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.

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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 return/report								
	an amended return/report	short plar	year return/report (less than 12 mo	onths)					
С	Check box if filing under:		DFVC program						
	special extension (enter description	n)							
Pa	art II Basic Plan Information—enter all requested informa	ition							
	Name of plan			1b	Three-digit				
BLUE	EGRASS CARDIOLOGY, PSC PROFIT SHARING PLAN				plan number				
				40	(PN)				
				16	Effective date of plan 07/01/1994				
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number				
BLUE	EGRASS CARDIOLOGY, PSC				(EIN) 61-1257979				
702 [TACTEDN DVDACC CHITE 400			2c	Plan sponsor's telephone number 859-624-1826				
RICH	EASTERN BYPASS, SUITE 106 IMOND, KY 40475			2d	Business code (see instructions)				
					621111				
	Plan administrator's name and address (if same as Plan sponsor, en EGRASS CARDIOLOGY, PSC 793 EASTERI			3b	Administrator's EIN 61-1257979				
DLUL	RICHMOND,			3c	Administrator's telephone number				
					859-624-1826				
	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	9					
b	Total number of participants at the end of the plan year			5b	9				
С	Total number of participants with account balances as of the end of			_					
	complete this item)			. 5c	9				
-	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	b 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.								
Pa	rt III Financial Information		Г	-					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
a	Total plan assets	7a	46895	51	578642				
b	Total plan liabilities	7b							
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	46895	51	578642				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	10969	1					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			109691				
d	Benefits paid (including direct rollovers and insurance premiums	٠.							
_	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 8d, 8e, 9f, and 8e)	8g							
n i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h o:			109691				
i	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			109091				
J	Transiers to (nom) the plan (see matructions)	8j							

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 2G 3D

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	ies in	ine instruct	ions:	
Part '	٧	Compliance Questions								
10	Dui	ing the plan year:		_		Yes	No		Amount	
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? (Doine 10a.)		· ·	10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				100000
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
	ins	re any fees or commissions paid to any brokers, agents, or other pe grance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	10e		X			
f	Has	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			
		is is an individual account plan, was there a blackout period? (See 0.101-3.)) CFR	10h		X			
		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		X			
Part \	۷I	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Пуе	s X No
		0))his a defined contribution plan subject to the minimum funding requi							☐ Ye	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 of the Code	01 56	Clion	002 UI	LNISA!	□ .0	3 <u>11</u> 110
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling									
	-	nting the waiver.			h		Day		Year	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB	,	•		Γ	12b			
		er the minimum required contribution for this plan year					12c			
d	Sub	er the amount contributed by the employer to the plan for this plan y stract the amount in line 12c from the amount in line 12b. Enter the r ative amount)	result (enter a minu	us sign to the left o	of a		12d			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?						N/A			
Part \		Plan Terminations and Transfers of Assets								<u></u>
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					Ye	s X No
		'es," enter the amount of any plan assets that reverted to the emplo					13a			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
		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 th	e plai	n(s) to			-i	
13	3c(1) Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report w	will be assessed u	ınless reasonabl	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.	0/14/2010	GLENN MORRIS,	M.D.					
HERE	- Г	Signature of plan administrator	Date	Enter name of in	dividu	ıal sig	ning as	s plan adm	inistrator	

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Intomal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open

Person Bellett Character P Complete an analysis in accordance with the	a mann	chous to	uie ro	KIII 3300-3F.	to Public	nspection	
Part I Annual Report Identification Information							
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009			and er	iding 1	2/31/200	19	
A This return/report is for: X single-employer plan multiple-er	nployer	pian (not r	nultier	nployer)	one-participan	t plan	
This return/report is for: first return/report final return/report							
	year ret	um/report	(less t	han 12 month:	9)		
Check box it ming under. Promit book Lautomatic	extensio	n			DFVC progran	n	
special extension (enter description)							
Part II Basio Plan Information - enter all requested information		*					
1a Name of plan			ib	Three digit			
BLUEGRASS CARDIOLOGY, PSC PROFIT SHARING	PLAN	Ī	1	plan number (PN)	001	
			10	Effective date			
				07/0	1/1994		
2a Plan sponsor's name and address (employer, if for single-employer plan)			2b		tification Numb	er (EIN)	
BLUEGRASS CARDIOLOGY, PSC				611	257979		
500 E3 CENTRAL			20		s telephone nur		
793 EASTERN BYPASS, SUITE 106					624-1826		
DIGINOND THE AGAIN			2d		s (see Instructio	ns)	
RICHMOND KY 40475				6211			
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same SAME	∌"}		3b	Administrator:	s EIN		
SAME			_				
			30	Administrator's	s telephone nui	nber	
A Habitan and the second and the sec			42				
4 If the name and/or EIN of the plan sponsor has changed since the last return/re			4b	ÐΝ			
plan, enter the name, EIN, and the plan number from the last return/report.	Sponsor	's name	4c PN				
			4C	PN			
59 Total sumbor of postloinants at the best-size of the street			E				
5a Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year.		••••••	5a		9		
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 year (defined							
			5c		9		
benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets?	O !					s No	
b Are you claiming a waiver of the annual examination and report of an indepen	deet ma	rucuons.)	Un and		🕰 Үе	B ☐ NO	
(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	conditio	ne i	iid auc	Cumant	X Ye	s No	
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-8	E and n	nuet Ineta		- Form 6500	🗖 , e	is ∐ 140	
Part III Financial Information	n Gild ii	IDAL IIIALO	au us	TOTAL GOOD.			
7 Plan Assets and Liabilities		(a) Be	ainnir	g of Year	(b) End	of Year	
a Total plan assets	7a			468951	(=/ =	578642	
b Total plan liabilities							
C Net plan assets (subtract line 7b from line 7s)	7e			468951		578642	
8 Income, Expenses, and Transfers for this Plan Year		(a) Am		(b) T		
a Contributions received or receivable from:		· ·	•				
(1) Employers	8a(1)						
(2) Participants	400						
· · · · · · · · · · · · · · · · · · ·							
(3) Others (including rollovers) b Other Income (loss) SEE STATEMENT 1	8b			109691		12	
C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80					109691	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
Certain deemed and/or corrective distributions (see instructions)				I			
f Administrative service providers (salaries, fees, commissions)	81						
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
i Net Income (loss) (subtract line 8h from line 8c)	81					109691	
Transfers to (from) the plan (see instructions)	81						

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Pa	rt IV Plan Characteristics					
9a 2E	If the plan provides pension benefits, enter the applicable pension feature codes from the List o $2G\ 3D$	f Plan (Charec	cteristic (Codes in the inst	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of	Plan Ch	naraot	eristlo Co	odes in the instr	uotlons:
Pa	rt V Compliance Questions		_		- ACMAY	
10	During the plan year:		Yes	Na	Amoun	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.)	10a		x		
þ	Were there any nonexempt transactions with any party-in-interest? (Do not include					
	transactions reported on line 10a.)	dor		X		
C	Was the plan covered by a fidelity bond?	10c	X			100000
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		х		
0	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		
1	Has the plan falled to provide any benefit when due under the plan?	10f		X		
g	THE WAR THE THE STREET	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 exceptions to providing the notice applied under 29 CFR 2520,101-3	10ì		X		
_	rt VI Pension Funding Compliance					
11	is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instruction	ns and	compl	ete	_	
	Schedule SB (Form 5500))	.,			Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of	of the C	ode o	г		
	section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				Yes	X No

ruling granting the walver.	Month	Day	Year	
If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and skip to lin			
b Enter the minimum required contribution for this plan year		12b		
C Enter the amount contributed by the employer to the plan for this plan	year	120		
d 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		
Will the minimum funding amount reported on line 12d be met by the form	unding 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	ar or any prior year?		Yes	X No
If "Yes," enter the amount of any plan assets that reverted to the employee				
 Were all the plan assets distributed to participants or beneficiaries, trans 	referred to another plan, or b	rought	_	_
under the control of the PBGC?	L1111111111111111111111111111111111111		Yes	⊠ No
O If during this plan year, any assets or liabilities were transferred from the				•
liabilities were transferred. (See instructions.)				
13c(1) Name of plan(s):		13c(2) EIN(s)	13c(3)	PN(s)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter

Caution: A penalty for the late or incomplete filing 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 aligned by an annulted actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN		10/14/2010	GLENN MORRIS, M.D.
	Signature of plan admir/strator	Qate	Enter name of individuel signing as plan administrator
SIGN			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

5500 Electronic Filing Authorization

Plan Name: Bluegrass Cardiology, PSC Profit Sharing Plan

EIN/PN: 61-1257979/001

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).

sign

date

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

1 1