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

	art I Annual Report Identification Information								
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	9	and ending	2/31/2	2009				
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)	one-participant plan					
В	This return/report is for: first return/report	final retur	n/report	_					
	an amended return/report	short plan	year return/report (less than 12 mo	nths)					
С	Check box if filing under:	automatic	extension		DFVC program				
_	special extension (enter description	on)							
Pa	art II Basic Plan Information—enter all requested informa								
	Name of plan			1b	Three-digit				
SOU	TH OLDHAM MEDICAL CLINIC, P.S.C. PROFIT SHARING PLAN				plan number				
				4 -	(PN)				
				10	Effective date of plan 04/01/1997				
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number				
SOU	TH OLDHAM MEDICAL CLINIC, PSC			20	(EIN) 61-1292048 Plan sponsor's telephone number				
P.O.	BOX 38			20	502-241-8488				
CRE	STWOOD, KY 40014			2d	Business code (see instructions)				
3a	Plan administrator's name and address (if same as Plan sponsor, el	nter "Same	2")	3b	621111 Administrator's EIN				
	TH OLDHAM MEDICAL CLINIC, PSC P.O. BOX 38 CRESTWOO				61-1292048				
	CRESTWOO	D, KT 400	14	3с	Administrator's telephone number 502-241-8488				
	If the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	PN				
5a	Total number of participants at the beginning of the plan year			5a					
b	Total number of participants at the end of the plan year		5b	8					
С	Total number of participants with account balances as of the end of			_					
	complete this item)			5c	8				
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes ☐ No				
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.					
Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	. 7a	301739	9	340891				
b	Total plan liabilities	7b							
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	30173	9	34089				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	17250	0					
	(2) Participants	8a(2)	17750)					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	415	2					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			39152				
d	Benefits paid (including direct rollovers and insurance premiums								
_	to provide benefits)	8d		\dashv					
e f	Certain deemed and/or corrective distributions (see instructions)	8e		-					
ī	Administrative service providers (salaries, fees, commissions)	8f		-					
g	Other expenses (add lines 2d, 2c, 2f, and 2g)	. 8g			0				
n i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			39152				
	Net income (loss) (subtract line 8h from line 8c)	. 8i			39132				
i	Transfers to (from) the plan (see instructions)	8j							

Part IV	Dlan	Characteristics
Partiv	ı Pian	Characteristics

HERE

SIGN HERE Signature of plan administrator

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: 2E 2F 2G 2J 3D

b	If the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of	f Plan Characte	istic C	odes in	the instr	uctions	•	
art	٧	Compliance Questions							
0	Dur	ring the plan year:		Ye	No		Am	ount	
а		is there a failure to transmit to the plan any participant contributions within the time period do CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		a	X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transaction- line 10a.)		0	X				
С	Wa	as the plan covered by a fidelity bond?	10	0	X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cause dishonesty?		d	X				
е	insı	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance of urance service or other organization that provides some or all of the benefits under the plan tructions.)	n? (See	е	X				
f	Has	s the plan failed to provide any benefit when due under the plan?	10	f	X				
g	Did	I the plan have any participant loans? (If "Yes," enter amount as of year end.)	10	9	X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)		n	X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3		i					
art	VI	Pension Funding Compliance		•		•			
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructio					[Yes	X No
2	ls t	this a defined contribution plan subject to the minimum funding requirements of section 412	of the Code or	section	302 of	f ERISA?		Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						•	_
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year							
ıf v	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip			_ Day	/	_ Yea	ır	
		er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign				+			
		gative amount)				<u> </u>		Г	1
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, he PBGC?	aries, transferred to another plan, or brought under the control						
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(sich assets or liabilities were transferred. (See instructions.)	(s), identify the p	lan(s)	to		_	-	_
1	3c(1) Name of plan(s):		1	3c(2) E	EIN(s) 13c(3) PN(s)			
		A penalty for the late or incomplete filing of this return/report will be assessed unless							
SB o	r Śch	nalties of perjury and other penalties set forth in the instructions, I declare that I have exami nedule MB completed and signed by an enrolled actuary, as well as the electronic version of s true, correct, and complete.							
SIGI	, F	Filed with authorized/valid electronic signature. 10/01/2010 LESL	LIE A. O'BRYAN						
اتان	N .								

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

OMB Nos. 1210-0110 1210-0089

NO. 498 2

- SEP. 29. 2010 3:00PM

Form 5500-SF

Department of the Treesury Internal Revenue Service

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

2009

	Department of Labor Employee Benefits Security Administration	Refirement Income Secur	the .		_				
-	Pension Benefit Guirranty Corporation	- Internal Revenue Code (the Code).				This Form is Open to Public	‡		
122		P Complete all entries in ac	cordance	with the instructions to the Form 5	500-SF	Inspection			
107	Annual Report lo	JODINGONION INTERPRETAR					_		
			01/01	/2009 and ending		12/31/2009	_		
		X single-employer plan	multip	is-employer piza (not multiemployer)		one-participant plan	-		
	B This return/report is for:	first return/report		eturn/report		C one-barbolbatt bian			
	ĵ	an amended return/report		•					
(C Check box if filling under:	2 Form 5558		olan year return/report (less than 12 m	onths)				
	- Should box it thing brider:			atic extension		DFVC program			
100	NAMES TO PROPERTY OF THE PARTY	special extension (enter descri	iption)	_					
430	Raisu Basic Plan Inform	nation—enter all requested info	nnation				-		
٦	ואום ווס פותקאו שו				1b	Three-digit			
	South Oldham Medica				"	plan number			
	Profit Sharing Plan	λ.			1	(PN) > 001			
					10	Effective date of plan	-		
-2	2 Plan enouporte name auditable]	04/01/1997			
_	a Plan sponsor's name and address South Oldham Medica	Es (CTPLOXE, if for single-employ	/er plan)	· · · · · · · · · · · · · · · · · · ·	2b	Employer Identification Number			
					(EIN) 61-1292048				
	P.O. Box 38				2C Plan sponsor's telephone number				
						(502)241-B488			
_	<u> Crestwood</u>	<u>. </u>		TW 40074	2d	Business code (see instructions)	_		
3	a Plan administrator's name and a	oddress (if same as Plan sponsor.	enter "Sa	KY 40014	-	621111			
	·		, 0411237 42747	,	35	Administrator's EIN			
					35	Release to the second second	_		
4	If the name				, ""	Administrator's telephone number			
7	If the name and/or EIN of the plan	sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EM	-		
	name, EIN, and the plan number	wom the last return/report. Spons	sors name	, ,					
	Total number of participants at a	he hadrales withe elem			40	PN			
	7 Total number of participants at the	the peganang of the bign year	********		5a		5		
•	a year unumur of bauticibauta at fi	he end of the plan year			5b		-		
C	· · · · · · · · · · · · · · · · · · ·	i pecount balances on of the		AND THE RESERVE OF THE PARTY OF			-		
		4-4			5c	. s	Ł		
O d	· · · · · · · · · · · · · · · · · · ·	DDD 100 DISD YBYF INVANAAT :U-I	la	da esta		X Yes No	•		
•	Under 29 CER 2520 404 462 (C	annual exemination and report o	of an Indepe	v (See instructions.) endent qualified public accountant (IQ	PΑ				
						Yes No			
ØP.	कारमध्य Financial Informat	ea or 60, the plan cannot use t	Form 6500	-SF and must instead use Form SS()D,				
7		ion	-				٠		
٠.	Pian Assets and Liabilities			(a) Boginning of Your		(b) End of Year			
- e	Total plan assets		7a	301,73	9				
b	A latt machitica	***************************************	. 7b		-	340,891			
<u> </u>		from line 7a)	. 7c	301,739					
8	Income, Expenses, and Transfers	s for this Plan Year		1)		340,891			
а	Contributions received or receival	ble from:		(a) Amount	(married with	(b) Total			
	(1) Employers		. 8n(1)	17,250					
	(2) Participants		8a(2)	1	- 10 (200)				
	(3) Others (including rollovers)	1542101111111111111111111111111111111111	8a(3)	17,750					
b	Other income (loss)		1 000						
C	Total income (add lines 8a(1), 8a(7) Sp(2) and the	<u> </u>	4,152					
ď	Benefits paid (including direct rollo	s), ed(o), and obj	8c			39,152			
	to provide benefits)	vera and mediance promiums	ا ہے ا						
ė	Certain deemed and/or corrective	distributions (see !!	<u> </u>						
f	Administrative service service:	wishing the Histructions)	8a						
g	Administrative service providers (s	atanes, tans, commissions)	8f						
_	Other expenses		8g						
	Total expenses (add lines 8d, 6e, 8	8f, and 8g)	Bh Bh			A STATE OF THE PROPERTY OF THE			
	Net income (loss) (subtract line 8h	from line 8c)	81			***			
	Transfers to (from) the plan (see in	structions)	81	3,300,000	100	39,152			
Por P	Sparwork Reduction Act Notice and OMI	E Control Numbers, see the instruction	ns for Form	5500-SE					

- SEP. 29. 2010 3:00PM

Signature of employer/plan sponsor

NO. 498 P.

Enter name of individual signing as employer or plan sponsor

Form \$500-SF 2009 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 2F 2G ZJb If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Eart W. Compliance Questions 10 During the plan year: Yes No Amount a. Was there a follure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (Sen instructions and DOL's Voluntary Fiduciary Correction Program) 10a Y b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10Ь X C Was the plan covered by a fidelity bond?..... 10e Х d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?..... 104 x Ware 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.) 10a X Has the plan failed to provide any benefit when due under the plan? 10f Х g Old the plan have any participant loans? (if "Yes," enter amount as of year end.)..... 10g х If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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 2520.101-9 10 Bandvill Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SE (Form 5500))...... 12 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Gode 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 boing amortized in this plan year, see instructions, and enter the date of the letter ruling 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 © Enter the amount contributed by the employer to the plan for this plan year..... 12c 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 e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A Ranklik Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?..... Yes 🕄 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 of the PBGC? Yes X No C If during this plan year, any assets or liabilities were tronsferred 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(8) 13c(3) PN(s) Caution: A penalty for the late or incomplete filling 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 bellef, it is true, correct, and complete. Ashok V. Alur, M.D. Signature of plan administrator Enter name of Individual signing as plan administrator Ashok V. Alur, M.D.