## 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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

F	Pension Benefit Guaranty Corporation	<ul> <li>Complete all entries in acco</li> </ul>	rdance wit	h the instructions to the Form 550	0-SF.	1	
		tification Information					
For	calendar plan year 2010 or fiscal pl	lan year beginning 01/01/20	10	and ending 1	2/31/2	2010	
Α	This return/report is for:	single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan	
В	This return/report is for:	irst return/report	final retur	n/report			
	·	an amended return/report	short plar	year return/report (less than 12 mo	nths)		
C	片	Form 5558	<del>_</del>	extension	,	DFVC program	
C		L		Cexterision		_ bi ve program	
_		special extension (enter descript	,				_
		tion—enter all requested inforr	nation		4.		_
	Name of plan	SELT OLLA BINIO BLANI			16	Three-digit plan number	
BLUI	EGRASS CARDIOLOGY, PSC PRO	JEIT SHARING PLAN				(PN) DO1	
					1c	Effective date of plan	_
						07/01/1994	
2a	Plan sponsor's name and address	(employer, if for single-employe	er plan)		2b	Employer Identification Number	
BLUI	EGRASS CARDIOLOGY, PSC					(EIN) 61-1257979	
702	EASTERN BYPASS, SUITE 106				2c	Plan sponsor's telephone number 859-624-1826	
	MOND, KY 40475				24	Business code (see instructions)	_
					Zu	621111	
3a	Plan administrator's name and add	dress (if same as Plan sponsor,	enter "Sam	e")	3b	Administrator's EIN	_
BLUI	EGRASS CARDIOLOGY, PSC	793 EASTE RICHMONE	RN BYPAS	S, SUITE 106		61-1257979	
		THOTIMOTE	), ICI 4047C	•	3с	Administrator's telephone number 859-624-1826	
	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter t						_
	name, EIN, and the plan number fro			eport filed for this plan, enter the	40	EIN	_
	μ				4c	PN	
5a	Total number of participants at the	beginning of the plan year			5a	g	
b	<b>b</b> Total number of participants at the end of the plan year					(	)
С	Total number of participants with a	account balances as of the end	of the plan v	vear (defined benefit plans do not	5b		_
	·				5c		)
6a	Were all of the plan's assets during	ng the plan year invested in eligi	ble assets?	(See instructions.)		Yes N	S
b				ndent qualified public accountant (IQ		M v o	
	•			ions.)		Yes   N	)
Da	ir you answered "No" to either the little Financial Information		Form 5500-	SF and must instead use Form 55	00.		_
		OII				# . <b>-</b>	-
7	Plan Assets and Liabilities		_	(a) Beginning of Year	2	(b) End of Year	)
	Total plan assets		<u>7a</u>	0700-12	_		_
b	Total plan liabilities			578642	2		)
<u>_</u>	Net plan assets (subtract line 7b fr		7с		_		_
8	Income, Expenses, and Transfers			(a) Amount		(b) Total	_
а	Contributions received or receivab  (1) Employers	ole from:	8a(1)				
	(2) Participants		` '		_		
	(3) Others (including rollovers)		· · ·				
b	Other income (loss)			28555	5		
C	Total income (add lines 8a(1), 8a(2					28555	_
d	Benefits paid (including direct rollo	, , , , , , , , , , , , , , , , , , , ,	60				_
u	to provide benefits)		8d	607197	7		
е	Certain deemed and/or corrective						
f	Administrative service providers (s						
g	Other expenses	•					
h	Total expenses (add lines 8d, 8e,					607197	f
i	Net income (loss) (subtract line 8h					-578642	,
i	Transfers to (from) the plan (see in						
		,					

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		•	
Part IV	l Dian	('harac	eteristics
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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

b	If th	ne plan provides welfare benefits, enter the applicable welfare feature codes from the	List of Plan Chara	cterist	tic Co	des in t	the instru	ctions	:	
art	: <b>V</b>	Compliance Questions								
0	Du	uring the plan year:			Yes	No		Ame	ount	
а	Wa	as there a failure to transmit to the plan any participant contributions within the time pe 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Progr		10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include trans a line 10a.)		10b		X				
С	Was the plan covered by a fidelity bond?									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?									
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.)									
f	На	as the plan failed to provide any benefit when due under the plan?		10f		X				
g	Dio	d the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		X				
h		this is an individual account plan, was there a blackout period? (See instructions and 2 is 20.101-3.)		10h		X				
i		10h was answered "Yes," check the box if you either provided the required notice or or ceptions to providing the notice applied under 29 CFR 2520.101-3		10i		X				
art	VI	Pension Funding Compliance								
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see ins 00))						. [	Yes	X No
2		this a defined contribution plan subject to the minimum funding requirements of section							Yes	X No
	If a	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this pla anting the waiver.	Mon							
lf :	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), an	d skip to line 13.		_		ı			
b	En	ter the minimum required contribution for this plan year				12b				
		ter the amount contributed by the employer to the plan for this plan year				12c				
d		obtract the amount in line 12c from the amount in line 12b. Enter the result (enter a min gative amount)	-			12d				7
е	Wi	ill the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	1	No	N/A
art	VII	Plan Terminations and Transfers of Assets								
3а	На	as a resolution to terminate the plan been adopted during the plan year or any prior year	ar?		<u>.</u>			X	Yes	No
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year				13a				0
b		ere all the plan assets distributed to participants or beneficiaries, transferred to anothe the PBGC?		under	the co	ontrol		X	Yes	No
С		during this plan year, any assets or liabilities were transferred from this plan to another nich assets or liabilities were transferred. (See instructions.)	plan(s), identify the	ne plai	n(s) to	1				
1	<b>13c(1)</b> Name of plan(s): <b>13c(2)</b> EIN(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.			
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I have chedule MB completed and signed by an enrolled actuary, as well as the electronic veries true, correct, and complete.	examined this retu	ırn/rep	ort, ir	cludin	g, if appli	,		
CI C		Filed with authorized/valid electronic signature. 09/15/2011	GLENN MORRIS	s, M.D.						
SIG	IV.									

SIGN	Filed with authorized/valid electronic signature.	09/15/2011	GLENN MORRIS, 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

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).

Short Form Annual Return/Report of Small Employee

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pa											
For c	calendar plan year 2010 or fiscal plan year beginning $01/01/2010$		and e	nding $1$	2/31/2010						
В	This return/report is for:    first return/report   X   final return/r										
Pa	rt II Basic Plan Information - enter all requested information										
	Name of plan		1b	Three-digit							
	UEGRASS CARDIOLOGY, PSC PROFIT SHARING P	LAN		plan number (F	PN) ▶ 001						
			1c	Effective date 07/0	of plan 1 / 1994						
	Plan sponsor's name and address (employer, if for single-employer plan) UEGRASS CARDIOLOGY, PSC		2b		tification Number (EIN) 257979						
79	3 EASTERN BYPASS, SUITE 106		2c		s telephone number 624-1826						
RI	CHMOND KY 40475		2d	Business code 6211	e (see instructions) 11						
	Plan administrator's name and address (If same as Plan sponsor, enter "Same"	)	3b	Administrator's	s EIN						
SA	ME		3c	Administrator's	s telephone number						
4 If	the name and/or EIN of the plan sponsor has changed since the last return/rep	ort file	d for this 4b	EIN							
þ	lan, enter the name, EIN, and the plan number from the last return/report. Sp	onsor	s name 4c	<b>4c</b> PN							
				114							
<u></u>	Total number of participants at the beginning of the plan year		5a		9						
	Total number of participants at the end of the plan year		EL								
C	Total number of participants with account balances as of the end of the plan ye										
	benefit plans do not complete this item)		-		0						
6a	Were all of the plan's assets during the plan year invested in eligible assets? (S	ee inst	ructions.)		X Yes No						
b	Are you claiming a waiver of the annual examination and report of an independent	ent qu	alified public ad	countant							
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and co	onditio	ns.)		X Yes  No						
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF	and n	nust instead u	se Form 5500.							
Pa	rt III Financial Information	0000000000									
7	Plan Assets and Liabilities		(a) Beginn	ing of Year	(b) End of Year						
	Total plan assets	7a		578642	0						
C	Total plan liabilities	7b		E70642	0						
	Net plan assets (subtract line 7b from line 7a)	7c	(5) A	578642							
8	Income, Expenses, and Transfers for this Plan Year		(a) A	mount	(b) Total						
а	Contributions received or receivable from:	0 - 41									
	(1) Employers	8a(1)									
	(2) Participants	8a(2) 8a(3)									
h	(3) Others (including rollovers) Other income (loss) SEE STATEMENT 1	8b		28555							
D C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			28555						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		607197	STATEMENT 2						
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			607197						
i	Net income (loss) (subtract line 8h from line 8c)	8i			-578642						
i	Transfers to (from) the plan (see instructions)	8i									

Form	5500	SF	(2010)

Page	2-
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Part IV	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 2G 3D

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

Pai	Compliance Questions		THE RELLEVAN						
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant	contributions within the ti	me nerind described		163	140		Aillouill	
_	in 29 CFR 2510.3-102? (See instructions and DOL's		•	10a		x			
b	Were there any nonexempt transactions with any	•		100		<del></del> -			
_	transactions reported on line 10a.)			10b		X			
c	Was the plan covered by a fidelity bond?			10c	Х	<u></u>			00000
	Did the plan have a loss, whether or not reimburse				<del></del>				
_	was caused by fraud or dishonesty?			10d		x			
e	Were any fees or commissions paid to any brokers			100	<del></del>				
Ū	carrier, insurance service or other organization tha	•	•						
	the plan? (See instructions.)	•		10e		X			
f	Has the plan failed to provide any benefit when du			10f		X			
g	Did the plan have any participant loans? (If "Yes,"	•		10g		X			
	If this is an individual account plan, was there a bl		•	iog					
•••	and 29 CFR 2520.101-3.)			10h		x			
i	If 10h was answered "Yes," check the box if you e			1011			•••••	••••••	***************************************
•	of the exceptions to providing the notice applied u	·		10i		x			
Pai	Pension Funding Compliance	Midel 29 OFN 2020.101	·S	101	L	<u> </u>			
11	Is this a defined benefit plan subject to minimum f	unding requirements? (	If "Vec " see instruction	o and	comp	loto			
••	Schedule SB (Form 5500))							Yes	X No
12	Is this a defined contribution plan subject to the m							1 1 65	<u> </u>
	section 302 of ERISA? (If "Yes," complete 12a or							Πvaa	X No
а	If a waiver of the minimum funding standard for a								
_	ruling granting the waiver.					у <u> </u>		Year	
lf ·	ou completed line 12a, complete lines 3, 9, and					у			
	Enter the minimum required contribution for this p					12b			
	Enter the amount contributed by the employer to					12c			
	Subtract the amount in line 12c from the amount i					120			
u	the left of a negative amount)					12d			
_	Will the minimum funding amount reported on line					$\overline{}$	'es	No	N/A
	VII Plan Terminations and Transfe		ung deadiner				es	INO	IVA
.,	Has a resolution to terminate the plan been adopt		or only prior year?					X Yes	No
104	If "Yes," enter the amount of any plan assets that					13a		14 165	0
	Were all the plan assets distributed to participants					100			<u>~</u>
-	under the control of the PBGC?	,	• •		v			X Yes	□No
c	If during this plan year, any assets or liabilities wer								
•	liabilities were transferred. (See instructions.)		olari to another plants,	idoi itii	iy tilo	piai 1(3)	, to willon	a33013 OI	
1	3c(1) Name of plan(s):				13c/2\	EIN(s	\ T	13c(3)	DN/e\
	Total of planter.				.00,27	LITTO		100(0)	114(3)
							İ		
Cau	tion: A penalty for the late or incomplete filing of	f this return/report will	be assessed unless r	easor	able o	cause	is establi	shed.	
	penalties of perjury and other penalties set forth in the instructions, I	•						-	ad and
	by an enrolled actuary, as well as the electronic version of this return						or scriedule	IVIB COMPlet	su anu
							· · ·		
SIGI	1000	09/15/2011	GLENN MORRI	S.	M . D	-			
HER	Signature of plan administrator	Date	Enter name of individu				administra	ator	-
						<u> </u>			
SIG									
HER	Signature of employer/plan sponsor	Date	Enter name of individu	ıal sigi	ning as	s empl	oyer or pla	an spons	or

## **5500 Electronic Filing Authorization**

Plan Name: Bluegrass Cardiology, PSC Profit Sharing Plan

EIN/PN: 61-1257979/001

Plan Year: 1/1/2010 - 12/31/2010

I hereby authorize Psimer & Associates, Inc. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

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

\_\_sign

date

Plan Sponsor

\_sign

\_\_\_date