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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2011

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	rt I Annual Report Identification Information							
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
A T	his return/report is for:	a multiple	-employer plan (not multiemployer)	yer) a one-participant plan				
Вт	his return/report is: the first return/report	the final r	eturn/report		_			
		a short pla	in year return/report (less than 12 mo	nths)				
C (•	extension		DFVC program			
	special extension (enter description		Octorision		_ Di vo piogram			
Da		,						
	rt II Basic Plan Information—enter all requested informa	ition		1 h	Th P1			
	Name of plan :N RIVER HEART INSTITUTE, P.S.C. PROFIT SHARING/401(K) PL	ΔΝ			Three-digit plan number			
OILL	ANTIVERTIEART INOTITOTE, 1.0.0.1 ROTT OFFARING 401(R) 1.	_/\(\)			(PN) ▶ 002			
				1c	Effective date of plan			
					07/01/1995			
	Plan sponsor's name and address; include room or suite number (en EN RIVER HEART INSTITUTE, P.S.C.	nployer, if	for a single-employer plan)		Employer Identification Number			
GKLL	IN RIVER HEART INSTITUTE, F.S.C.				(EIN) 61-1284897			
				2c	Sponsor's telephone number 270-688-0808			
	AST PARRISH AVENUE NSBORO, KY 42303		•	24	Business code (see instructions)			
OVVLI	NOBORO, RT 42303			Zu	621111			
3a	Plan administrator's name and address (if same as plan sponsor, en	ter "Same	,")	3b	Administrator's EIN			
	N RIVER HEART INSTITUTE, P.S.C. 815 EAST PAI	RRISH A	ÉNUE		61-1284897			
	OWENSBORG	J, KY 423	03	3с	Administrator's telephone number			
4	If the name and/or FINI of the plan anamor has abanged sizes the la	at ratural	sonart filed for this plan anter the	4 h	270-688-0808			
-	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	asi return/	report filed for this plan, enter the	4b	EIN			
	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	63			
b	Total number of participants at the end of the plan year			5b	2			
С			defined benefit plans do not					
	complete this item)	• (•	5c				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No			
b	Are you claiming a waiver of the annual examination and report of a				X Yes □ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo							
Pai	rt III Financial Information	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or and must misted use i orm ood	, o.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	4874798		34116			
	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c	4874798		34116			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
	Contributions received or receivable from:				(4) 1000.			
	(1) Employers	8a(1)	0					
	(2) Participants	8a(2)	0					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	8b	189694					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			189694			
	Benefits paid (including direct rollovers and insurance premiums		5020584					
	to provide benefits)	8d	0					
_	Certain deemed and/or corrective distributions (see instructions)	8e	9792					
	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g	0		E000070			
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			5030376			
_	Net income (loss) (subtract line 8h from line 8c)	8i			-4840682			
J	Transfers to (from) the plan (see instructions)	8i	0					

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Form	かか()()・	->-⊢	ンロコ	1

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Part IV	Plan	Characte	aristics
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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: 9a 2E 2F 2G 2J 2K 2R 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions						
0	During the plan year:		Yes	No		Amour	nt
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			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				50000
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		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.)	10e		X			
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			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
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					
art							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						′es 💢 No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					H	′es X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						
b	Enter the minimum required contribution for this plan year			12b			
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 of negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted in any plan year?			X	es	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ontrol			′es X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to				_
1	3c(1) Name of plan(s):		13	c(2) EII	۷(s)	130	c(3) PN(s)
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ıse is	establi	shed.		
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu					cable, a S	Schedule
B o	Schedule MR completed and signed by an enrolled actuary, as well as the electronic version of this return/	roport	and	to the h	oct of my	, knowlo	dan and

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/27/2012	ALBERT MERCER, 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

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning	01/01/2	2011 and ending		12/31/201	1			
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan			
В	This return/report is: the first return/report	the final	eturn/report						
	an amended return/report	a short pl	an year return/report (less than 12 m	onths)				
С	Check box if filing under: Form 5558	automati	extension		DFVC progra	m			
	special extension (enter description	on)							
Pi	art II Basic Plan Information—enter all requested inform			***************************************					
	Name of plan			1b	Three-digit				
	GREEN RIVER HEART INSTITUTE, P.S.C.		•		plan number	000			
	PROFIT SHARING/401(k) PLAN				(PN) ▶	002			
				10	Effective date of 07/01/1995	plan			
2a	Plan sponsor's name and address; include room or suite number (e	emplover i	for a single-employer plan)	2h	Employer Identif	·			
	GREEN RIVER HEART INSTITUTE, P.S.C.		and a surger of the surger of	_~	(EIN) 61-128	4897			
				2c	Sponsor's telepl	none number			
	O1E PAGE DADDICH AUDMID				0808				
	815 EAST PARRISH AVENUE			2d	Business code (see instructions)			
~	OWENSBORO		KY 42303	<u> </u>	621111				
Ja	Plan administrator's name and address (if same as plan sponsor, e $_{\mbox{\scriptsize SAME}}$	nter "Same	9")	SD	Administrator's E	IN			
				3с	elephone number				
4	If the name and/or EIN of the plan sponsor has changed since the l name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b EIN					
а	Sponsor's name			4c	PN				
5a	Total number of participants at the beginning of the plan year			5a	5a				
b	b Total number of participants at the end of the plan year			5b		2			
С	c Number of participants with account balances as of the end of the plan year (defined benefit plans do not					2			
	complete this item)			<u>5c</u>					
	Were all of the plan's assets during the plan year invested in eligib				***************************************	X Yes No			
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepei and condit	ident qualified public accountant (IQI	A)		X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use F								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End				
а	Total plan assets	. 7a	4,874,79	8		34,116			
b	Total plan liabilities	. 7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	4,874,79	8	**************************************	34,116			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants			ō					
	(3) Others (including rollovers)			ō					
b	Other income (loss)		189,69	4					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				189,694			
d	Benefits paid (including direct rollovers and insurance premiums		5 000 50						
	to provide benefits)	8d	5,020,58	4					
	Certain deemed and/or corrective distributions (see instructions)	8e	C 50	Y S					
f	Administrative service providers (salaries, fees, commissions)	8f	9,79	4					
g	Other expenses	8g		U		E 020 232			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					5,030,376			
!	Net income (loss) (subtract line 8h from line 8c)			1		(4,840,682)			
J	Transfers to (from) the plan (see instructions)	8j		0					

f ^{ow}	201 60 20 20	with more		
Form	5500-	5.5	-201	>

Page	2	~

Part IV	Plan	Characteristic	S

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2R 3D

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

Par		dotorio	ac coc	103 111	the insti	uctioi	is:		
10	During the plan year:								
a	. , ,		Yes	No		А	mour	t	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Programs)	1		Х					***************************************
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			Х	 	**************************************		***********	***************************************
С	Was the plan covered by a fidelity bond?	10b	\	Δ.				i de de de la decimienta de la decimient	Printer de communicación
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud		Х				in the second	50,	000
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	10d		X		or ever elements as	kantak di di mang di penjanjahan ang pang		and delivery were absolute described.
f	Has the plan failed to provide any benefit when due under the plan?	10e		X				are recommended and the	~~~
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10f		X	ļ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g		X					****
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	10h		X	* .	et retteritier til en en en en else de	tidada adalah dari yang <u>adalah</u>		
Part	VI Pension Funding Compliance	10i			<u> </u>				-
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))	plete S	Schedu	le SE	(Form				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	* . / /				·			No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.						Ye: etter r	L_J	No
	and skip to line 13								
C	Enter the minimum required contribution for this plan year		. 1	2b	elektronomore a construitancia angli	THE STATE STATE AND ADDRESS OF THE PARTY.	7/1/201111000		
-	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			2c			The second second second	Proposition of the control of the co	
				2d	···				
Part \	Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets	*********			Yes	Ш	No	N.	/A
	Has a resolution to terminate the plan been adopted in any plan year?	e de comence de la come de la comence de			of the Section of the Conference of the Conferen	************************			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		[2	X Yι	es	No	-		
D.	vvere all the plan assets distributed to participants or have F			rol	**************************************				_0
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)			.,			Yes	X I	40
13	c(1) Name of plan(s):		13c(2	N EIN	l(c)		42-12	- FIRE	•
				-, -,	*.		13c(3) PIV(S	5)
Cautio	n: A penalty for the late or incomplete filling of this return to		the state of the s		de la companya de la				
Under SB or S belief, i	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return to the completed and signed by an enrolled actuary, as well as the electronic version of this return/return.	n/report	is es	tablis iding,	if applic	able,	a Sch	edule	T-demandance
SIGN	MM1 3 M/2.	موروق المارات الرواز الواحداد المارات			ocor my	NIION	neuge	and	
HERE	Signature of plan administrator					alandah ada sa penyeran kan	************		_
SIGN HERE	/ Chief righte of the	ividual	signin	g as p	olan adm	inistra	ator	***************************************	-
	Signature of employer/plan sponsor Date Enter name of inc	ividual	signing	1 26 6	mnlover	or st	On any or the		-
			271111	2 43 6	mbinhala	or his	ari spc	HSOF	