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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	Complete all entries in accordance with the instructions to the Form 5500-SF.									
		ntification Information								
For	For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011									
Α.	his return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	first return/report	final retur	n/report		_				
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)					
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program				
	·	ے special extension (enter descripti	on)							
Da		tion—enter all requested inform	,							
	Name of plan	ition—enter all requested inform	ialion		1h	Three-digit				
	SWORTHY MEDICAL ASSOCIAT	ES PSC 401(K) PLAN			15	plan number				
		20:00:0:((:):2:::				(PN) ▶ 002				
					1c	Effective date of plan				
						07/01/1976				
	Plan sponsor's name and address		r plan)		2b	Employer Identification Number				
NOR	SWORTHY MEDICAL ASSOCIAT	ES, PSC			20	(EIN) 61-0901982				
1219	NORTH MAIN STREET				20	Plan sponsor's telephone number 270-274-0867				
BEA	'ER DAM, KY 42320-8955				2d	Business code (see instructions)				
						621111				
3a	Plan administrator's name and ad	dress (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN				
NOR	SWORTHY MEDICAL ASSOCIAT	ES, PSC 1219 NORT BEAVER DA			-	61-0901982				
					3C	Administrator's telephone number 270-274-0867				
4 1	the name and/or EIN of the plan s	sponsor has changed since the la	ast return/re	eport filed for this plan, enter the	4b EIN					
	name, EIN, and the plan number fr			port mod for time plant, error tile	10 2					
					4c	PN				
5a	Total number of participants at the	e beginning of the plan year			5a	23				
b	Total number of participants at the	e end of the plan year			5b	22				
С	Total number of participants with	account balances as of the end of	of the plan y	vear (defined benefit plans do not	_	22				
	complete this item)				5c	22				
	•	. , ,		(See instructions.)		Yes No				
b				ndent qualified public accountant (IQ ions.)		X Yes ☐ No				
	· ·	• •		SF and must instead use Form 55						
Pa	rt III Financial Informati		0	or and made motidae add r drin do						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
-	Total plan assets		7a	1425808	3	1697376				
b	Total plan liabilities									
C	Net plan assets (subtract line 7b f			1425808	3	1697376				
8	Income, Expenses, and Transfers		70	(a) Amount		(b) Total				
а	Contributions received or receival			(a) Amount		(b) Total				
<u> </u>			8a(1)							
	(2) Participants		8a(2)	7289	9					
	(3) Others (including rollovers)									
b	Other income (loss)		356430)						
С	Total income (add lines 8a(1), 8a	(2), 8a(3), and 8b)		363719						
d	Benefits paid (including direct roll		8c	0445						
	to provide benefits)		<u>8d</u>	81158	5					
е	Certain deemed and/or corrective	e distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	485	5					
g	Other expenses		8g	10508	3					
h	Total expenses (add lines 8d, 8e,	8f, and 8g)				92151				
i	Net income (loss) (subtract line 8l					271568				
i	Transfers to (from) the plan (see i									

	Fo	orm 5500-SF 2010 Page 2-									
Par	t IV	Plan Characteristics									
Эа		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charles $_{ m J}$ $_{ m 2F}$ $_{ m 2G}$ $_{ m 3D}$	racteri	stic Co	des in	the instru	ctions:				
h		blan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	acteris	tic Cod	des in t	he instruc	tions:				
	y in the plant provides wellare bettering, effici the applicable wellare feature codes from the List of Fiant Characteristic codes in the instituctions.										
art	: V	Compliance Questions									
0	Durin	g the plan year:		Yes	No		Amount				
а		there a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X						
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported e 10a.)	10b		X						
С	Was	the plan covered by a fidelity bond?	10c	X				204000			
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		X						
е	Were insur	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e	X				485			
f	Has t	he 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.)							20789			
h		If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)									
i		was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i								
art	VI	Pension Funding Compliance	•								
1											
2	Is thi	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc	le or se	ection 3	302 of I	ERISA?	Yes	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	If you 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							
	c Enter the amount contributed by the employer to the plan for this plan year										
d	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)						_				
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	N/A			
art	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? 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 brought under the control of the PBGC?.....

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): 13c(2) EIN(s) 13c(3) PN(s)

Yes X No

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

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 HERE	Filed with authorized/valid electronic signature.	01/16/2012	ERIC A. NORSWORTHY				
	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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22		20									
			c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not								
22		99	Total number of participants at the end of the plan year								
23		នថិ	Total number of participants at the beginning of the plan year								
	Nd	⊅ †c									
	Nt⊒	Ob	ት It the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report. Sponsor's name								
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EIN	e'noterteinimbA	dε		# 42320-8955 DAM RY 42320-8955 AR elementator's name and address (if same as Plan eponsor, enter "Same")							
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telephone number	Plan sponsor's t	ςc									
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JedmuM noitesi	Employor Identi	qz	Sa Plan sponsor's name and address (employer, if for eligile-employer plan) NORSWORTHY WEDITCAL ASSOCIANTES, PSC amployer plan)								
	L61/10/L0										
	(PN)] Effective date o	<u> </u>									
200	plan number		NORSWORTHY MEDICAL ASSOCIATES PSC 401(K) PLAN								
	tigib-eendT	qr.		MATO	(%) FON DRE PREATDORNE	Name of plan Management Management					
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	Form 5500-SF 2010	Pa	ge 2-		_				
Par	IV Plan Characteristics								
9a b	f the plan provides pension benefits, enter the applicable pension fea 2E 2J 2F 2G 3D f the plan provides welfare benefits, enter the applicable welfare feat								
Parl	V. Compliance Questions								
10	During the plan year:			"	Yes	No	-	4mount	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducia		10a	1	х				
þ	Were there any nonexompt transactions with any party-in-interest? (on line 10s.)		10b		х				
С	Was the plan covered by a fidelity bond?			10c	X			20	04,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	elity bond, that was o	saused by fraud	10d		х			
0	Were any foes or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of Unstructions.)	plan? (See	10e	х				485	
f	Has the plan failed to provide any benefit when due under the plan?	***************************************		10f		x			
9	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10g	Х			- 2	20,789
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)			10h		х			
j	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			101					
Pari	Pension Funding Compliance								
11	ls this a defined benefit plan subject to minimum funding requiremen 5500))							Yes	X No
12	is this a defined contribution plan subject to the minimum funding re							Yes	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.						e date of th		
lf	ou completed line 12s, complete lines 3, 9, and 10 of Schedule f								
b	Enter the minimum required contribution for this plan year				L	12b			
С	Enter the amount contributed by the employer to the plan for this pla	п усаг			[12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)					12d			-
.0	Will the minimum funding amount reported on line 12d be mot by the	funding doadline?				,	Yes	No	N/A
Par	Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior yea	r?			411144		Yes	X No
	If "Yos," enter the amount of any plan assets that reverted to the em	ployer this year			<u></u>	138			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
	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):						c(2) El	N(s)	13¢(3) PN(s)
Cau	on: A penalty for the late or incomplete filing of this return/repo	et will be encound a	unlace raceanah	lo om	ren in	netabl	He had	1	
Und SB c	r penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well, it is true, correct, and complete.	I declare that I have	examined this reti	urn/re	port, is	ncludin	g, if applica		
Sic		!	Eric A. No	Norsworthy					
HEE		Enter name of in				s plan admi	nistrator		
1		Date							
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