Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee 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).

2011

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number SOUTH OLDHAM MEDICAL CLINIC, P.S.C. PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 04/01/1997 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SOUTH OLDHAM MEDICAL CLINIC, PSC 61-1292048 (EIN) 2c Sponsor's telephone number 502-241-8488 6520 WEST HIGHWAY 22 CRESTWOOD, KY 40014-0038 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 61-1292048 SOUTH OLDHAM MEDICAL CLINIC, PSC 6520 WEST HIGHWAY 22 CRESTWOOD, KY 40014-0038 3c Administrator's telephone number 502-241-8488 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a 8 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (b) End of Year (a) Beginning of Year 419871 388833 Total plan assets..... 7a 7b Total plan liabilities..... 419871 388833 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 10186 (1) Employers 8a(1) 100 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -23524 **b** Other income (loss)..... 8b -13238 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 17800 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 17800 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -31038 Net income (loss) (subtract line 8h from line 8c)..... 8i

Transfers to (from) the plan (see instructions)

Form	5500-	SF	2011

age Z - I1

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 2F 2G 2J 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	V Compliance Questions	1						
а	During the plan year:		Yes	No		Amo	ount	
	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				
	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					4000
	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				
	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.)	10q		Χ				
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
	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 \	/I Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp						Yes	□ No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0.00	0					ш
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions are under the waiver							
If 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				
С	Enter the amount contributed by the employer to the plan for this plan year			12c	<u></u>			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left c negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
art \	/II Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es XI	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u	under	the co	ntrol			Yes	X N
b	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					_
С				(O) FU	N(s)		13c(3)	PN(s)
С	c(1) Name of plan(s):		130	(2) EII	-(-)			
С	· · · · · · · · · · · · · · · · · · ·		130	(2) EII	(=)			
C 13	· · · · · · · · · · · · · · · · · · ·	le c3:						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/31/2012	ASHOK ALUR				
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

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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning		······					
	01/01/:	2011 and ending		12/31/2011			
A This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan			
B This return/report is: the first return/report	the final r	eturn/report					
an amended return/report	a short pla	n year retum/report (less than 12 mo	nths)				
C Check box if filing under: Form 5558	automatic	extension		DFVC program			
special extension (enter descript	ion)			_			
Part Basic Plan Information—enter all requested inform	nation						
1a Name of plan			1b	Three-digit			
SOUTH OLDHAM MEDICAL CLINIC, P.S.C. PROFIT	SHARIN	IG PLAN		plan number			
				(PN) P			
			1C	Effective date of plan 04/01/1997			
2a Plan sponsor's name and address; include room or suite number (employer, if	for a single-employer plan)		Employer Identification Number			
SOUTH OLDHAM MEDICAL CLINIC, PSC				(EIN) 61-1292048			
6520 West Highway 22			2c	Sponsor's telephone number			
		·	502-241-8488				
CRESTWOOD KY 40014-0038			2d	Business code (see instructions)			
32 Plan administrator's name and address (if some as also seems	amtau #Causa	.75	2h	621111 Administrator's EIN			
3a Plan administrator's name and address (if same as plan sponsor, SOUTH OLDHAM MEDICAL CLINIC, PSC	enter Same)			61-1292048			
6520 West Highway 22			3с	Administrator's telephone number			
CRESTWOOD KY 40014-0038 4 If the name and/or EIN of the plan sponsor has changed since the	lact return/	report filed for this plan, enter the	4b	502-241-8488			
name, EIN, and the plan number from the last return/report.	idat ictariii	report near for this plant, effect the	717	LIIV			
a Sponsor's name	4c	PN					
5a Total number of participants at the beginning of the plan year	5a	8					
b Tota I number of participants at the end of the plan year	5b	8					
C Number of participants with account balances as of the end of the complete this item)			5c	. 8			
6a Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)		X Yes No			
		(, ,		El 162 140			
b Are you claiming a waiver of the annual examination and report of		ident qualified public accountant (IQF	PA)				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ndent qualified public accountant (IQF ons.)	PA) 				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use	and conditi	ndent qualified public accountant (IQF ons.)	PA) 				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	dent qualified public accountant (IQF ons.)SF and must instead use Form 550	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 Part III Financial Information 7 Plan Assets and Liabilities	and conditi	ndent qualified public accountant (IQF ons.)	PA)				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Part III Financial Information	r and conditi Form 5500-	dent qualified public accountant (IQF ons.)SF and must instead use Form 550 (a) Beginning of Year	PA)	X Yes No			
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	Form 5500-SF 2011	Page 2 -							
Par	V Plan Characteristics	· · · · · · · · · · · · · · · · · · ·							
9a	If the plan provides pension benefits, enter the applicable pension fe $2E\ 2F\ 2G\ 2J\ 3D$	ature codes from the	List of Plan Chara	acteris	tic Co	des in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the I	List of Plan Charac	cteristi	c Cod	es in tl	ne instruction	ns:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Α	mount	
а	Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci			10a		х			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		х			
C	Was the plan covered by a fidelity bond?	***************************************		10c	X				40000
d	Did the plan have a loss, whether or not reimbursed by the plan's floor dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	r persons by an insur the benefits under th	ance carrier, e plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?	·		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	*******	10g		Х			
h	If this is an individual account plan, was there a blackout period? (Sc 2520.101-3.)			10h		Х	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A 200 A 20 A 200 A	
i	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	required notice or or	ne of the	10i			A STATE OF THE STATE OF T		
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))	nts? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	(Form	Yes	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 applicate								_
. а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this pla	n year, see instruc Mont	tions,	and e	nter th	e date of the	e letter ru Voor	ling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule !			· · · · · · · · · · · · · · · · · · ·					
b Ent er the minimum required contribution for this plan year					[12b			
C Enter the amount contributed by the employer to the plan for this plan year					L	12¢			
dSub tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)					[12d		- · · · · · · · · · · · · · · · · · · ·	
	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets								
13a	13a Has a resolution to terminate the plan been adopted in any plan year?								
	If "Yes," enter the amount of any plan assets that reverted to the em	· · · · · · · · · · · · · · · · · · ·			3a	* .			
	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?							Yes	X No
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another	plan(s), identify th	e plar	n(s) to				
1	13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3) PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	unless reasonabl	e cau	se is	establ	ished.		
\$B o	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.								
SIGI	CM-Sev	5/21/12	ASHOK ALUR						
HER		Date	Enter name of in	dividu	al sig	ning as	s plan admin	istrator	

Date

Signature of employer/plan sponsor

SIGN HERE 5/21/12

ASHOK ALUR

Enter name of individual signing as employer or plan sponsor