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

Pa	art I Annual Report Identification Information							
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009)	and ending	12/31/2	2009			
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)	one-participant plan				
В	This return/report is for: first return/report	final retur						
	an amended return/report	short plar	year return/report (less than 12 m	onths)				
C Check box if filing under:					DFVC program			
	special extension (enter description							
Pa	art II Basic Plan Information—enter all requested information	ation						
	Name of plan			1b	Three-digit			
LANI	DMARK UROLOGY 401K RETIREMENT PLAN				plan number			
				4.0	(PN)			
				10	Effective date of plan 01/01/2008			
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number			
LANI	DMARK UROLOGY, PSC				(EIN) 77-0672639			
1120	LEVINCTON BOAD CHITE 440			2c	Plan sponsor's telephone number 502-868-8748			
GEO	LEXINGTON ROAD, SUITE 140 RGETOWN, KY 40324			2d	Business code (see instructions)			
					621111			
	Plan administrator's name and address (if same as Plan sponsor, er DMARK UROLOGY, PSC 1138 LEXING		;") AD, SUITE 140	3b	Administrator's EIN 77-0672639			
LAIN	GEORGETON			3c	Administrator's telephone number			
					502-868-8748			
	f the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, enter the	4b	EIN			
	name, Env., and the plan number from the last return/report. Sponsor	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				
C	Total number of participants with account balances as of the end of			_	_			
	complete this item)				5			
6a b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a		,		X Yes No			
D	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	rm 5500-	SF and must instead use Form 5	500.				
Pa	rt III Financial Information			<u> </u>				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	6380		139962			
b	Total plan liabilities	7b		0	0			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	6380	53	139962			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	347	71				
	(2) Participants	8a(2)	193	56				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	219	72				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			76099			
d	Benefits paid (including direct rollovers and insurance premiums							
_	to provide benefits)	8d						
e	Certain deemed and/or corrective distributions (see instructions)	8e						
t ~	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses (add lines 2d, 2e, 2f, and 2g)	8g			0			
n i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h o:			76099			
i	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			70099			
J	Transition to (Itolin) the plan (300 instructions)	8j						

Part IV	Dian	Charac	torictics
Partiv	Pian	C.narac	teristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 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:

	0	plan provided wellare benefit, enter the applicable wellare reacti			010110				
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 Fiduciary			10a		X		
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	Was	the plan covered by a fidelity bond?		10c		X			
d									
е									
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		
İ		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				
art	VI	Pension Funding Compliance							
1		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							
lf١		ompleted line 12a, complete lines 3, 9, and 10 of Schedule ME			ın		Day		Year
		the minimum required contribution for this plan year				Г	12b		
		r the amount contributed by the employer to the plan for this plan					12c		
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the tive amount)	result (enter a minu	us sign to the left of	of a		12d		
е	-	he minimum funding amount reported on line 12d be met by the fu						Yes	No N/A
art		Plan Terminations and Transfers of Assets	-						
3a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or anv prior vea	r?					X Yes No
		es," enter the amount of any plan assets that reverted to the emplo				Г	13a		
b	Were	e all the plan assets distributed to participants or beneficiaries, trai	nsferred to another				ntrol	l	X Yes No
С	If du	ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)		plan(s), identify th	ne plai	n(s) to			
1	, , , , , , , , , , , , , , , , , , , ,						13c(3) PN(s)		
`auti	on: A	penalty for the late or incomplete filing of this return/report	will he assessed :	ınlass reasonahl	 A C311	so is	ostabl	ishad	
Jnde SB or	r pena Sche	alties of perjury and other penalties set forth in the instructions, I didule MB completed and signed by an enrolled actuary, as well as	declare that I have e	examined this retu	ırn/rep	ort, in	cludin	g, if applica	
elief	_	rrue, correct, and complete.	1011110						
SIGN	, Fil	ed with authorized/valid electronic signature.	10/14/2010	AMBERLY K. WIN	NDISC	H			

SIGN	Filed with authorized/valid electronic signature.	10/14/2010	AMBERLY K. WINDISCH
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

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**

Internal Revenue Code (the Code).

2009

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OMB Nos. 1210-0110 1210-0089

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

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	art I Annual Report Identification Information					
Fo		01/01/	2009 and ending		12/31/200	9
Α	This return/report is for: Single-employer plan] multiple-	employer plan (not multiemployer)		one-participa	nt plan
В	This return/report is for:	final retu	ırn/report			
	an amended return/report	short pla	in year return/report (less than 12 mo	nths)		
С	Check box if filing under: X Form 5558	1	ic extension	,	DFVC progra	m
	special extension (enter descripti	J			☐ 5. 10 b.og.a	
P	art II Basic Plan Information—enter all requested inform					
	Name of plan	lation		1h	Three-digit	
	LANDMARK UROLOGY 401K RETIREMENT PLAN			מו	plan number	
					(PN))	001
				1c	Effective date of	
22	Dian analysis and address (see Long 10)				01/01/2008	
Za	Plan sponsor's name and address (employer, if for single-employer LANDMARK UROLOGY, PSC	r plan)		2b	Employer Identif (EIN) 77-067.	
				2c		elephone number
	1138 LEXINGTON ROAD, SUITE 140				(502)868-8	748
				2d	Business code (see instructions)
3-1	GEORGETOWN		KY 40324		621111	
Ja	$\underset{\mathrm{SAME}}{Plan}$ administrator's name and address (if same as Plan sponsor, ε	enter "Sam	e")	3b	Administrator's E	IN
				3c	Administrator's to	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/r	eport filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponso	ors name		4c	DNI	THE STATE
5a	Total number of participants at the beginning of the plan year			5a	1-14	
	Total number of participants at the end of the plan year					
				5b		
	complete this item)	tile plan	year (defined benefit plans do not	5c		Ţ
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 (IQ	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes No
D۵	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500	SF and must instead use Form 55	00.		
_	- Miles and Community and Comm	reside ten				••
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	
	Total plan assets	7a	63,86	3		139,962
	Total plan liabilities	7b		0		(
	Net plan assets (subtract line 7b from line 7a)	7c	63,86	3		139,962
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) To	otai
а	(1) Employers	8a(1)	34,77	1 .		
	(2) Participants	8a(2)	19,35	⊣ .		
	(3) Others (including rollovers)	8a(3)	10,00	4		
h	Other income (loss)		21 07	_		
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	21,97	2	<u> </u>	76.000
c d	Benefits paid (including direct rollovers and insurance premiums	8c				76,099
u	to provide benefits)	8d				
е	Certain deemed and/or corrective distributions (see instructions)	8e		7		
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1	<u> </u>	· · · · · · · · · · · · · · · · · · ·
i	Net income (loss) (subtract line 8h from line 8c)	8i				76,099
j	Transfers to (from) the plan (see instructions)		record was a september of the later to be \$10.5	*		
-	Paperwork Reduction Act Notice and OMB Control Numbers, see the instruction	8j		64.5		1

When Wirtuiding	ومسامات	Form 5500-SF 2009		Page 2-	ann ann ann an Anna ann an	occesser,				
Pai	rt	V Plan Characteristics	***************************************	nas un momentares de séudiciológicos de co	Managara (Mata					
	If	the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 3D the plan provides welfare benefits, enter the applicable welfare for								da da da da da da a da a magada anterior da
V		the plan provides we late betterns, either the applicable we hare the	eature codes ((O))) ())	Elst Of Flan Chara	3010115	tic Co	ues III	tile mstruc	,iUIIS.	
Par	ŧ١	Compliance Questions			**********	******		A PARTICIPATION OF THE PARTICI		animana Maridaini
10	***	uring the plan year:			**************************************	Yes	No	<u> </u>	Amour	∵
а	۱. ۱	Vas there a failure to transmit to the plan any participant contribut 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fidu			10a		Х			
b		/ere there any nonexempt transactions with any party-in-interest? n line 10a.)			10b		×		Santing Santing	The state of the s
c		Vas the plan covered by a fidelity bond?			106		X		***************************************	
d		id the plan have a loss, whether or not reimbursed by the plan's l r dishonesty?			10d		X			
е	į)	/ere any fees or commissions paid to any brokers, agents, or othe surance service or other organization that provides some or all o structions.)	f the benefits under t	he plan? (See	10e		X			200
f		as the plan failed to provide any benefit when due under the plan					المنطقة المنطق المنطقة المنطقة		newesternation of the me	***************************************
		id the plan have any participant loans? (If "Yes," enter amount as			10f		X			
g h	lt	this is an individual account plan, was there a blackout period? (See instructions and	29 CFR	109		X			
i		520,101-3.)			10h		X:			
· ·		cceptions to providing the notice applied under 29 CFR 2520,101			101		enumannamus.			aniian muundusius menen
Part	V	Pension Funding Compliance				1-			n no sitte	
12 a	l: (l: lf	this a defined contribution plan subject to the minimum funding r "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica a waiver of the minimum funding standard for a prior year is being anting the waiver.	requirements of sections able.) g amortized in this pla	on 412 of the Code an year, see instruc	or se	ction 3 and e	302 of	ERISA?	Y	_
lf y		completed line 12a, complete lines 3, 9, and 10 of Schedule						3.77		
b	E	ter the minimum required contribution for this plan year	ind had a saide d'a assignage shipilis ang pla ya ya ya ya	v domen a dosimi kiloment e ke evotestilo etitivolt	بدرناء ذاناه والأ		12b			
С	Е	ter the amount contributed by the employer to the plan for this pl	an year		พลกับสิงกรร		12c		-toprotei-MANAGERIT	niminininininininininininini
	S	btract the amount in line 12c from the amount in line 12b. Enter t gative amount)	he result (enter a mir	nus sign to the left o	of a		12d			
е	W	If the minimum funding amount reported on line 12d be met by th	e funding deadline?,,	44. ***********************************	فالملاداتية		iriai.	Yes	No	N/A
Part	VI	Plan Terminations and Transfers of Assets				-:				a arabar
13a	Н	s a resolution to terminate the plan been adopted during the plan	year or any prior yea	ar?		602X35494	rainein .		X Ye	s No
b		Yes," enter the amount of any plan assets that reverted to the energe all the plan assets distributed to participants or beneficiaries,		The final Action of the Control of t		******	13a ntrol		ET .	
Ç.	lf	the PBGC?				(s) to	Karje II		⊠ Y€	es 🗌 No
1		ich assets or liabilities were transferred, (See instructions.) 1) Name of plan(s):	a	<u></u>		13c	(2) EI	V(s)	13c	(3) PN(s)
	n) received	man de la companya del companya de la companya del companya de la companya del la companya de la	mong kanfanfaran ipa para para na ina mananga	· in		·····	Angeline en	one of the fact was not as a second		ega
***************************************	**********		entronomentales de la reconstitución de la reconstitución de la reconstitución de la reconstitución de la recons			***************************************		and the state of t		A. C. T. L.
Cauti	ion	A penalty for the late or incomplete filing of this return/repo	rt will be assessed	unless reasonable	e caus	se is e	stabli	shed.		
Under SB or	r pe	nalties of perjury and other penalties set forth in the instructions, hedule MB completed and signed by an enrolled actuary, as well strue, oprrect, and complete.	I declare that I have	examined this retu	rn/rep	ort, inc	cluding	, if applical	ole, a So nowledg	chedule ge and
SIGN	,	Handlelle Julie	10/13/10	AMBERLY K.	MIN	DISC	H		-	
HERE		Signature of plan administrator	Date	Enter name of inc			************	plan admir	istrator	
								Piwir adiliii		

10/13/18

Date

SIGN HERE Signature of employer/plan sponsor

AMBERLY K. WINDISCH

Enter name of individual signing as employer or plan sponsor