## 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.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	calendar plan year 2009 or fiscal plan year beginning 01/01/20	09	and ending	12/31/	2009				
A	This return/report is for: $reve{oxtime}$ single-employer plan $reve{oxed}$	multiple-e	mployer plan (not multiemployer)	one-participant plan					
В -	This return/report is for: first return/report								
	an amended return/report	short plar	year return/report (less than 12 mg	onths)					
C	Check box if filing under:	automatic	extension		DFVC program				
	special extension (enter descript								
Pa	Int II Basic Plan Information—enter all requested inform	,							
	Name of plan	Hadion		1b	Three-digit				
	EN RIVER HEART INSTITUTE, P.S.C. PROFIT SHARING/401(K)	PLAN			plan number				
					(PN) F				
				1C	1c Effective date of plan 07/01/1995				
	Plan sponsor's name and address (employer, if for single-employer	er plan)		2b Employer Identification Number					
GREI	EN RIVER HEART INSTITUTE, P.S.C.			20	(EIN) 61-1284897				
815 F	EAST PARRISH AVENUE			20	Plan sponsor's telephone number 270-688-0808	ər			
	NSBORO, KY 42303			2d Business code (see instruction					
	D	. "0	"	26	621111				
	Plan administrator's name and address (if same as Plan sponsor, EN RIVER HEART INSTITUTE, P.S.C. 815 EAST F		,	30	Administrator's EIN 61-1284897				
	OWENSBO	RO, KY 423	03	3с	Administrator's telephone number	er			
4 1	f the name and/or EIN of the plan sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4h	270-688-0808 <b>4b</b> EIN				
	name, EIN, and the plan number from the last return/report. Spons		port mod for the plan, order the						
				<u> </u>	PN				
	Total number of participants at the beginning of the plan year			5a	(				
	Total number of participants at the end of the plan year			5b	)				
С	Total number of participants with account balances as of the end complete this item)			5c		67			
6a	Were all of the plan's assets during the plan year invested in eligi				X Yes	No			
b	Are you claiming a waiver of the annual examination and report of								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes	No			
Pa	If you answered "No" to either 6a or 6b, the plan cannot use the result of the result	-OIIII 3300-	or and must instead use Form 5:	000.					
7	Plan Assets and Liabilities								
	Total plan assets		(a) Beginning of Year		(b) End of Year				
_		7a	(a) Beginning of Year 535799	1	(b) End of Year 67978	17			
D	Total plan liabilities			1	` '	17			
	·	7b			` '				
	Total plan liabilities	7b	535799		67978				
	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:	7b	535799 535799 (a) Amount	1	67978 67978				
	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	7b 7c 8a(1)	535799 535799 (a) Amount	8	67978 67978				
	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	7b 7c 8a(1) 8a(2)	535799 535799 (a) Amount	8 9	67978 67978				
8 a	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)	7b 7c 8a(1) 8a(2) 8a(3)	535799 535799 (a) Amount 8187 12791	1 8 9 0	67978 67978				
8 a	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b	535799 535799 (a) Amount	1 8 9 0	67978 67978 (b) Total	117			
8 a b	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b	535799 535799 (a) Amount 8187 12791	1 8 9 0	67978 67978	117			
8 a	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	535799 535799 (a) Amount 8187 12791	1 8 9 0	67978 67978 (b) Total	117			
8 a b c	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	535799 535799 (a) Amount 8187 12791	1 8 9 0 0	67978 67978 (b) Total	117			
8 a b c	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	535799 535799 (a) Amount  8187 12791  126697	1 8 9 0 0	67978 67978 (b) Total	117			
8 a b c d	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	535799 535799 (a) Amount  8187 12791  126697	1 8 9 0 0 0 0 2 9 0 0 0 0 0 0 0 0 0 0 0 0 0	67978 67978 (b) Total	117			
c 8 a b c d	Total plan liabilities	7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f 8g	535799  (a) Amount  8187  12791  126697	1 8 9 0 0 0 0 2 9 0 0 0 0 0 0 0 0 0 0 0 0 0	67978 67978 (b) Total	67			
b c d e f g	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8h	535799  (a) Amount  8187  12791  126697	1 8 9 0 0 0 0 2 9 0 0 0 0 0 0 0 0 0 0 0 0 0	67978 67978 (b) Total	617			

Part IV	Dian	Charas	torictics
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: 2E 2F 2G 2J 2K 2R 3D

D	II th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	ies in	tne instruct	tions:	
Part	٧	Compliance Questions								
10	During the plan year:						No	Amou		t
а	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)						X			
b		re there any nonexempt transactions with any party-in-interest? (Doline 10a.)		•	10b		X			
С	C Was the plan covered by a fidelity bond?									50000
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						X			
	• 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	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 \	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Пу	es X No
12		his a defined contribution plan subject to the minimum funding requ								es X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 01 1110 0000	01 00	Otion	002 01	LICIO/C	ш	🗀
а	If a	waiver of the minimum funding standard for a prior year is being am	nortized in this plar							-
	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB			''		Бау		Year	
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.)	nis plan to another	plan(s), identify the	e plai	n(s) to				
13c(1) Name of plan(s):					<b>13c(2)</b> EIN(s) <b>13c(3)</b> P			(3) PN(s)		
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonable	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.	10/13/2010	PETER DEMARS						
HERE	IFDE				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

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.

OMB Nos 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
Fo	calendar plan year 2009 or fiscal plan year beginning	01/01/	2009 and ending		12/31/2009			
Α	This return/report is for: Single-employer plan	multiple	employer plan (not multiemployer)		one-participant plan			
	This return/report is for: first return/report	final retu	ırn/report	-				
	an amended return/report	nths)						
_		<del></del>	in year return/report (less than 12 moi ic extension		DFVC program			
C			o differentially					
	special extension (enter descripti							
	art II Basic Plan Information—enter all requested inform	nation		1h	Three-digit			
1a	Name of plan GREEN RIVER HEART INSTITUTE, P.S.C.			10	plan number			
					(PN) ▶ 002			
	PROFIT SHARING/401(k) PLAN			1c	Effective date of plan			
				07/01/1995				
2a	Plan sponsor's name and address (employer, if for single-employer GREEN RIVER HEART INSTITUTE, P.S.C.	r plan)		2b	Employer Identification Number (EIN) 61-1284897			
	GREEN RIVER HERRIT THOTALLY TIEVE			2c	Plan sponsor's telephone number			
	OLE DACE DARRES AUDMIN				(270) 688-9898			
	815 EAST PARRISH AVENUE			2d	Business code (see instructions)			
	OWENSBORO		KY 42303		621111			
3a	Plan administrator's name and address (if same as Plan sponsor, e	enter "Sam	e")	3D	Administrator's EIN			
				3c	Administrator's telephone number			
4	f the name and/or EIN of the plan sponsor has changed since the la	ist return/r	eport filed for this plan, enter the	4b EIN				
	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	PN			
52	Total number of participants at the beginning of the plan year			5a	67			
	Total number of participants at the beginning of the plan year		<u> </u>	5b	6:			
D n	Total number of participants with account balances as of the end o		}-	วม				
C	complete this item)			5c	67			
6a	Were all of the plan's assets during the plan year invested in eligib				X Yes 📗 No			
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public accountant (IQF	PA)	N [ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No			
Da	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	orm 5500	SF and must instead use Form 550	0.				
		1	(a) Beginning of Year	T	(b) End of Year			
7	Plan Assets and Liabilities	70	5, 357, 991	1	6,797,817			
a	Total plan liabilities	7a 7b	3,331,33		37.57.754			
	Total plan liabilities	76 7c	5,357,991	-	6,797,817			
	Net plan assets (subtract line 7b from line 7a)	76						
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total			
а	(1) Employers	8a(1)	81,878	3				
	(2) Participants	8a(2)	127,919	3				
	(3) Others (including rollovers)	8a(3)	C					
b	Other income (loss)	8b	1,266,970	)				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1,476,767			
d	Benefits paid (including direct rollovers and insurance premiums		4,062	,				
	to provide benefits)	8d		-{				
e	Certain deemed and/or corrective distributions (see instructions)	8e	459	1				
f	Administrative service providers (salaries, fees, commissions)	8f	30 400	4				
g	Other expenses.	Bg	32,420	<del> </del>	1.7° C. 4.5°			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u> </u>	36,941			
i :	Net income (loss) (subtract line 8h from line 8c)	8i			1,439,826			
	Transfers to (from) the plan (see instructions)	01	f 1	11				

	Form 5500-SF 2009		Page <b>2-</b>								
Part	IV Plan Characteristics					***********		<u>-</u>			
	f the plan provides pension benefits, enter the applicable pension	feature codes from	he List of Plan Char	acteri	stic Co	des ir	the inst	truction	is:		
b	2E 2F 2G 2J 2K 2R 3D f the plan provides welfare benefits, enter the applicable welfare f	eature codes from t	ne List of Plan Chara	acteris	tic Co	des in	the insti	ruction	S.		
Part	V Compliance Questions										
10	During the plan year:				Yes	No	T	Λm	nount		
	Was there a failure to transmit to the plan any participant contribut	tions within the time	period described in			-110	+	AIII	lount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	•	· ,	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	'	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х			50,00			
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, that wa	is caused by fraud	10d	,,	Х			.,,		
	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	f the benefits under	the plan? (See	10e		Х					
f	Has the plan failed to provide any benefit when due under the plar	1?		10f		Х					
g	Did 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? (										
i	2520.101-3.)	e required notice or	one of the	10h 10i		X					
Part \				101	L		L				
Ĺ	s this a defined benefit plan subject to minimum funding requireme	ents? (If "Yes," see ir	structions and comp	olete S	Schedu	ıle SB	(Form				
	(500))								Yes X	No	
12	is this a defined contribution plan subject to the minimum funding r	requirements of sect	ion 412 of the Code	or sec	ction 3	02 of E	ERISA?	L	Yes X	No	
	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica										
	f a waiver of the minimum funding standard for a prior year is being granting the waiver.										
	u completed line 12a, complete lines 3, 9, and 10 of Schedule			''		Day_		. Ica	'		
b E	inter the minimum required contribution for this plan year	*******************************				12b					
C E	inter the amount contributed by the employer to the plan for this pla	an year	***************************************		7	12c					
	ubtract the amount in line 12c from the amount in line 12b. Enter t egative amount)		•		1	12d					
e v	Vill the minimum funding amount reported on line 12d be met by the	e funding deadline?.					Yes		40 N	I/A	
Part V	II Plan Terminations and Transfers of Assets										
13a F	as a resolution to terminate the plan been adopted during the plan	year or any prior ye	ar?						Yes X	No	
	"Yes," enter the amount of any plan assets that reverted to the em					13a					
	/ere all the plan assets distributed to participants or beneficiaries, t f the PBGC?	transferred to anothe	er plan, or brought ur	nder tl	he con	trol			Yes X	Nio	
C II	during this plan year, any assets or liabilities were transferred from thich assets or liabilities were transferred. (See instructions.)	n this plan to anothe	r plan(s), identify the	e plan(	(s) to			اليا	res [A]	,40	
130	(1) Name of plan(s):				1301	2) EIN	l(s)	1	13c(3) PN(	s)	
					···········		<u>``</u>				
Caution	a: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	uniess reasonable	caus	A is As	tablic					
Under p SB or S	enalties of perjury and other penalties set forth in the instructions, chedule MB completed and signed by an enrolled actuary, as well	I declare that I have	examined this return	n/repo	rt. incl	udina.	if applic	able, a	Schedule edge and		
bellet, it	is true, correct, and complete.	1	<u> </u>								
SIGN	MM 13/1/100	10/12/20	ALBERT MERCI	ER,	M.D.						
HERE	Signature of plan administrator	Date 10/12/10	Enter name of indi	ividua	l signir	ng as p	olan adm	ninistra	tor	!	
SIGN HERE	Circulation of a state of the s										
	signature of employer/plan sponsor	cure of employer/plan sponsor Date Enter name of indiv				nas e	amninyer	r or nia	n enoneor		

Date

Enter name of individual signing as employer or plan sponsor

Signature of employer/plan sponsor