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

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.	1		
		entification Information						
For	calendar plan year 2010 or fiscal	plan year beginning 01/01/201	10	and ending 1	2/31/2	2010		
Α.	This return/report is for:	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 plar	year return/report (less than 12 mo	nths)			
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program		
		special extension (enter descripti	on)					
Da	rt II Basic Plan Inform	ation—enter all requested inform	,					
	Name of plan	ation—enter an requested inform	ialion		1h	Three-digit		
		P.S.C. PROFIT SHARING/401(K) I	PLAN		1.0	plan number 002		
						(PN) •		
					1c	Effective date of plan		
					-	07/01/1995		
	Plan sponsor's name and addres EN RIVER HEART INSTITUTE, F	ss (employer, if for single-employer	r plan)		2b	Employer Identification Numb	oer	
OIKE	LIVINIVER HEART INOTHOTE, I	.0.0.			2c	Plan sponsor's telephone nui	mber	
	AST PARRISH AVENUE					270-688-0808		
OWE	NSBORO, KY 42303				2d	Business code (see instruction	ns)	
0 -					01.	621111		
3a GRE	Plan administrator's name and a EN RIVER HEART INSTITUTE, F	ddress (if same as Plan sponsor, e P.S.C. 815 EAST P	'ARRISH A	VENUE	30	Administrator's EIN 61-1284897		
		OWENSBOI	RO, KY 423	303	3c	Administrator's telephone nu	mber	
					-	270-688-0808		
		sponsor has changed since the la		port filed for this plan, enter the	4b EIN			
I	name, EIN, and the plan number	from the last return/report. Sponse	or's name		4c	PN		
5a	Total number of participants at t	he beginning of the plan year			5a		68	
b					5b		63	
C	·	h account balances as of the end c			30			
	·				5c		21	
6a	Were all of the plan's assets du	iring the plan year invested in eligit	ole assets?	(See instructions.)		Y Yes [No	
b	Are you claiming a waiver of the	annual examination and report of	an indeper	ndent qualified public accountant (IQ	PA)	Г∇1 Г	٦	
				ions.)			No	
Da	rt III Financial Information		orm 5500-	SF and must instead use Form 55	00.			
		шоп				4. -		
7	Plan Assets and Liabilities		_	(a) Beginning of Year	7	(b) End of Year	4798	
	Total plan assets		7a	0/9/01/		407	47 30	
b	•			6797817	7	407	4798	
<u>C</u>		from line 7a)	. 7с	0/9/01/		407	4790	
8	Income, Expenses, and Transfe			(a) Amount		(b) Total		
а	Contributions received or receiv (1) Employers	able from:	8a(1)	53087	7			
	• • • •		` '	77009)			
	.,)			
b	• • • • • • • • • • • • • • • • • • • •		1	485386	3			
C	` ,	a(2), 8a(3), and 8b)				61	5482	
d		a(2), 6a(3), and 6b) ollovers and insurance premiums	. 60					
u	to provide benefits)		8d	2500227	7			
е		ve distributions (see instructions)	8e	()			
f	Administrative service providers	(salaries, fees, commissions)	8f	()			
g	Other expenses		8g	38274	1			
h	•	e, 8f, and 8g)				253	88501	
i		8h from line 8c)				-192	23019	
i		e instructions)		()			

	Form 5500-SF 2010 Page 2-				
ar	t IV Plan Characteristics				
ì	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 2G 2J 2K 2R 3D	acteris	tic Co	des in the	instructions:
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	cterist	tic Coc	les in the	instructions:
_					
ırt	V Compliance Questions				
)	During 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)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	X		50000
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		Х	
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		Х	
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	10i			
rt	VI Pension Funding Compliance				
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of ERI	SA? Yes 🖺 No
a	(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 being amortized in this plan year, see instructions the waiver			nter the d	

rf	VII Plan Torminations and Transfors of Assets				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
	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			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
b	Enter the minimum required contribution for this plan year	12b			
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				

Part VII Plan Terminations and Transfers of Assets

12

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..... Yes X No

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

If during this plan year, any assets or liabilities were transferred 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(s)	13c(3) PN(s)

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 signed by an enrolled 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	Filed with authorized/valid electronic signature.	07/05/2011	ALBERT MERCER, M.D.
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**

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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
Fo	Part	01/01/2	2010 and ending		12/31/2010
Α	This return/report is for: X single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retui	rn/report		
	an amended return/report	short plan	n year return/report (less than 12 mo	inths)	
С	Check box if filing under: Form 5558	automatio	extension		DFVC program
	special extension (enter descripti	ion)			
Р	art II Basic Plan Information—enter all requested inform	nation			
1a	Name of plan			1b	Three-digit
	GREEN RIVER HEART INSTITUTE, P.S.C.				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-employe GREEN RIVER HEART INSTITUTE, P.S.C.	r plan)		2b	Employer Identification Number
	Simility and the simility and the simility of the simility and the similit			20	(EIN) 61-1284897
	815 EAST PARRISH AVENUE			20	Plan sponsor's telephone number (270) 688-0808
				2d	Business code (see instructions)
22	OWENSBORO		KY 42303	26	621111
Ja	Plan administrator's name and address (if same as Plan sponsor, $\varepsilon_{\text{SAME}}$	enier Sam	e)	30	Administrator's EIN
				3с	Administrator's telephone number
	If the page and/or FIN of the plan anarous has about a live the la		- 4 £1 - 1 £ - 11	41	
	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
				4c	PN
5a	Total number of participants at the beginning of the plan year			5a	6
b	, , , , , , , , , , , , , , , , , , , ,			5b	6:
С	Total number of participants with account balances as of the end of			5c	2:
62	complete this item)			<u> </u>	
b					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)		X Yes No
D.	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information	orm 5500-	SF and must instead use Form 55	00.	
7	Plan Assets and Liabilities	T	(a) Designing of Van		(In) Final of Vene
' a	Total plan assets	7a	(a) Beginning of Year 6,797,83	7	(b) End of Year 4,874,798
b	Total plan liabilities.	7b	0,757,00	- /	4,014,150
c	Net plan assets (subtract line 7b from line 7a)		6,797,83	7	4,874,79
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:				// · 2.0001
	(1) Employers	8a(1)	53,08	 ∤	
	(2) Participants		77,00) 9	
	(3) Others (including rollovers)			9	
b	,		485,38	36	615 40
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			615,482
u	to provide benefits)	8d	2,500,22	27	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	
f	Administrative service providers (salaries, fees, commissions)	8f		0	
g	Other expenses	8g	38,27	7 4	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			2,538,50
:	Not become discovered to the second second	i	1	1	
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)				(1,923,019)

Form	5500-	SE	201	ľ

m	2	
rage	4-	l

	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature in the plan provides pension benefits, enter the applicable pension feature. The plan provides pension benefits and provides pension benefits and provides pension benefits.	ure codes from th	e List of Plan Char	acteris	stic Co	des in	the instruct	tions:
b	If the plan provides welfare benefits, enter the applicable welfare feature	ire codes from th	e List of Plan Chara	icteris	tic Cod	des in t	he instructi	ons:
Part	V Compliance Questions			******		***		
10	During the plan year:				Yes	No		Amount
a	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	s within the time p y Correction Prog	period described in gram)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?	***********************	471-7-7-1-1-1-1-1	10c	Х			50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?	ity bond, that wa	s caused by fraud	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other perinsurance service or other organization that provides some or all of the instructions.)	e benefits under t	he plan? (See	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan?	********************	********	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of y	year end.)	**********	10a		Х		
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)			10h		X		
i	If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3			10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements' 5500))	? (If "Yes," see in	structions and com	plete :	Sched	ule SB	(Form	Yes X No
lf y	If a waiver of the minimum funding standard for a prior year is being an granting the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule MB	3 (Form 5500), a	Mont nd skip to line 13.	th		Day _	e date of th	e letter ruling Year
	Enter the minimum required contribution for this plan year				-	12b	***************************************	
c d	Enter the amount contributed by the employer to the plan for this plan y Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a mi	nus sign to the left	of a		12c 12d		
e	Will the minimum funding amount reported on line 12d be met by the fu				L		Yes	No N/A
	VII Plan Terminations and Transfers of Assets						1,00	
	Has a resolution to terminate the plan been adopted during the plan ye	***************************************	ar?					X Yes No
	If "Yes," enter the amount of any plan assets that reverted to the emplo					13a	Maratalan in dia managana ana ana ana ana ana ana ana ana	22 163 140
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?	sferred to anothe	er plan, or brought u	under	the co	ntrol		☐ Yes ☒ No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)							tourid tourid
1	3c(1) Name of plan(s):				130	(2) EIN	V(s)	13c(3) PN(s)
-								
	on: A penalty for the late or incomplete filing of this return/report v							
SB o	r penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as , it is true, correct, and complete.	eclare that I have the electronic ve	examined this return/r	rn/repreport.	ort, ind , and to	cluding the b	, if applicat est of my k	ole, a Schedule nowledge and
SIGI	· AMM Brillen	6/29/11	ALBERT MERC	CER,	М.[).		
HER	Signature of plan administrator	Date	Enter name of in	dividu	al sigr	ing as	plan admir	nistrator
SIGI								
IICK	Signature of employer/plan sponsor	Date	Enter name of in	dividu	al sigr	ing as	employer o	or plan sponsor

Enter name of individual signing as employer or plan sponsor