	Form 5500-SF		eturn/F Benefit	Report of Small Employ	yee	OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service			ctions 104 and 4065 of the Employe	2010			
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	(ERISA), and section 6058(a) of the Code (the Code).	This Form is Open to Public			
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	n the instructions to the Form 550	0-SF.	Inspection		
	art I Annual Report Id calendar plan year 2010 or fisca	entification Information	0	and ending 1	2/31/2	2010		
		single-employer plan		mployer plan (not multiemployer)	2/01/2	one-participant plan		
	This return/report is for:	first return/report	final retur					
Б	This return/report is for:	an amended return/report		year return/report (less than 12 mo	oths)			
C	Check box if filing under:	Form 5558		extension	nino)	DFVC program		
0		special extension (enter descriptio						
Pa	Int II Basic Plan Inform	nation —enter all requested information	,					
	Name of plan				1b	Three-digit		
NEUI	ROSURGICAL ASSOCIATES P	SC SAVINGS AND PROFIT SHARIN	NG PLAN			plan number (PN) ▶ 001		
					1c	Effective date of plan		
						02/01/1974		
	Plan sponsor's name and addre ROSURGICAL ASSOCIATES P	ess (employer, if for single-employer SC	plan)		2b	Employer Identification Number (EIN) ⁶¹⁻⁰⁷⁰⁵⁸⁸⁹		
1401	HARRODSBURG ROAD SUIT	E B485			2c	Plan sponsor's telephone number 859-277-6143		
LEXI	NGTON, KY 40504				2d	Business code (see instructions) 621111		
3a NEU	Plan administrator's name and ROSURGICAL ASSOCIATES P	address (if same as Plan sponsor, er SC 1401 HARRC	nter "Same	") ROAD SUITE B485	3b	Administrator's EIN 61-0705889		
		LEXINGTON	, KY 40504	1	3c	Administrator's telephone number 859-277-6143		
		In sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
1	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN		
5a	Total number of participants at	the beginning of the plan year			5a	28		
b	Total number of participants at	the end of the plan year			5b	34		
С	Total number of participants wi complete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do not	5c	34		
6a	• •	uring the plan year invested in eligibl	le assets?	(See instructions.)		Yes No		
b		e annual examination and report of a				 		
	,	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,				
Pa	rt III Financial Informa			· · · · · · · · · · · · · · · · · · ·				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		7a	7533952	2	8855512		
b	•			7533952	,	8855512		
<u> </u>	· · ·	'b from line 7a)	7c		•			
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total		
ŭ			8a(1)	246730)			
	(2) Participants		8a(2)	154620)			
	.,)	8a(3)	05550	_			
b		0 - (0) 0 - (0) 0		955596		1356946		
c d	Benefits paid (including direct i	8a(2), 8a(3), and 8b) ollovers and insurance premiums		35386	;	100040		
е	,	ive distributions (see instructions)	8d 8e					
f		rs (salaries, fees, commissions)						
g		- (8g					
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			35386		
i		e 8h from line 8c)				1321560		
j	Transfers to (from) the plan (se	e instructions)	8j					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part IV Plan Characteristics

- **9a** 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 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	۷	Compliance Questions							
10	Du	ring the plan year:		Yes	No		Am	ount	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		×				
С	W	as the plan covered by a fidelity bond?	10c	Х					500000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Dio	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					21113
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
i		0h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i		Х				
Part	VI	Pension Funding Compliance							
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00))					[Yes	× No
12 а	(lf lf a	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code 'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- inting the waiver.	ctions,	and e	enter th	e date d	of the le		
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			- ,	-			
b	En	ter the minimum required contribution for this plan year			12b				
С	En	ter the amount contributed by the employer to the plan for this plan year			12c				
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)		[12d				_
е	Wi	I the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	На	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>		-		Yes	X No
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?						Yes	× No
C		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify tl ich assets or liabilities were transferred. (See instructions.)	he plai	n(s) to					
1	3c('	I) Name of plan(s):		13	c (2) El	N(s)		13c(3)	PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.			

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.	07/23/2011	VICKI TURNBULL
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

Page **2-**1

	Form 5500-SF	Short Form Annual Re	turn/Repo enefit Plar		Small E	mple	oyee	OMB N	os. 1210-0110 1210-0089	
-	Internal Revenue Service	This form is required to be filed ur						2010		
Emp	Department of Labor loyee Benefits Security Administration	Retirement Income Security Act Internal Rev	enue Code (t	sA), an he Coo						
Pe	ension Benefit Guaranty Corporation	Complete all entries in accordan				he Fo	orm 5500-SF.		Inspection	
Pa	art I Annual Repo	rt Identification Information								
For	calendar plan year 2010 or fi		1/2010		a	and er	nding 1	2/31/201	10	
Α	This return/report is for:	X single-employer plan	multiple-emp	loyer p	olan (not m	nultier	nployer)	one-participar	nt plan	
в	This return/report is for:	H H	final return/re	20						
С			short plan ye	ear retu	irn/report	(less t	han 12 month	1		
U	Check box if filing under:	Form 5558	automatic ex	tensio	n		L	DFVC program	n	
D	art II Basic Plan In	special extension (enter description formation - enter all requested info								
		Tormation - enter all requested info	rmation			16	Three-digit			
	Name of plan	COCTATES DOC					plan number	(PN)	001	
		IT SHARING PLAN				10	Effective date		001	
Dr.	WINGS HID FROP	II SHARING FLAN				10		1/1974		
		ddress (employer, if for single-employer	r plan)			2b	Employer Ide	ntification Numb	per (EIN)	
NE	UROSURGICAL AS	SOCIATES PSC				-		705889		
						2c		's telephone nur		
14	01 HARRODSBURG	ROAD SUITE B485				2d		e (see instruction		
LE	XINGTON	KY 40504					6211	and the state of t		
		and address (If same as Plan sponsor, e	enter "Same")		Зb	Administrator	's EIN		
SA	ME					-				
						30	Administrator	's telephone nu	mber	
4						4b	CINI .			
		plan sponsor has changed since the la				40	EIN			
Ą	bian, enter the name, Ein, and	d the plan number from the last return/	report. Sp	onsor	s name	4c	PN			
						10				
5a	Total number of participant	s at the beginning of the plan year				5a		28		
b		s at the end of the plan year				5b		34		
С		s with account balances as of the end								
	benefit plans do not comple	ete this item)				5c		34		
6a	Were all of the plan's assets	s during the plan year invested in eligibl	le assets? (S	ee inst	ructions.)			X Ye	es No	
b		f the annual examination and report of								
		104-46? (See instructions on waiver elig							es 🗌 No	
		ther 6a or 6b, the plan cannot use Fo	orm 5500-SF	and m	nust inste	ad us	e Form 5500.			
-	art III Financial Info	ormation		1	() 0			(1) 5-1		
7	Plan Assets and Liabilities				(a) Be		ng of Year	(b) End	of Year	
a b				7a		/	533952		8855512	
c		ne 7b from line 7a)		7b 7c		7	533952		8855512	
8	Income, Expenses, and Tra			10	(nount	(b) T	Total	
	Contributions received or re									
				8a(1)			246730			
				8a(2)			154620	1		
		rs)		8a(3)]		
b	Other income (loss)	SEE STATEMENT 1		8b			955596			
С	Total income (add lines 8a(I), 8a(2), 8a(3), and 8b)		8c					1356946	
d	a supervision of the second	ollovers and insurance premiums to provide		8d			35386	STATEM	ENT 2	
e		ective distributions (see instructions)		8e				-		
f		ders (salaries, fees, commissions)		8f				-		
g		d 0 - 06 d 0)		8g					35386	
h		d, 8e, 8f, and 8g)		8h 8i					1321560	
;		line 8h from line 8c) (see instructions)		8i 8j					1021000	
_	rianalera to (non) the plan		*****	0		_				

For Paperwork Reduction Act Notice and OMB Control Numbers, see instructions for Form 5500-SF. 018571 07-15-10

Part IV Plan Characteristics

9a 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 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	t V Compliance Questions					
10 t	During the plan year:		Yes	No	Amour	nt
a	Was there a failure to transmit to the plan any participant contributions within the time period described					
i	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)	10a		X		
b v	Were there any nonexempt transactions with any party-in-interest? (Do not include					
t	transactions reported on line 10a.)	10b		X		
CV	Was the plan covered by a fidelity bond?	10c	X			500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that					
1	was caused by fraud or dishonesty?	10d		X		
e \	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance	e				
	carrier, insurance service or other organization that provides some or all of the benefits und					
t	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	Х			21113
h I	If this is an individual account plan, was there a blackout period? (See instructions					
a	and 29 CFR 2520.101·3.)	10h		X		
	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		X		
Part	VI Pension Funding Compliance					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instru				_	_
5	Schedule SB (Form 5500))				Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 4	12 of the C	ode o	r	_	_
<u></u>	section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicat	ole.)			Yes	X No
S						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan y	ear, see ins	tructio		ter the date o	f the letter
a		ear, see ins	tructio			
aı	If a waiver of the minimum funding standard for a prior year is being amortized in this plan y	ear, see ins	tructio Day	ns, and er		
a h f lf yo b E	If a waiver of the minimum funding standard for a prior year is being amortized in this plan y ruling granting the waiver. Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk Enter the minimum required contribution for this plan year	ear, see ins 	tructio Day 3.	ns, and er		
a in If yo b E	If a waiver of the minimum funding standard for a prior year is being amortized in this plan y ruling granting the waiver. Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk	ear, see ins 	tructio Day 3.	ns, and er		
a if If yo b E c E	If a waiver of the minimum funding standard for a prior year is being amortized in this plan y ruling granting the waiver. Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk Enter the minimum required contribution for this plan year	ear, see ins ip to line 1	tructio Day 3.	ns, and er		
a if if yo b e c e d s	If a waiver of the minimum funding standard for a prior year is being amortized in this plan y ruling granting the waiver. Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year	ear, see ins ip to line 1 sign to	tructic Day 3.	ns, and er		
a h If yo b E c E d s ti e V	If a waiver of the minimum funding standard for a prior year is being amortized in this plan y ruling granting the waiver. Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus the left of a negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	ear, see ins ip to line 1	tructio Day 3.	ns, and er 12b 12c 12d		
a h If yo b E c E d s th e V Part	If a waiver of the minimum funding standard for a prior year is being amortized in this plan your ruling granting the waiver. Monthe ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus the left of a negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	ear, see ins 	tructic Day 3.	ns, and er 12b 12c 12d Yes	Year	N/A
a h If yo b E c E d s th e V Part	If a waiver of the minimum funding standard for a prior year is being amortized in this plan y ruling granting the waiver. Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus the left of a negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	ear, see ins 	tructic Day 3.	ns, and er 12b 12c 12d Yes	Year	
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a If If yo b E c E d s til e v Part 3a H	If a waiver of the minimum funding standard for a prior year is being amortized in this plan your ruling granting the waiver. Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ske Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus the left of a negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	ear, see ins ip to line 1 sign to	tructio Day 3.	ns, and er 12b 12c 12d 12d Yes	Year	N/A X No
a If If yo b E c E d S th Part 3a F If b V	If a waiver of the minimum funding standard for a prior year is being amortized in this plan your uling granting the waiver. Monthe ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ske Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus the left of a negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? I VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan assets that reverted to the employer this year	ear, see ins 	tructio Day 3.	ns, and er 12b 12c 12d 12d 12d 13a	Year	N/A
a In If you b E c E d s til e v Part 3a F If b v	If a waiver of the minimum funding standard for a prior year is being amortized in this plan y ruling granting the waiver. Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus the left of a negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? f "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan	ear, see ins 	tructio Day 3.	ns, and er 12b 12c 12d 12d 13a	Year	N/A X No
a fr If yo b E c E d s ti e V Part 3a F If b V c fr	If a waiver of the minimum funding standard for a prior year is being amortized in this plan your ruling granting the waiver. Monther our completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skeen the minimum required contribution for this plan year for the amount contributed by the employer to the plan for this plan year subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus the left of a negative amount) will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets subtract the amount of any plan assets that reverted to the employer this year	ear, see ins 	tructio Day 3.	ns, and er 12b 12c 12d 12d 13a	Year	N/A X No
a " If yo b E c E c E d S tt tt e V Part 1 b V u u c III i i i i i i i i i i i i i	If a waiver of the minimum funding standard for a prior year is being amortized in this plan your ruling granting the waiver. Monther our completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skeen the minimum required contribution for this plan year for the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus the left of a negative amount) Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year were all the plan assets distributed to participants or beneficiaries, transferred to another plan during this plan year, any assets or liabilities were transferred from this plan to another plan to another plan to another plan to another plan is plan year.	ear, see ins ip to line 1 sign to lan, or brou	tructio Day 3.	ns, and er 12b 12c 12d 12d 12d 13a blan(s) to w	Year	N/A X No
a " If yo b E c E c E t t t t v Part A b V u u c II i i i i yo c i i i i i yo c i i i i i i i i i i i i i	If a waiver of the minimum funding standard for a prior year is being amortized in this plan your uling granting the waiver. Monther source and the minimum required contribution for this plan year. Monther the minimum required contribution for this plan year. Subtract the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus the left of a negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Mile the minimum funding amount reported on line 12d be met by the funding deadline? Mile the minimum funding amount reported on line 12d be met by the funding deadline? Mile the minimum funding amount reported on line 12d be met by the funding deadline? Mile the minimum funding amount reported on line 12d be met by the funding deadline? Mile the minimum funding amount reported on line 12d be met by the funding deadline? Mile the minimum funding amount reported on line 12d be met by the funding deadline? Mile the minimum funding amount reported on line 12d be met by the funding deadline? Mile the minimum funding amount reported on line 12d be met by the funding deadline? Mile the minimum funding amount reported on line 12d be met by the funding deadline? Mile the plan to another plan as a resolution to terminate the plan been adopted during the plan year or any prior year? f "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan under the control of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan isbilities were transferred. (See instructions.)	ear, see ins ip to line 1 sign to lan, or brou	tructic Day 3. 	ns, and er 12b 12c 12d 12d 12d 13a blan(s) to w	Year	N/A X No X No
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