Form 5500-SF Short Form Annual Re				• •	OMB Nos. 1210-0110 1210-0089				
			Benefit Plan d under sections 104 and 4065 of the Employee			2010			
Department of Labor Retirement Income Security A				(ERISA), and section 6058(a) of the Code (the Code).	This Form is Open to Public				
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550						Inspection			
-		entification Information		1 1	04/04/	2014			
-	calendar plan year 2010 or fisca	al plan year beginning 01/01/2017		and an ang	01/31/2				
	This return/report is for:		final retur	mployer plan (not multiemployer)		one-participant plan			
в	This return/report is for:	first return/report		i year return/report (less than 12 mo	nthe)				
C	Obeels here if filing under	Form 5558	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DFVC program			
	Check box if filing under:			extension					
Pa	Part II Basic Plan Information—enter all requested information								
	Name of plan				1b	Three-digit			
MED	ICAL CENTER ANESTHESIOL	OGISTS PSC PROFIT SHARING AN		YEES' SAVINGS PLAN		plan number 001			
					10	(PN) Effective date of plan			
						02/01/1969			
	Plan sponsor's name and addre	ess (employer, if for single-employer OGISTS PSC	plan)		2b	Employer Identification Number (EIN) 61-0677948			
	ISH HOSPITAL TPG				2c	Plan sponsor's telephone number 502-584-3346			
	EAST LIBERTY ST SVILLE, KY 40202				2d	Business code (see instructions) 621111			
3a MED	Plan administrator's name and ICAL CENTER ANESTHESIOL		SPITAL TF	G	3b	Administrator's EIN 61-0677948			
100 EAST LIBERTY ST LOUISVILLE, KY 40202					3c	Administrator's telephone number 502-584-3346			
4 If the name and/or EIN of the plan sponsor has changed since the las				port filed for this plan, enter the	4b	EIN			
name, EIN, and the plan number from the last return/report. Sponsor's					4c	PN			
5a	Total number of participants at	the beginning of the plan year			-	1			
b	Total number of participants at	the end of the plan year			5b	0			
C Total number of participants with account balances as of the end of the pl complete this item)				ear (defined benefit plans do not	5c	0			
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No			
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
		see instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,		Yes No			
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	•		7a	4405	2	0			
b	•		7b	4405	0				
<u> </u>	· ·	'b from line 7a)	7c	4405	2	0			
8 2	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total			
а			8a(1)						
	(2) Participants		8a(2)						
	(3) Others (including rollovers))	8a(3)		_				
b		- /-> - /->	8b	64	U	040			
C d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c			640			
d		onovers and insurance premiums	8d	4469	2				
е		ive distributions (see instructions)	8e						
f	Administrative service provider	s (salaries, fees, commissions)	8f						
g	Other expenses		8g			11000			
h		Be, 8f, and 8g)	8h			-44692			
i		e 8h from line 8c)				-44032			
J	mansiers to (morn) the plan (se	e instructions)	8j						

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

Plan Characteristics Part IV

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2K 2R 2T 3D 2G 2J
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amour	nt	
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)							
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	Х				100	0000
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				
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		Х				
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		x				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					ΠY	es X	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	ERISA?	Y	'es X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	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 granting the waiver							
lf y	ou 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				
С	C Enter the amount contributed by the employer to the plan for this plan year							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left energative amount)		[12d				
е	Will the minimum funding amount reported on line 12d be met by the funding 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 year or any prior year?					ΧY	es	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co			ΧY	es 🗌	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):		130	:(2) EII	N(s)	130	:(3) PN	l(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ise is i	establi	shed.			

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.	08/24/2011	PAUL SIMON
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

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Description Description This Form is Open to Public Improvement Code (the Code) of the Improvement Code (the Improvement Code) of the Improvement Code (the Code) of the			Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee				2010		
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complete this item)		· ·			5b	0			
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a Contributions received or receivable from: a b b (1) Employers Ba(1) b b (2) Participants Ba(2) b b (3) Others (including rollovers) Ba(3) b b (3) Other income (loss) B b b (40) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) B b c (2) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) B c c (3) Description B B c c (44, 692) C	C	Net plan assets (subtract line 7	b from line 7a)	. 7c	44,05	2	0		
(1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 640 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 640 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 640 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 44, 692 e Certain deemed and/or corrective distributions (see instructions) 8e 640 f Administrative service providers (salaries, fees, commissions) 8f 44, 692 g Other expenses 8g 44, 692 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 44, 692 i Net income (loss) (subtract line 8h from line 8c) 8l (44, 052)		-			(a) Amount		(b) Total		
(2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c G Benefils paid (including direct rollovers and insurance premiums to provide benefils) 8d 44, 692 e Certain deemed and/or corrective distributions (see instructions) 8e 640 f Administrative service providers (salaries, fees, commissions) 8f 640 g Other expenses 8g 44, 692 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 44, 692 i Net income (loss) (subtract line 8h from line 8c) 8i (44, 052)	а								
b Other income (loss)]			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 640 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 44, 692 e Certain deemed and/or corrective distributions (see instructions) 8e 6 f Administrative service providers (salaries, fees, commissions) 8f 6 g Other expenses 8g 640 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 44, 692 i Net income (loss) (subtract line 8h from line 8c) 8i (44, 052)		(3) Others (including rollovers)		<u>8a(3)</u>					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b				64	0			
to provide benefits) 8d 44,692 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 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) 8i				. <u>8c</u>			640		
f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	u								
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) 8i	е	Certain deemed and/or correct	ive distributions (see instructions)	. <u>8e</u>		_			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	· ·	,			_			
Net income (loss) (subtract line 8h from line 8c)	g ធ								
	n I	•							
	j		-						

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

Part IV		
		teristics

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 2R 2T 3D

Page 2-[

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

Part V Compliance Questions

120200000000000000000000000000000000000								
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	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
С	Was the plan covered by a fidelity bond?	10c	x			1,0	00,0	00
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				
e	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		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		х				
ĥ	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	101		х				
Part	M Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					Yes	з Х	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction	302 of	ERISA?		s 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 granting the waiver				e date of t			
lfy	/ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Buy	,	, our		-
b	Enter the minimum required contribution for this plan year		[12b				
С	Enter the amount contributed by the employer to the plan for this plan year		Г	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)	of a	Γ	12d				
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding 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 year or any prior year?					X Yes	₅ ∏ .	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	40				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ontrol		X Yes	•	No
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)				
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3	3) PN(s)
		1						
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	use is	estab	lished.			
Unde SB of	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return i, it is true, correct, and complete.	urn/re	port, ir	ncludin	g, if applica			ł
SIG	Paul Simon							

CEOLO INSI C		al al					
HERE	Signature of plan administrator	Date 8/24/1	Enter name of individual signing as plan administrator				
SIGN		1 1 1					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				