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	rension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.			
		lentification Information						
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009		
Α.	This return/report is for:	x single-employer plan	multiple-e	employer 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 mor	nths)			
•	L L VECU		-		11.10)			
C	Check box if filing under:	X Form 5558	ļi.	extension	☐ DFVC program			
		special extension (enter description						
		nation—enter all requested inform	ation					
	Name of plan				1b	Three-digit		
URO	LOGIC ASSOCIATES, PSC PR	OFIT SHARING PLAN				plan number 001		
					10	(PN) • 001		
					10	Effective date of plan 03/01/1975		
2a	Plan sponsor's name and addr	ess (employer, if for single-employer	nlan)		2h	Employer Identification Number		
	LOGIC ASSOCIATES, PSC	ess (employer, ii for single employer	piarij		20	(EIN) 61-0857076		
					2c Plan sponsor's telephone num			
	LARKIN ROAD, SUITE 200					859-277-2280		
LEXI	NGTON, KY 40503				2d	Business code (see instructions)		
20	Dian administratoria casa and	address (if ages as Diag ages)	"C	- "\	2 h	621111 Administrator's EIN		
	LOGIC ASSOCIATES, PSC	address (if same as Plan sponsor, e 2533 LARKII			30	61-0857076		
	,	LEXINGTON			3с	Administrator's telephone number		
						859-277-2280		
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
I	name, EIN, and the plan numbe	er from the last return/report. Sponso	r's name		4c	DN		
52	Total number of portionants at	the beginning of the plan year						
		the beginning of the plan year			5a	14		
b	·	the end of the plan year			5b	C		
С		ith account balances as of the end o			5c	C		
	•							
		luring the plan year invested in eligib				Yes No		
b		ne annual examination and report of See instructions on waiver eligibility				X Yes ☐ No		
	•	er 6a or 6b, the plan cannot use F						
Pa	rt III Financial Informa	ation						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		. 7a	3074775	5	C		
b	Total plan liabilities							
С	•	7b from line 7a)	7c	3074775	,	C		
8	Income, Expenses, and Transf		70	(a) Amount		(b) Total		
а	Contributions received or received			(a) Amount		(b) Total		
ű			. 8a(1)					
	(2) Participants		. 8a(2)					
)						
b	, ,	, 		-187051				
С	,	8a(2), 8a(3), and 8b)				-187051		
d		rollovers and insurance premiums						
				2887724				
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e					
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f					
g								
h	•	8e, 8f, and 8g)				2887724		
i		e 8h from line 8c)				-3074775		
i		ee instructions)				23.111		
		,	. KI	1				

Dort IV	Dian	Charac	teristics
Part IV	Plan	Charac	'teristics

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

9a 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:

art	V Compliance Questions		_	· <u> </u>		_		
0	During the plan year:		Yes	No		Amou	ınt	-
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)	10a		X			-	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ				
С	Was the plan covered by a fidelity bond?	10c	X				5	500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	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.)	10e		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				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the			X				
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
<u>art</u> 1			0 - 1 1	OD	/ F			
ı	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Π,	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ħ,	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions.	and e	nter th	e date of th	e lette	er rulir	าต
	granting the waiverMon	th						
lf y	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				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d				
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							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X ·	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ntrol		X ,	Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to			1		
1	3c(1) Name of plan(s):		130	c(2) El	N(s)	13	3c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.	1		
Inde B o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returner Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returner.	urn/rep	oort, in	cludin	g, if applical			
ellet	f, it is true, correct, and complete. Filed with authorized/valid electronic signature. 10/14/2010 THOMAS SLABA	ПСЫ	МЪ					
SICI	Filed with authorized/valid electronic signature. 10/14/2010 THOMAS SLABA	woП,	IVI.D.					

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

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

Annual Report Identification Information 01/01/2009 12/31/2009 For calendar plan year 2009 or fiscal plan year beginning and ending Α This return/report is for: X single-employer plan multiple-employer plan (not multiemployer) one-participant plan B This return/report is for: first return/report final return/report an amended return/report short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 DFVC program automatic extension special extension (enter description) Part II Basic Plan Information - enter all requested information 1a Name of plan 1b Three-digit plan number (PN) UROLOGIC ASSOCIATES, PSC PROFIT SHARING PLAN 001 1c Effective date of plan 03/01/1975 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number (EIN) UROLOGIC ASSOCIATES, PSC 61-0857076 2c Plan sponsor's telephone number 2533 LARKIN ROAD, SUITE 200 859-277-2280 2d Business code (see instructions) LEXINGTON KY 40503 621111 3a Plan administrator's name and address (If same as Plan sponsor, enter "Same") 3b Administrator's EIN SAME 3c Administrator's telephone number 4b EIN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN 14 5a 5a Total number of participants at the beginning of the plan year 0 Total number of participants at the end of the plan year 5b Total number of participants with account balances as of the end of the plan year (defined 0 5c benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. **Financial Information** (a) Beginning of Year (b) End of Year Plan Assets and Liabilities 3074775 0 7a Total plan assets Total plan liabilities 7b 3074775 0 Net plan assets (subtract line 7b from line 7a) 7c (a) Amount (b) Total Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 8a(1) (1) Employers (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) **b** Other income (loss) SEE STATEMENT 1 -1870518b -187051Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 2887724 STATEMENT 2 Benefits paid (including direct rollovers and insurance premiums to provide benefits) ... 8d Certain deemed and/or corrective distributions (see instructions) 8e 8f Administrative service providers (salaries, fees, commissions) 8g 2887724 Total expenses (add lines 8d, 8e, 8f, and 8g) 8h -30747758i Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) 8i

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Form	SOUU.	- DF	(2009)

Page	2-

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Part IV Plan Characte	arietice

9a 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:

Da	rt V Compliance Questions								
10									
	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant					v			
h	in 29 CFR 2510.3-102? (See instructions and DOL's \			10a		Х			
D	Were there any nonexempt transactions with any p					.,			
				10b	37	Х			
	Was the plan covered by a fidelity bond?			10c	X			5	00000
d		-							
		************************		10d		Х			
е	Were any fees or commissions paid to any brokers								
	carrier, insurance service or other organization that	t provides some or all o	of the benefits under						
				10e		X			
Ť	Has the plan failed to provide any benefit when due			10f		Х			
g	Did the plan have any participant loans? (If "Yes," e			10g		X			
h	If this is an individual account plan, was there a bla								
	and 29 CFR 2520.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you ei								
	of the exceptions to providing the notice applied ur	nder 29 CFR 2520.101	-3	10i		X			
	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum fu	unding requirements? (If "Yes," see instructions	and	compl	ete	_	_	
40	Schedule SB (Form 5500))							Yes	X No
12	Is this a defined contribution plan subject to the mi	inimum funding require	ements of section 412 of	the C	ode o	r	_	_	
	section 302 of ERISA? (If "Yes," complete 12a or 12							Yes	X No
а	If a waiver of the minimum funding standard for a p	orior year is being amor	tized in this plan year, se	e inst	tructio	ns, an	d enter the	date of	the letter
	ruling granting the waiver.		Month		Day		\	ear	
lf :	you completed line 12a, complete lines 3, 9, and 1	10 of Schedule MB (F	orm 5500), and skip to I	ine 1	3.				
b	Enter the minimum required contribution for this pla	an year				12b			
С	Enter the amount contributed by the employer to the	ne plan for this plan ye	ar			12c			
d	Subtract the amount in line 12c from the amount in	line 12b. Enter the res	sult (enter a minus sign to)					
	the left of a negative amount)		******************************			12d			
	Will the minimum funding amount reported on line	12d be met by the fund				Ye	es	No	N/A
Par	t VII Plan Terminations and Transfer	s of Assets							
13a	Has a resolution to terminate the plan been adopte	d during the plan year	or any prior year?					Yes	No
	If "Yes," enter the amount of any plan assets that re	everted to the employe	er this year			13a			0
b	Were all the plan assets distributed to participants	or beneficiaries, transf	erred to another plan, or	broug	ght				WF = T2/
	under the control of the PBGC?		*************************************					Yes	No
C	If during this plan year, any assets or liabilities were	transferred from this	plan to another plan(s), ic	dentify	y the p	olan(s)	to which a	ssets or	
	liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):			1	3c(2)	EIN(s)		13c(3)	PN(s)
			•						
Cau	tion: A penalty for the late or incomplete filing of	this return/report will	be assessed unless re	ason	able c	ause i	s establis	hed.	
Jnder p	penalties of perjury and other penalties set forth in the instructions, I de	declare that I have examined the	nis return/report, including, if appl	licable,	a Sched	lule SB c	r Schedule M	B complete	d and
	by an enrolled actuary, as well as the electronic version of this return/								
SIGN		10/14/2010	THOMAS SLABA	AUGI	Η, Ι	M.D.			
HERI	Signature of plan administrator	Date	Enter name of individua				dministrat	or	
SIGN									
HERI	Signature of employer/plan sponsor	Date	Enter name of individua	l eign	ing ac	emple	ver or plan	o enonco	r

5500 Electronic Filing Authorization

Plan Name: Urologic Associates, PSC Profit Sharing Plan
EIN/PN: 61-0857076/001
Plan Year: 1/1/2009 - 12/31/2009
I hereby authorize Psimer & Associates, Inc. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).
I have signed Form 5500 for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.
Plan Administrator Sign Sign 10 (19/10 date 10/14/10 date