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).

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.				
		dentification Information							
For	calendar plan year 2010 or fisc	cal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α .	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
	This return/report is for:	first return/report	n/report		ц				
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	atic extension DFVC program						
	-	special extension (enter description)							
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation						
	Name of plan				1b	Three-digit			
	N. FARMER, MD, PSC 401(F	K) PROFIT SHARING PLAN				plan number 001			
						(PN) ▶			
					1C	Effective date of plan 01/01/1995			
2a	Plan sponsor's name and add	ress (employer, if for single-employer	· plan)		2b	Employer Identification Number			
	M. FARMER, MD, PSC	. coo (cp.cyc.,c. cg.c cp.cyc.	ρ.ω,			(EIN) 61-1308702			
4001	DUTCHMANS LANE-SUITE 5	SD.			2c	Plan sponsor's telephone number 502-894-0266			
	SVILLE, KY 40207				2d	Business code (see instructions)			
					_	621111			
3a	Plan administrator's name and M. FARMER, MD, PSC	d address (if same as Plan sponsor, e	enter "Same	e") .NE-SUITE 5D	3b	Administrator's EIN 61-1308702			
30111	W. FARWER, WD, F30	LOUISVILLE	E, KY 4020	7	30	Administrator's telephone number			
					502-894-0266				
		an sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
name, EIN, and the plan number from the last return/report. Sponsor's name						PN			
5a	Total number of participants a	at the beginning of the plan year			5a	4			
b		at the end of the plan year			5b	5			
С	Total number of participants w	vith account balances as of the end o	f the plan y	vear (defined benefit plans do not		,			
	complete this item)		<u></u>		5c	4			
	•	during the plan year invested in eligib		,		Yes No			
D		the annual examination and report of (See instructions on waiver eligibility				Yes No			
		her 6a or 6b, the plan cannot use F		•					
Pa	rt III Financial Inform	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	152115	5	175037			
b	Total plan liabilities		. 7b	C		0			
С	Net plan assets (subtract line	7b from line 7a)	. 7с	152115	5	175037			
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or received (1) Employers	eivable from:	. 8a(1))				
	., .,		` '	5192	2				
	` ,	s)			0				
b	, ,			26156	5				
С	,	, 8a(2), 8a(3), and 8b)				31348			
d		rollovers and insurance premiums		0.426					
			. <u>8d</u>	8426	_				
e		ctive distributions (see instructions)							
f		ers (salaries, fees, commissions)							
g	·				'	8426			
h :		8e, 8f, and 8g)				22922			
!		ne 8h from line 8c)				22322			
J	Transiers to (from) the plan (s	see instructions)	· 8i		,				

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Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGH SHOS

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

	11 (11)	e plan provides wellare benefits, enter the applicable wellare realtire codes from the cist of Flan Chara	1010110		200 111		otions.		
art	٧	Compliance Questions							
0	Dur	ring the plan year:		Yes	No		Amo	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in 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? (Do not include transactions reported line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					256000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
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	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 year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))						Yes	X No
2	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	🔲	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
lf y	ou o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Т					
b	Ente	er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left lative amount)			12d			F	
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	Мо	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wei	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?			ntrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
1	13c(1) Name of plan(s):				13c(2) EIN(s			13c(3)	PN(s)
Cauti	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.			
Jnde SB o	r per Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ needule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ strue, correct, and complete.	ırn/rep	oort, in	cludin	g, if appli			

SIGN	Filed with authorized/valid electronic signature.	10/21/2011	CHARLES SCHNEIDER						
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator						
SIGN	Filed with authorized/valid electronic signature.	10/21/2011	CHARLES SCHNEIDER						
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 Letter

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 Gode (the Code). OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	Share the line of actual Administration	- [- 1		\	Inc	spection			
	naton Banaill Guaranty Corporation	➤ Complete all entries in accord	ance with ti	he instructio	ons to the Form 5	600-SF.		1 100000000			
Pa	Annual Report	Identification Information	ne /ne 1	004 B		10	/31/2010				
For th	ne calendar plan year 2010 o	r fiscal plan year beginning	01/01/		and ending	12/					
A T	his return/report is for:	x single-employer plan	multiple emp	oloyer plan (ne	ot multiemployer)	L	one-participa	nt plan			
B T	his return/report is for.	<u></u>	final (enti	•							
		an amended return/report	short plan ye	ear return/rep	ort (less than 12 mo	ontha)	_				
c c	heck box if filing under:	x Form 5558	automatic ex	dension			DFVC progra	am			
		special extension (enter description))			-	-				
ini-vien		Lul .					The state of the s				
	ntalia <u>Basic Pian inito</u> Name of plan	rmation enter all requested infor	ina <u>kon.</u>			1b 1	Three-digit				
	·			•		ŗ	dan number	001			
	JOHN M. FARMER, MO.	PSC 401(k) PROFIT SHARING	PLAN .		,		PN) - Effective date o				
				ı			01/01/1995	•			
2a	Plan announce name and add	iress (employer, if for single-employer pl	an)			2b 1	Employer (den)	Ulcation Number			
~~	JOHN M. FARMER, MD,		• •				EIN) 51-13				
							Plan sponsor's (502) 694~	telephone number			
	4001 DUTCHMANS LANE	-ROTEE OD						(see instructions)			
UB	LOUISVILLE	KY 40207				<u> </u>	521111				
3a		d address (If same as plan employer, er	rter "Same")	,		3b	Administrator's	EIN			
•	BAME .										
						3c .	Administrator's	telephone number			
•								,			
4	If the game and/or EIN of the	plan sponsor has changed since the let	st return/repo	rt filed for this	plan, enter the	4b	4b ein				
•	name, EIN and the plan num	ber from the last return/report. Sponsor:	s Name		4c PN						
								4			
5a	Total number of panicipanta	at the beginning of the plan year at the end of the plan year				F	,	5			
b	Total number of participants	at the end of the plan year	he plan vear	(defined bene	efit plans do not			•			
_	complete this item)				* * * * * *	. 5c	A PARTY OF THE PAR				
6a	Were all of the plan's assets	during the pien year invested in eligible	assets? (Sea	instructions.) , , , , .			X Yes No			
b	Are you claiming a waiver of	the annual examination and report of ar	independen	t qualified pui `	blic accountant (IQF	PA)		X Yes No			
	under 29 CFR 2620.104-467	' (See instructions on waiver eligibility ar ther 6a or 6b, the plan cannot use For	ia conditions. m 6600-SF a	d must inst				E 163 110			
ACMAY SE											
	Financial Info	·	NA WANTED	(a) Beginning of Year			(b) En	d of Year			
′_	Plan Assets and Liabilities			101 1	152,13	5	(-)	175,037			
a	Total plan assets		7a 7b		لىلەم كەنتىد	0		0			
b	Total plan liabilities	A A A W B B C B B C F F F F	7c		152,13			175,037			
c	Net plan assets (subtract line						/L) Total			
8	income, Expenses, and Trai				(a) Amount						
a	Contributions received or re- (1) Employers	ceivable from:	. 8a(1)			0					
	(1) Employers (2) Participants		Bp(2)	i	5,19	92					
	(2) Participants (3) Others (including relieve	are).	. 8a(3)			0					
b	* _ *		. 8b		26,1	56					
	Total income(add lines 8a(1) 8e(2) 8e(3) and 8h)	. Bc					31,348			
ď	Benefits paid (including dire	of tollovers and insurance premiums	\	tertententalientilinin taat 13 (=;	anto-Manthadhadhamkhalla Anta (97) 21						
**	to provide benefits) , .		Bd .		9,4	26					
e	Certain deemed and/or con	ective distributions (see instructions)	. Be			0					
f		iders (salaries, fees, commissions)	. 8f			0					
g			- 8g	Service of the servic	of remarkation in the second of the second	C PA					
h	Total expenses (add lines 8	od, 8e, 8f, and 8g) ,	. 8h					8,426			
ì	Net income (loss) (subtract		. 81					22,922			
i	Transfers to (from) the plan		. 8]			o iiii					
- 4	3 -179-11-11-11-11-11-11-11-11-11-11-11-11-11	mi/ 400)	** 7	43	6000 00			Energ 6600-95 /2040)			

	Form 5600-8F 2010	Page 2-						
Par	Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable panalon feature codes from	the List of Plan Charact	erietic :	Codes	in the	Incin otio		
	ZE ZE ZE ZR	· ·	•					
	If the plan provides welfare benefits, enter the applicable welfare feature codes from	the List of Plan Characte	ristic C	odes i	n the l	nstructions	52	
	Compliance Questions				*			<u> </u>
10	During the plan year:			Yes	No	<u> </u>	Amount	
а		e period described in			<u> </u>		-inount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction P	TOGERAN)	10a	" ,,,	X			-·
-	on line 10a.)		105		x			
C	Was the plan covered by a fidelity bond?		100	X	\vdash	-		256,000
ď	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that	was caused by fraud	·	-	-	ļ		200,000
	or dishonesty?		100		х			
ė		nsurance carrier,						
	insurance services or other organization that provides some or all of the benefits un instructions.)	ider the plan? (See	10e		ж	l		
f	Has the plan falled to provide any benefit when due under the plan?		10f		x			
g			10a	-	x			
h	If this is an individual account plan, was there a blackout period? (See instructions	and 29 CFR	109		ļ			
	2520.101-3.)		10h		Х			
Į.	if 10h was answered "Yes," check the box if you either provided the required notice exceptions to providing the notice applied under 29 CFR 2520.101-3	or one of the	401					
	Pension Funding Compliance	* * * * * * * * *	[10]		<u> </u>			SENTIMENTAL SENTENCE
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," s	ee instructions and comp	lete Sc	hedul	= SB (Form	· · · · · · · · · · · · · · · · · · ·	
12	5500))		-					X No
14	Is this a defined contribution plan subject to the minimum funding requirements of a (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	section 412 of the Code of	r sectio	ın 302	of ER	ISA? .	. L_Yes	x No
а								• .
	granung the waiver		ions, ai nth	ia ent	er (ne Dav	date of the /	letter fullny ———	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	, and skip to line 13.		_		,		
b	and the second s			.	12b			
d d	A THE PARTY OF THE				12¢	<u></u>	ww.	
u	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)	a minus sign to the left o	[a	.	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding dead	lne?				Yes	No	□N/A
	Plan Terminations and Transfers of Assets						7	
13a	to the state of th						, Yes	XNo
	If "Yes," enter the amount of any plan assets that reverted to the employer this yea	, , , , , , , , , , , , , , , , , , ,		[13a			
b	the same to the same and the same and the same same same same same same same sam	nother plan, or brought ut	ider the	cont	rol			
¢	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to an	other plants) identify the	 nien/e	 Mo	- "		. <u> </u>	X No
	which assets or flabilities were transferred, (See instructions.)	arior biantol: recitily tile	hier Va	, OU				
	13c(1) Name of plan(a):			13	c(2) E	lN(s)	130(3) PN(s)
	A CONTRACTOR OF THE CONTRACTOR							
Cauti	tion: A penalty for the late or incomplete filing of this return/report will be assess	ed unless reasonable o	erse l	a ovis	bilehe	d.	ــــــــــــــــــــــــــــــــــــــ	
Unde	er penalties of perjury and other penalties set forth in the instructions, i declare that I h	ave examined this return.	report.	includ	ling. If	anniicebie	. a Schadul	
설명 이	r Schedule MB completed and signed by an enrolled actuary, as well as the electronic f, it is true, compet, হলুট domplete,	version of this return/rep	ort, an	l to th	e best	of my kno	wiedge and	Ĭ
Mari di	BROWN - 10 10 10 10 10 10 10 10 10 10 10 10 10	101	***					,
00.4	Ma (DWAY) Frama WA) 10/2	V JOHN M. FAR						
	Sharpest A A A A A A A A A A A A A A A A A A A	Enter name of in				plan admi	nistrator	137
		- · · · · · · · · · · · · · · · · · · ·	-					
	Signature/of employer/plan sponsor Date	Enter name of in	dividus	i signi	ng as	employer (orpian spor	1801