## 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

Pe	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.									
	Part I Annual Report Identification Information									
For	calendar plan yea	ar 2009 or fisc	cal plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009			
A This return/report is for:					employer plan (not multiemployer)		one-participar	nt plan		
	·		first return/report	final return/report						
						nthe)				
•				<u> </u>	n year return/report (less than 12 moi	11113)	П вемо			
C	Check box if filing	under:	Form 5558	1	extension		DFVC progra	m		
			special extension (enter description							
Pa	rt II Basic	Plan Infor	mation—enter all requested inform	nation						
	Name of plan					1b	Three-digit			
KENT	TUCKY HAND & I	PHYSICAL TI	HERAPY 401K PROFIT SHARING P	LAN			plan number	001		
						4 -	(PN) •			
						10	Effective date of 01/01/20			
22	Plan anangar'a n	ome and add	roos (ampleyer if for single ampleye	r nlon)		2h	Employer Identif			
	TUCKY HAND & I		ress (employer, if for single-employer	r pian)		20	(EIN) 01-0578			
						2c	1-2-7	elephone number		
	ORTH EAGLE C						859-264			
LEXII	NGTON, KY 4050	)9				2d	Business code (s	see instructions)		
						01	621111			
	Plan administrate TUCKY HAND & I		l address (if same as Plan sponsor, e		e") REEK DRIVE	30	Administrator's E			
IXLINI	OCKT HAND &	I III SIOAL II	LEXINGTON			30	elephone number			
						00	859-264			
<b>4</b> If	the name and/or	r EIN of the pl	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN			
r	name, EIN, and th	ne plan numb	er from the last return/report. Sponse	or's name		4				
							PN T			
oa	5a Total number of participants at the beginning of the plan year					5a				
b	Total number of	participants a	t the end of the plan year			5b		34		
С			vith account balances as of the end o		•	F		24		
	•	•				5c		34 V v · · · · · · · · · · · · · · · · · ·		
					(See instructions.)			Yes No		
D	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Pa		cial Inform	·							
7	Plan Assets and	Liabilities			(a) Beginning of Year	(b) End of Year				
				7a	953508	3	(0) =	1602153		
b										
C	•		7b from line 7a)		953508	08 1602153				
8			fers for this Plan Year	70						
а					(a) Amount		(b) T	Otal		
u		butions received or receivable from: mployers			33					
		ants		142						
	. ,	Others (including rollovers)			09					
b	• •	J			368707	_				
C	•	,	8a(2), 8a(3), and 8b)		300101		688791			
d			rollovers and insurance premiums	. 60						
J				8d	40146	146				
е	•	*	ctive distributions (see instructions)							
f			ers (salaries, fees, commissions)							
g	<u>.</u> .	·								
h	-		8e, 8f, and 8g)					40146		
i			e 8h from line 8c)					648645		
i			ee instructions)					3.33.10		
j		, and plain (3		·· 8j	i					

Part IV	Dian	Charac	torictics
Partiv	Pian	C.narac	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 2J 2K 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	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		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
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						X			
	ins	re any fees or commissions paid to any brokers, agents, or other per prance service or other organization that provides some or all of the pructions.)	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					
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 requ							☐ Ye	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 of the code	01 36	Clion	JUZ UI	LINIOA:	□ .•	о 🗆
		waiver of the minimum funding standard for a prior year is being am		year, see instruc	tions,	and e	enter th	ne date of t	he letter r	uling
	granting the waiver Month 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?							Yes	No	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		<u> </u>	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
C 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):						<b>13c(2)</b> EIN(s) <b>13c(3)</b> F			<b>3)</b> 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. 08/15/2011 KAREN DIGNA				KAREN DIGNAN	ı					
	UEDE				ndividual signing as plan administrator					

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.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	the calendar plan year 2009 or fiscal plan year beginning	01/01/2009	and ending	12,	/31/2009			
Α	This return/report is for:	multiple-employer plan (no	le-employer plan (not multiemployer) one-partic					
В	return/report is for: first return/report final return/report							
	x an amended return/report	short plan year return/repo	rt (less than 12 mont	ths)				
C	Check box if filing under: Form 5558	automatic extension		Г	DFVC program			
	special extension (enter description	) (r						
P	art II Basic Plan Information enter all requested information	rmation.						
1a	Name of plan				hree-digit			
	Kentucky Hand & Physical Therapy 401k Profit S	Sharing Plan			olan number PN) ► 001			
					Effective date of plan			
2a	Plan sponsor's name and address (employer, if for single-employer p	1>			01/01/2002			
	Kentucky Hand & Physical Therapy	oian)		2b Employer Identification Number (EIN) 01-0578520				
				2c Plan sponsor's telephone number				
	151 North Eagle Creek Drive			(859) 264-8866				
_	Lexington KY 40509			<b>20</b> 6	Business code (see instructions)			
3a	Plan administrator's name and address (If same as plan employer, en Same	nter "Same")		3b A	dministrator's EIN			
			ă ă					
				3c Administrator's telephone num				
_								
4	If 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's	st return/report filed for this p	lan, enter the	4b ∈	IN			
_				4c PN				
5a b	Total number of participants at the beginning of the plan year			5a	37			
C	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the	ne plan vear (defined benefit	plans do not	5b	34			
_	complete this item)			5c	34			
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
D	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 For	m 5500-SF and must instea	ad use Form 5500.					
	rt III Financial Information							
7	Plan Assets and Liabilities	(a) Beg	inning of Year	(b) End of Year				
a	Total plan assets	. 7a	953,508		1,602,153			
b	Total plan liabilities	. 7b		-				
C	Net plan assets (subtract line 7b from line 7a)	. 7c	953,508	-	1,602,153			
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	(a)	Amount		(b) Total			
а	(1) Employers	. 8a(1)	173,333					
	(2) Participants	. 8a(2)	145,042					
_	(3) Others (including rollovers)	. 8a(3)	1,709					
b	Other income (loss)	. 8b	368,707					
d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c			688,791			
u	to provide benefits)	. 8d	40,146	197				
е	Certain deemed and/or corrective distributions (see instructions)	8e	40,140					
f	Administrative service providers (salaries, fees, commissions)	. 8f						
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	New Port of		40,146			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			648,645			
j	Transfers to (from) the plan (see instructions)	. 8j						
-	Demanded Deduction Ast Notice - LOND O 1 1N 1	The same and the same of the s						

7.										
	Form 5500-SF 2009	P	age <b>2-</b>		_					
Par	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension feat	ure codes from the Lis	st of Plan Characte	ristic	Codes	in the	instructions:			
b	2E 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare feature.	re codes from the List	of Plan Characteri	stic C	Codes	in the i	nstructions:			
Pa	rt V Compliance Questions	And the second								
10	During the plan year:				Yes	No	An	nount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	within the time perio	d described in	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (	Do not include transa	ctions reported	Toa						
	on line 10a.)			10b		Х				
c d				10c	Х			10	00,000	
u	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		х				
е	Were any fees or commisions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of									
	instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х				
g				10g		Х				
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instructions and 29	CFR	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	e of the	10i						
_	rt VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirement							Yes [	x No	
12										
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized in this plan	year, see instruction	ons, a	ind en	ter the	date of the le	tter ruling ear		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule M	IB (Form 5500), and	skip to line 13.							
b	Enter the minimum required contribution for this plan year				.	12b				
d	Enter the amount contributed by the employer to the plan for this plan.  Subtract the amount in line 12c from the amount in line 12b. Enter the		s sign to the left of		.  -	12c				
-	negative amount)	e result (enter a minu	s sign to the left of	• •		12d				
е		funding deadline? .					Yes	No [	N/A	
	t VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan of "Yes," enter the amount of any plan assets that reverted to the empty of the			• •	· .[	 13a		Yes [	X No	
b	Were all the plan assets distributed to participants or beneficiaries, tr					trol				
С	of the PBGC?									
	13c(1) Name of plan(s):			. 5	13c(2) EIN(s) 13c(3)			13c(3) PI	N(s)	
				_						
	tion: A penalty for the late or incomplete filing of this return/report er penalties of perjury and other penalties set forth in the instructions, I or							Cobodulo		
SB o	or Schedule MB completed and signed by an enrolled actuary, as well as ef, it is true, correct, and complete.	s the electronic version	n of this return/repo	ort, ar	nd to the	he bes	t of my knowle	edge and		
SIC	GN In While TRUSTICE	8-9-2011								
	ERE Signature of plan administrator	Date	Enter name of ind	ividua	al sign	ing as	plan administ	rator		
	GN									
HE	Signature of employer/plan sponsor	Date	Enter name of ind	ividua	al sign	ing as	employer or p	olan sponso	r	