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

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.						
		dentification Information									
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	10	and ending 1	2/31/2	2010					
Α.	This return/report is for:		one-participant plan								
В	Γhis return/report is for:		_								
		an amended return/report	short plar	year return/report (less than 12 mor	nths)						
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program					
		special extension (enter descripti	on)		_						
Da	rt II Basic Plan Inforr	mation—enter all requested inform	,								
	Name of plan	mation—enter all requested inform	ialion		1h	Three-digit					
		S PSC 401(K) PROFIT SHARING PL	_AN		15	plan number (PN)					
					10	Effective date of plan					
					10	01/01/1983					
	Plan sponsor's name and addr	ess (employer, if for single-employer	r plan)		2b	Employer Identification Number (EIN) 61-1124412					
D/ (14	TIELE WEDTONE OF EOTHER				2c	Plan sponsor's telephone number					
	VHIRLAWAY DR. SUITE 100					859-236-6613					
DAN	/ILLE, KY 40422				2d	Business code (see instructions) 621111					
3a DAN	Plan administrator's name and /ILLE MEDICAL SPECIALISTS		AWAY DR.	e") SUITE 100	3b	Administrator's EIN 61-1124412					
		DANVILLE,	KY 40422		3с	Administrator's telephone number 859-236-6613					
4 I	the name and/or EIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN					
1	name, EIN, and the plan numbe	er from the last return/report. Sponso	or's name		4c PN						
	Tatal acceptance for a distance to a st	Other hands also and the only a con-									
		t the beginning of the plan year			5a	15					
b	• • •	t the end of the plan year			5b	16					
		ith account balances as of the end c		•	5c	16					
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No					
b	Are you claiming a waiver of the	ne annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)	X Yes ☐ No					
				ions.)SF and must instead use Form 55		Tes I No					
Pa	rt III Financial Informa		·01111 3300-	SF and must instead use Form 55	00.						
		ation				4.5					
7	Plan Assets and Liabilities		_	(a) Beginning of Year	7	(b) End of Year 1885043					
	Total plan assets		7a	1021027		1000040					
b				1621527	7	1885043					
<u>c</u>		7b from line 7a)	7с								
8	Income, Expenses, and Transf			(a) Amount	(b) Total						
а	Contributions received or rece (1) Employers	ıvable from:	8a(1)	43973	973						
	, , , ,			46162	2						
	• •	.)									
h	, , ,	,		179677	7						
b	` ,	0-(0) 0-(0)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		269812					
C C		8a(2), 8a(3), and 8b)	8c			200012					
d	to provide benefits)	rollovers and insurance premiums	8d	6176	5						
е	Certain deemed and/or correct	tive distributions (see instructions)			\dashv						
f	Administrative service provide	rs (salaries, fees, commissions)	8f		4						
g	Other expenses		8g	120)						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h			6296					
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			263516					
j	Transfers to (from) the plan (se	ee instructions)	8i								

	Form 5500-SF 2010	Page 2-						
Par	rt IV Plan Characte	eristics						
)a	If the plan provides pensio 2E 2F 2G 2J 2T	benefits, enter the applicable pension feature codes from the List of Plan Ch 3D benefits, enter the applicable welfare feature codes from the List of Plan Ch						
Part	t V Compliance Qu	estions						
0	During the plan year:	Yes	No	O Amount				
а	Was there a failure to tran	smit to the plan any participant contributions within the time period described e instructions and DOL's Voluntary Fiduciary Correction Program)	n 10a		X	7		
b		ot transactions with any party-in-interest? (Do not include transactions reporte	10b		X			
С	Was the plan covered by	a fidelity bond?	10c	X			1	140000
d		whether or not reimbursed by the plan's fidelity bond, that was caused by frau	1 10d		X			
е	insurance service or other	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.)						150
f	Has the plan failed to prov	Has the plan failed to provide any benefit when due under the plan?						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)							40919
h	If this is an individual acco	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)						
i		" check the box if you either provided the required notice or one of the enotice applied under 29 CFR 2520.101-3	10i					
art	t VI Pension Fundin	g Compliance						
11		an subject to minimum funding requirements? (If "Yes," see instructions and c					Yes	No
2	Is this a defined contributi	on plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of I	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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							
	•	d contribution for this plan year		Γ	12b			
	·	ted by the employer to the plan for this plan year		T	12c			
_	_	2 12c from the amount in line 12b. Enter the result (enter a minus sign to the k			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	No	N/A
art	t VII Plan Terminati	ons and Transfers of Assets	,					
3a		ate the plan been adopted during the plan year or any prior year?					Yes	X No
		of any plan assets that reverted to the employer this year			13a			
b		stributed to participants or beneficiaries, transferred to another plan, or broug			ontrol		Yes	X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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):

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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	09/29/2011	DANIEL J. MORAN
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 Tressury internal Revenue Service

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

OMB Nos. 1210-0110 1210-0089

2010

er	Ospaniment of Labor polyses Benefits Seauty Administration	Retirement Income Security Internal	This Form is Open to Public								
P	erreion Benefit Guaranty Corporation	> Complete all entries in accordance with the instructions to the Form 5500-3F.									
	Minual Report Id	entification information	**************************************	A		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	calendar plan year 2010 or fisca		01/01/2			12/31/20	***************************************				
		single-employer plan	4	mployer plan (not multiemployer)		one-penicipe	int plan				
₿.	This feturn/report is for:	firet return/report] final retur	* * · · · ·							
	<u>_</u>	an amended return/report	short plan	year return/report (less than 12 mo	nths)						
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progri	am				
		special extension (enter descript	lon)								
F	Hasic Plan Inform	nation—enter all requested Infor	nation								
	Name of plan DANVILLE MEDICAL SE	DECTATTOMC 660			15	Three-digit plan number					
						(PN)	001				
	401(K) PROFIT SHARI	NG PLAN			1c	Effective date of	f plan				
						01/01/198	3′				
28	Plan aponeor's name and addit	es temployer if for single-employer	er plan)		2b	2b Employer Identification Number (EIN) 61-1124412					
	Manage Annual Comment of the Comment						telephone number				
	478 WHIRLAWAY DR. S	יווישי זויי			~~	(859) 236-	6613				
	4 to MUTURUMET DE F	00110 100			2d		(see instructions)				
<u>.</u>	DANVILLE		. 445	<u> </u>	- AL	621111					
38	Plan administrators name and	address (If same as Plan sponsor,	enter "Seme	9 "}		Administrator's					
					3c	Administrator's	telephone number				
4	f the name and/or EIN of the pla	in eponeor has changed since the	ast return/re	port filed for this plan, enter the	b EIN						
	name, EIN, and the plan numbe	r from the last return/report. Spons	iors name		Ac.	4c PN					
Бa	fa stragistree to redmun later	the beginning of the plan veet				''	15				
b Total number of participants at the beginning of the plan year					Vr						
		ith account balances as of the end			30		16				
				cet (consider contain higher parts to not	5c	**************************************	16				
6a				(See Instructions.)		***************	X Yes No				
b Are you claiming a waiver of the annual examination and report of							□ V □ M				
				ons.) SF and must instead use Form 5			X Yes No				
F O	Hillim Financial Informa		romi accor	OF ENG HIUST INSPERSO DSG POLITY DO	100.						
7	Plan Assets and Liabilities	24,031		(a) Beginning of Year	(b) End of Year						
m				1,621,5	27	(5) =11	1,885,043				
b	•	1 (<u> </u>						
¢		7b from ne 7a)		1,621,5	27	7 1,885					
	Income, Expenses, and Transi				┪╌	(b)	Total				
a	Contributions received or rece		SOLVE DELETION								
			Ba(1)	43,9							
	(2) Participants		Ba(2)	46,1	62 側	2					
	(3) Others (including rollovers)	Ba(3)								
þ	Other income (loss)		8b	179,6	77일						
C	Total Income (add lines 8a(1),	8a(2), 8a(3), and 8b)	<u>8c</u>				269,812				
d		rollovers and insurance premiums		6,1	76日前						
	•										
9		ilve distributions (see instructions)		<u> </u>		mmani					
f		rs (salaries, fees, commissione)		 	20						
g	,					Antipital and State	6,296				
h	· · · · · ·	Be, 8f, and 8g)					263,516				
į		e 8h from line 8c)			24.00	The state of the s					
J		se instructions) : OMB Control Numbers, see the Instruc		FOR OF	Œ		Form 8600-8F (2010)				
	er	TURNE CARROL MUMBARI, DAN TRACKET	seddy jol kody	I GRAN-DE.			rom gave ar (2010)				

	par.										
	Form 5500-SF 2010	PE	ge 2								
	Plan Characteristics								Maria Commence	20000000	
98	If the plan provides pension benefits, enter the applicable pension fer	sture codes from the	List of Plan Char	acteris	stic Co	des in	the inst	ruction	ns:		·
	X 2E 2F 2G 2J 2T 3D										
þ	If the plan provides waifare benefits, enter the applicable welfare fea	iture codes from the t	List of Plan Chara	cleris	tic Co	des in	the Instr	uction	6:		
Pan	Compliance Questions							- interpre		No.	
10	Ouring the plan year:				Yes	No		Ar	noun	t .	
a	Was there a fallure to transmit to the plan any participant contribution 29 CFR 2510,3-1027 (See instructions and DOL's Voluntary Fiducions)			10a		Х					
þ	Were there any nonexempt transactions with any party-in-interest? (on line 10e.)	,	,	10b		×					
¢	Was the plan covered by a fidelity bond?	::::::::::::::::::::::::::::::::::::::	######################################	10c	Х	<u> </u>				140,	,000
d	Old the plan have a loss, whether or not reimbureed by the plan's floor dishonesty?			10d		x					***************************************
0	Were any fees or commissions paid to any brokers, agents, or other parsons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See Instructions.)										150
f	Has the plan failed to provide any benefit when due under the plan?			101		Х					
9	Did the plan have any participant loans? (if "Yes," enter amount as	of year end.)	*************	10g	Х	1				40,	919
h	If this is an individual account plan, was there a blackout period? (Sc 2520.101-3.)			10h		Х					
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-5			101							
Par	Pension Funding Compliance										
11	is this a defined benefit plan subject to minimum funding requirements500))							211		36	No
12	is this a defined contribution plan subject to the minimum funding re								Ye	96 X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicat									_	
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.								lenter ear		
14	you completed line 12s, complete lines 3, 9, and 10 of Schedule i							- ''	JW!		
b	Enter the minimum required contribution for this plan year			*******	[12b					
c	Enter the amount contributed by the employer to the plan for this pla	n year	142			12c					
d	Subtract the emount in line 12c from the amount in line 12b. Enter the	,	•			12d					
0	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	421	*******	1 1 \ 0 1 1 1 1 1 1 1 1 1		∏ Yes	\Box	No	Д	N/A
Pun	Mili Plan Terminations and Transfers of Assets								***************************************		-
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior yes	ir?	******		-14477			<u> </u>	Se X	No
	if "Yes," enter the amount of any plan assets that reverted to the em	ployer this year		*******	******	13a					
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									No	
С	if during this plan year, any assets or liebilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another	plan(s), identify t	he pia	ın(s) tı	<u> </u>					
	i3c(1) Name of plan(s):			<u> </u>	19	c(2) E	IN(s)		13c	(3) Pi	N(8)
*******			······································	 					***************************************		
	ion: A penalty for the late or incomplete filing of this return/repo										
SB	er penalties of perjury and other penalties set forth in the instructions, or Schedule MB completed and signed by an enrolled actuary, as well f, it is true, correct, and complete.	i declare that I have as the electronic ven	examined this return	urn/re /repor	port, I t, and	ncludir to the	eg, if app best of i	ilcabl ny kn	e, a S owled	ched: ge ar	ਪ ਿ ਪ ੰ
Sis		विशा	DANIEL J.	MOR	AN	<u></u>	*****			M	
H.		Date	Enter name of i	ndivid	ual sig	ıning a	s plan a	dmlni	strato!	·	
Sig	(20)ki										
		Signature of amployer/plan eponsor Date Enter name of individual signing as employer or plan aponsor								sor	

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