	Form 5500-SF			Report of Small Employ	yee	OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service		Benefit d under se	C PIAN ctions 104 and 4065 of the Employe	е	2010		
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ct 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		
		entification Information	2	and anding 1	2/31/2	2010		
	calendar plan year 2010 or fisca	single-employer plan		g	2/31/2			
	This return/report is for:	1°''' Ц	•	mployer plan (not multiemployer)		one-participant plan		
В	This return/report is for:	first return/report	final return	n/report i year return/report (less than 12 mo	otho)			
c		an amended return/report			nuns)	DFVC program		
	Check box if filing under:	special extension (enter descriptio		extension				
Pa	rt II Basic Plan Inform	nation—enter all requested information	,					
	Name of plan				1b	Three-digit		
	-	N MRI CENTER, P.S.C. PROFIT SH	HARING P	LAN		plan number		
					10	(PN) Effective date of plan		
					10	01/01/1999		
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 61-1321271		
	E. ADAMS ST. STE 4				2c	Plan sponsor's telephone number 502-222-3281		
	RANGE, KY 40031				2d	Business code (see instructions) 621111		
3a SOU	Plan administrator's name and TH CENTRAL KENTUCKY OPE	address (if same as Plan sponsor, er			3b	Administrator's EIN 61-1321271		
		LAGRANGE,	KY 40031		3c	Administrator's telephone number 502-222-3281		
4 i	f the name and/or EIN of the pla	n sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN		
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		40	PN		
5a	Total number of participants at	the beginning of the plan year			40 5a	29		
b		the end of the plan year			5a 5b	25		
С	Total number of participants wi	th account balances as of the end of			50 50	22		
6a	complete this item)	uring the plan year invested in eligibl	e assets?	(See instructions)	30	Yes No		
-		e annual examination and report of a			PA)			
	,	See instructions on waiver eligibility a		,		Yes No		
Pa	rt III Financial Informa	er 6a or 6b, the plan cannot use Fo ation	orm 5500-3	SF and must instead use Form 55	00.			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а			7a	1179686	5	853751		
b	Total plan liabilities				851			
C	Net plan assets (subtract line 7	b from line 7a)	7c	1179686	5	852900		
8	Income, Expenses, and Transf			(a) Amount		(b) Total		
а	Contributions received or recei (1) Employers	vable from:	8a(1)	6040)			
			8a(2)	31169)			
	(3) Others (including rollovers)		8a(3)					
b	Other income (loss)		8b	73367	7			
C		8a(2), 8a(3), and 8b)	8c			110576		
d		ollovers and insurance premiums	8d	416710				
е	1 ,	ive distributions (see instructions)	8e					
f		s (salaries, fees, commissions)		20652	2			
g	Other expenses	· · · · · · · · · · · · · · · · · · ·	8g					
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			437362		
i	() ()	8h from line 8c)				-326786		
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**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 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	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	unt	
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					41892
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	X				1(00000
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		×				
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	X					3066
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		Х				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))						Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	302 of	ERISA?.		Yes	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 instrugranting the waiver							0
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	<u> </u>			
С	Enter the amount contributed by the employer to the plan for this plan year			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)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	C	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?						Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co			Π	Yes	No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to					_
1	3c(1) Name of plan(s):		130	c (2) El	N(s)	1	3c(3) P	N(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole car	use 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.	10/14/2011	DAN HALL
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

2010 Form 5500 Schedule I, Line 4a - Schedule of Delinguent Participant Contributions

	Total that Constitute	Total Fully Corrected Under
Participant Contributions	Nonexempt Prohibited	VFCP and PTE
Transferred Late to Plan	Transactions	2002-51

\$41,891.53

\$41,891.53 \$

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	Form 5500-SF Department of the Treasury	Short Form Annual Return/Re Benefit P	an			OMB	Nos. 1210-0110 1210-0089
	Internal Revenue Service Department of Labor	This form is required to be filed under section Retirement Income Security Act of 1974 (E	ns 104 a	and 4065 of t	the Employee	20	010
Emp	loyee Benefits Security Administration	Internal Revenue Cod	e (the Co	ode).		This For	rm is Open
	ension Benefit Guaranty Corporation	Complete all entries in accordance with the	ne instru	ctions to the	e Form 5500-SF	to Public	Inspection
0.00000		rt Identification Information	0			10/01/00	1.0
A	calendar plan year 2010 or fi This return/report is for:	27			d ending	12/31/20	
B	This return/report is for:			plan (not mu	ltiemployer)	one-participa	int plan
-				urn/ronart /la	ess than 12 mon	tha)	
С	Check box if filing under:	X Form 5558			ess than 12 mon	DFVC progra	~
	,	special extension (enter description)	extensi				
R	art II Basic Plan In	formation - enter all requested information					
	Name of plan				b Three-digit		
SC	UTH CENTRAL KE	NTUCKY OPEN MRI CENTER, 1	P.S.(plan numbe	er (PN)	002
	OFIT SHARING P			•	C Effective da	te of plan 01/1999	
2a SC	Plan sponsor's name and a UTH CENTRAL KE	ddress (employer, if for single-employer plan) NTUCKY OPEN MRI CENTER,	P.S.C	2.		lentification Num	ber (EIN)
12	0 E. ADAMS ST.	STE 4		2	2c Plan sponso (50	or's telephone nu 2) 222-3	
LA	GRANGE	KY 40031		2		de (see instruct	
3a	Plan administrator's name a	and address (If same as Plan sponsor, enter "San	ne")	3	Bb Administrate		
SA	ME						
					C Administrate	or's telephone n	umber
		plan sponsor has changed since the last return/r	eport file	d for this	I b EIN		
F	plan, enter the name, EIN, and	d the plan number from the last return/report.	Sponsor	-			
				4	IC PN		
5a	Total number of participants	s at the beginning of the plan year				29	
b	Total number of participants				ia ib	25	
С		s at the end of the plan year with account balances as of the end of the plan				23	
		te this item)			ic	22	
6a		during the plan year invested in eligible assets?					es No
b	Are you claiming a waiver of	the annual examination and report of an indepen	ndent qu	alified public	accountant		
	(IQPA) under 29 CFR 2520.	104-46? (See instructions on waiver eligibility and	conditio	ons.)		Хү	es 🗌 No
80 000 88	If you answered "No" to ei	ther 6a or 6b, the plan cannot use Form 5500-	SF and r	nust instead	use Form 5500).	
	rt III Financial Info	rmation					
7	Plan Assets and Liabilities				nning of Year	(b) Enc	of Year
a b				1	,179,686		853,751
č	Net plan appate (subtract lie	e 7b from line 7a)	. 7b	1	170 606		851
8	Income, Expenses, and Tran		. 7c		<u>,179,686</u>	(1-)	852,900
a	Contributions received or re-			(a)	Amount	(0)	Total
			8a(1)		6,040		
					31,169	-	
		s)	8a(3)			-	
b	Other income (loss)		8b		73,367	1	
С	Total income (add lines 8a(1)), 8a(2), 8a(3), and 8b)	8c				110,576
d	Benefits paid (including direct ro	ellovers and insurance premiums to provide benefits)	8d		416,710		
e	Certain deemed and/or corre	ective distributions (see instructions)	. 8e]	
t		lers (salaries, fees, commissions)			20,652		
g b	Uther expenses		8g				
h i	Not income (loca) (with the state	l, 8e, 8f, and 8g)	8h				437,362
;	Transfers to (from) the alloc (ne 8h from line 8c)	8i			-	-326,786
_	inansiers to (irom) the plan (see instructions)	8j				

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

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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 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:

Partsvi Compliance Questions					
10 During the plan year.		Yes	No	Amoun	
8 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.)	108	х			41,89
b Were there any nonexempt transactions with any party-in-interest? (Do not include)					
transactions reported on line 10a.)	105		x		
C Was the plan covered by a fidelity bond?	10c	X		1(0,00
U Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that					,,,,,
was caused by fraud or dishonesty?	104		x		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance					
cattler, insurance service or other organization that provides some or all of the benefits under					
the plan? (See instructions.)	109		x		
f Has the plan failed to provide any benefit when due under the plan?	101		x		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	x	-		2 06
h If this is an individual account plan, was there a blackout period? (See instructiona	108	<u></u>			3,06
and 29 CFR 2520.101-3.)			v		
i If 10h was answered "Yes," check the box If you either provided the required notice or one	10h		X		
of the exceptions to providing the notice applied under 29 CFR 2520.101-3					
Raitvie Pension Funding Compliance	101		X		
the desined operating part dobled to maniform for ong requirements r (in 103, see instructions	and c	omple	te	-	_
Schodule SB (Form 5500)				Yos	X No
is this a defined contribution plan subject to the minimum funding requirements of section 412 or	the Co	de or		-	_
section 302 of ERISA? (If 'Yes,' complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				Yes	X No
a if a waiver of the minimum funding standard for a prior year is being amortized in this plan year, or	ne lostr	uction	e, and	enter the date of t	ha letto
Month		Day			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to i	ine 13.				
b Enter the minimum required contribution for this plan year		G	26		
C Enter the amount contributed by the employer to the plan for this plan year	••••••		2c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to	·····				•
the left of a negative amount)		4	20		
e Will the minimum funding smount reported on line 12d be met by the funding deadline?		··· -	201		
			Var	No.	1.1/0
Plan Terminations and Transfers of Assets			Yes	No	NVA
2012 VIE Plan Terminations and Transfers of Assets					
Ba Has a repolution to terminate the plan been adopted during the plan year or any prior year?					NVA X No
2012 YIE Plan Terminations and Transfers of Assets Ba 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 revorted to the employer this year		1			
 Ba Has a recolution 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. b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or the plan assets distributed to participants. 	blotunh		3a (Yos	X No
 Ban terminations and Transfers of Assets Ba 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 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or tunder the control of the PBGC? 	ptonäți		38		
 A Has a recolution 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, or to under the control of the PBGC? If during this plan year, any assets or tiabilities were transferred from this plan to another plan(s), identified to be another plan(s), identified to another plan(s). 	ptonäți		38		X No
 24/14/14 Plan Terminations and Transfers of Assets 3a Has a recolution 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 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or to under the control of the PBGC? c If during this plan year, any assets or itabilities were transferred from this plan to another plan(s), ide liabilities were transferred. (See instructions.) 	brough entify (. (1 l	3n		X No
 Branking Plan Lerminations and Transfers of Assets Has a recolution 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, or to under the control of the PBGC? If during this plan year, any assets or tiabilities were transferred from this plan to another plan(s), identify the plan to another plan(s). 	brough entify (3n		X No
Brawling Plan terminations and Transfers of Assets Ia Has a recolution 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 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or to under the control of the PBGC? c If during this plan year, any assets or itabilities were transferred from this plan to another plan(s), ide liabilities were transferred. (See instructions.)	brough entify (. (1 l	3n		X No
 A Has a recolution 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, or to under the control of the PBGC? If during this plan year, any assets or tiabilities were transferred from this plan to another plan(s), identified were transferred. (See Instructions.) 	brough entify (. (1 l	3n		X No
 A Has a recolution 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, or to under the control of the PBGC? If during this plan year, any assets or itabilities were transferred from this plan to another plan(s), ide liabilities were transferred. (See Instructions.) 	brough entify (. (1 l	3n		X No
A Has a recolution 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 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or to under the control of the PBGC? c If during this plan year, any assets or itabilities were transferred from this plan to another plan(s), ideliabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	biough entily 1 13c		3a n(s) to 1 V(a)		X No
2012 Vits Plan Terminations and Transfers of Assets 3a Has a recolution 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 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or t under the control of the PBGC? If during this plan year, any assets or itabilities were transferred from this plan to another plan(s), id ligbilities were transferred. (See instructions.) 13c(1) Name of plan(s):	biough entily 1 13c		3a n(s) to 1 V(a)		X No
2013/11: Plan Terminations and Transfers of Assets 3a 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 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or to under the control of the PBGC? C If during this plan year, any assets or itabilities were transferred from this plan to another plan(s), ide liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): aution: A penalty for the late or incomplete filing of this return/report will be assessed unless rear or penalties of peter and plan appenalties set lotts in the instructions to the plan to any plan to another plan to any	entily 1 13c		3 b n(s) to N(s) se is e	which assels or 13c(3) Pi	X No X No
Alternations and Transfers of Assets Has a recolution 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 Under the plan assets distributed to participants or beneficiaries, transferred to another plan, or to under the control of the PBGC? If during this plan year, any assets or itabilities were transferred from this plan to another plan(s), ide lipbilities were transferred. (See instructions.) 13c(1) Name of plan(s):	entily 1 13c		3 b n(s) to N(s) se is e	which assels or 13c(3) Pi	X No X No
20132VIE Plan Terminations and Transfers of Assets 3a Has a recolution 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 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or t under the control of the PBGC? c If during this plan year, any assets or itabilities were transferred from this plan to another plan(s), ide liabilities were transferred. (See Instructions.) 13c(1) Name of plan(s): aution: A penalty for the late or incomplete filing of this return/report will be assessed unless transfer b yan enrolled actuar, as well as the electronic version of this mitn/report, and to be best of my browledge and belief, it is four, and if y an enrolled actuary, as well as the electronic version of this mitn/report, and to be best of my browledge and belief, it is four, and if y an enrolled actuary, as well as the electronic version of the mitn/report, and to be best of my browledge and belief, it is four, and if y an enrolled actuary, as well as the electronic version of the mitn/report, and to be best of my browledge and belief, it is four, and if y an enrolled actuary, as well as the electronic version of the mitn/report, and to be best of my browledge and belief, it is four, and if y an enrolled actuary, as well as the electronic version of the mitn/report, and to be best of my browledge and belief, it is four, and if y an enrolled actuary, as well as the electronic version of the mitn/report, and to be best of my browledge and belief, it is four, and if y an enrolled actuary, as well as the electronic version of the mitn/report, and to be best of my browledge and belief, it is four, and if y an enrolled actuary, as well as the electronic version of the mitn/report, and to be best of my browledge and belief, it is four, and if y an enrolled actuary as well as the electronic version of the mitn/report and to be best of my browledge and belief, it is four,	sonabl sonabl solo, s S recL and	e cau:	3n n(s) to N(a) se is e Shorse	Yes Which assels or 13c(3) Pr 13c(3) Pr stablished.	X No X No
 20132112 Plan Terminations and Transfers of Assets 3a Has a recolution 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 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or to under the control of the PBGC? c If during this plan year, any assets or itabilities were transferred from this plan to another plan(s), ide liabilities were transferred from this plan to another plan(s), ide liabilities were transferred. (See Instructions.) 13c(1) Name of plan(s): 	sonabl sonabl solo, s S recL and	e cau:	3n n(s) to N(a) se is e Sh or 5c	Yes Which assels or 13c(3) Pr 13c(3) Pr stablished.	X No X No
24/24/24/24 Plan Lerminations and Transfers of Assets 3a Has a recolution 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 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or t under the control of the PBGC? C If during this plan year, any assets or itabilities were transferred from this plan to another plan(s), ide liabilities were transferred. (See Instructions.) 13c(1) Name of plan(s):	signing	e cau complet	3n n(s) to N(s) se is e short-	Yes Which assels or 13c(3) Pi 13c(3) Pi stablished. hedule MG completed a inistrator	X No X No