l hy the plan	a'e fidality	hand that	100	A				<u> </u>
			-		404		x			
	Were any fees or commissions paid to any brokers,			one by an incurance	10d		^			
	carrier, insurance service or other organization that	-	•	•						
					40-		х			
	Has the plan failed to provide any benefit when due			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10e		X			
	Did the plan have any participant loans? (If "Yes," e				10f	х	^			28461
	If this is an individual account plan, was there a blace				10g	Δ				20401
					406		X			
_	and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you eit				10h		^		e glavi Të v	
_	of the exceptions to providing the notice applied un				40:		х			
Par	VI Pension Funding Compliance	idel 29 CFN	2520.101	-3	10i		Δ	<u> </u>		<u> Carle Dana Syre</u>
	ls this a defined benefit plan subject to minimum fur	ndina requir	omonte?	(If "Vac " con instruction	ne and	compl	oto		· n ·	
	Schedule SB (Form 5500))								Yes	X No
_	s this a defined contribution plan subject to the mir	nimum fund	ina roquire	monte of section 412	of tha C	·	· · · · · · · · · · · · · · · · · · ·		1 162	ZA NO
	section 302 of ERISA? (If "Yes," complete 12a or 12								□ ves	X No
	If a waiver of the minimum funding standard for a pr									
	ruling granting the waiver.				300 1113		/		Year	tile letter
If v	ou completed line 12a, complete lines 3, 9, and 1	0 of Sched	ule MR (F	orm 5500) and skin to	line 1	3				
b	Enter the minimum required contribution for this pla			orm coocy, and skip to		- 1	12b			
	Enter the amount contributed by the employer to the						12c			
d	Subtract the amount in line 12c from the amount in	line 12b. En	ter the res	sult (enter a minus sign	to	·····				
							12d			
	Will the minimum funding amount reported on line 1	2d be met b	ov the fund	ding deadline?		L		es	No	N/A
Parl	VII Plan Terminations and Transfers	s of Asse	ts	<u> </u>		********				
I3a	las a resolution to terminate the plan been adopted	d during the	plan vear	or any prior year?					Yes	X No
	f "Yes," enter the amount of any plan assets that re	verted to th	e employ	er this year	••••••		13a			<u> </u>
b	Were all the plan assets distributed to participants of	or beneficiar	ies transf	erred to another plan.	or brou	aht	100			
	under the control of the PBGC?								Yes	X No
C	f during this plan year, any assets or liabilities were	transferred	from this	plan to another plan(s).	identif	v the c	lan(s)	to which		
	iabilities were transferred. (See instructions.)			,		,				
13	c(1) Name of plan(s):				-	13c(2)	EIN(s)		13c(3)	PN(s)
	Α									
Caut	on: A penalty for the late or incomplete filing of t	his return/ı	report wil	be assessed unless i	reason	able c	ause i	s establ	ished.	
nder p	nalties of perjury and other penalties set forth in the instructions. I de	eclare that I hav	e examined th	nis return/report including if a	nnlicable	a Schao	lula SB d			ed and
gned b	y an enrolled actuary, as well as the electronic version of this return/re	eport, and to th	e best of my	knowledge and belief, it is true	, correct,	and com	plete.			
SIGN	V	~ 1~	1			· 			. ,	
JERE	Mali Wantoull	419	110	VICKI TURNE	ULL					
	Signature of plan administrator	Date		Enter name of individu	ual sign	ing as	plan a	dministr	ator	
SIGN										
JERE										
1	Signature of employer/plan sponsor	Date		Enter name of individu	ual sign	ing as	emplo	yer or pl	an sponso	or