## 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P		lance witl	n the instructions to the Form 5500-	SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Part I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 12	/31/2	011				
Α.	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan			
В .	This return/report is: the first return/report	the final r	eturn/report						
		a short pla	an year return/report (less than 12 mor	nths)					
<u> </u>	H	•	extension	Γ	DFVC progra	m			
C			, exterision	L	_ DE VC plogia	111			
_	special extension (enter description	,							
Pa	rt II Basic Plan Information—enter all requested informa	ation							
	Name of plan				Three-digit				
DAVI	D GLENN SMITH, M.D. RETIREMENT PLAN				plan number (PN) ▶	001			
			-		` ,				
				10	Effective date of 01/01/	•			
2a	Plan sponsor's name and address; include room or suite number (er	mnlover if	for a single-employer plan)	2h	Employer Identif		\r		
	D GLENN SMITH, M.D., LLC	iipioyei, ii	Tot a single employer planty		(EIN) 20-28		<b>71</b>		
					Sponsor's telep	hone number			
4005	ANDREA OTREET OURTE COO			20	270-846				
	ANDREA STREET, SUITE 203 LING GREEN, KY 42104			2d	Business code (	see instruction	ns)		
					62111		-,		
3a	Plan administrator's name and address (if same as plan sponsor, en	iter "Same	2")	3b .	Administrator's E	ΞIN			
DAVII	D GLENN SMITH, M.D., LLC 1325 ANDREA				20-28	63243			
	BOWLING GR	KEEN, KY	42104	3c	Administrator's t		ber		
_				41	270-846	5-3811			
4	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.	ast return/	report filed for this plan, enter the	4b	EIN				
а	Sponsor's name			4c	PN				
	Total number of participants at the beginning of the plan year			5a					
b	Total number of participants at the end of the plan year		_						
			<u> </u>	<u>5b</u>					
С	Number of participants with account balances as of the end of the pl complete this item)	• (	·	5c			2		
62	Were all of the plan's assets during the plan year invested in eligible		•		-L	X Yes	No		
b	Are you claiming a waiver of the annual examination and report of a		'						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes	No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 5500	0.					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year			
а	Total plan assets	7a	336735			485984			
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	336735			485984			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:		•						
	(1) Employers	8a(1)	38516						
	(2) Participants	8a(2)	47442						
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-63291						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				22667			
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0			
i	Net income (loss) (subtract line 8h from line 8c)	8i				22667			
i	Transfers to (from) the plan (see instructions)								
		8j							

Form	5500-	SF	201

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Dart IV	Dlan	Chara	otorictics
Part IV	Plan	Cnara	cteristics

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

Part	٧	Compliance Questions							
10	Duri	ng the plan year:		Yes	No		Am	ount	
а		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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c		X				
d									
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		h 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		X				
art	VI	Pension Funding Compliance							
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
lf y b C	(If "Y If a v gran <b>/ou c</b> Ente Ente Subt	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. In the minimum required contribution for this plan year.  In the amount contributed by the employer to the plan for this plan year.  In the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left attive amount)	ctions,	and 6	enter the	e date of			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No )	N/A
art		Plan Terminations and Transfers of Assets							_
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ontrol			Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1				
1	3c(1)	Name of plan(s):		13	c(2) EII	۷(s)		13c(3)	PN(s)
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return MR completed and signed by an enrolled actuary, as well as the electronic version of this return.							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/02/2012	DAVID G. SMITH, MD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	05/02/2012	DAVID G. SMITH, MD
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 Labor se Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2011

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This Form is Open to Public

P	ension Benefit Guaranty Corporation	lance with t	he instructions to the Form 550	0-SF.	Inspection		
Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.  Part I Annual Report Identification Information							
		1/01/20	11 and ending		12/31/2011		
	his return/report is for.	MANUSEUM PRESIDENCE LO	mployer plan (not multiemployer)		a one-participant plan		
В	his return/report is:	the final ret					
	an amended return/report	a short plan	year return/report (less than 12 m	onths)	<b>-</b>		
C	Check box if filing under: Form 5558 Special extension (enter description)	automatic e	extension	Ĺ	DFVC program		
170.000	rt II Basic Plan Information—enter all requested information	alion		1h	Three-digit		
	Name of plan  DAVID GLENN SMITH, M.D. RETIREMENT PLAN				plan number		
	DAVID GLENN SMIIN, M.D. KETIKEMENI PLAN				(PN) ▶ 001		
					Effective date of plan		
					01/01/2006		
	Plan sponsor's name and address; include room or suite number (e DAVID GLENN SMITH, M.D., LLC	mployer, if fo	or a single-employer plan)		Employer Identification Number (EIN) 20-2863243		
	· · ·				Sponsor's telephone number		
	1325 ANDREA STREET, SUITE 203				(270) 846-3811		
	<del>.</del>			20	Business code (see instructions)		
	BOWLING GREEN Plan administrator's name and address (if same as plan sponsor, er	nter "Same")	KY 42104	3b	621111 Administrator's EIN		
Ju	SAME	na came,					
				3C	Administrator's telephone number (270) 846–3811		
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/re	port filed for this plan, enter the	4b			
	name, EIN, and the plan number from the last return/report.		Pelantenian di Pelante de Arthur Valueta      Pelantenia di Pelante				
	Sponsor's name		A2015	4c	PN		
5a	Total number of participants at the beginning of the plan year				4		
Ď	Total number of participants at the end of the plan year			5b	4		
С	Number of participants with account balances as of the end of the promplete this item)			5c	4		
6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (\$	See instructions.)		X Yes No		
b	Are you claiming a waiver of the annual examination and report of	an independ	ent qualified public accountant (IC	PA)	X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F				Д гез [] 140		
Pa	irt III Financial Information	omi 5500-5	r and must histead use rothi s	100.			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
	Total plan assets	. 7a	336,7	35	485,984		
	Total plan liabilities						
c	Net plan assets (subtract line 7b from line 7a)	. 7c	336,7	35	485,984		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:						
	(1) Employers	. 8a(1)	38,5	16			
	(2) Participants	. 8a(2)	47,4	42			
	(3) Others (including rollovers)	. 8a(3)		_			
b	Other income (loss)	. 8b	(63,29	1)			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			22,66		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
е	Certain deemed and/or corrective distributions (see instructions)		CONTRACTOR OF THE STATE OF THE				
f	Administrative service providers (salaries, fees, commissions)						
g	Other expenses.				EARCH PRODUCT POLICE		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				36 (860)		
i	Net income (loss) (subtract line 8h from line 8c)				22,66		
i	Transfers to (from) the plan (see instructions)						
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for	9 1			Form 5500-SF (2011)		

Signature of employer/plan sponsor

Page 2 -Form 5500-SF 2011 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: 2A 2E 2K 2J 2G 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Compliance Questions 10 Yes No Amount During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in X 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ...... 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X 10b on line 10a.) 10c Was the plan covered by a fidelity bond? X Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d 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 X 10e Has the plan failed to provide any benefit when due under the plan? X 101 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 X 10h 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the X exceptions to providing the notice applied under 29 CFR 2520.101-3..... Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes X 5500))..... 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (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 instructions, and enter the date of the letter ruling If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 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 of a 12d negative amount) X N/A Yes e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII Plan Terminations and Transfers of Assets X No 13a Has a resolution to terminate the plan been adopted in any plan year? ...... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No 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(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s): 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. DAVID G. SMITH, MD SIGN HERE Enter name of individual signing as plan administrator Signature of plan administrator Date DAVID G. SMITH, MD SIGN HERE Date Enter name of individual signing as employer or plan sponsor