## Form 5500-SF

Department of the Treasury Internal Revenue Service

## 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 2011

OMB Nos. 1210-0110

1210-0089

Department of Labor This Form is Open to Public the Internal Revenue Code (the Code). Employee Benefits Security Administration 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: **B** This return/report is: the first return/report 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 Three-digit PEDIATRIC PARTNERS OF WESTERN KENTUCKY PLLC SAFE HARBOR 401K PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/1993 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number PEDIATRIC PARTNERS OF WESTERN KENTUCKY PLLC 26-3320457 (EIN) Sponsor's telephone number 270-926-8828 1102 TRIPLETT STREET STE 1 1102 TRIPLETT STREET STE 1 OWENSBORO, KY 42303 OWENSBORO, KY 42303 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN PEDIATRIC PARTNERS OF WESTERN KENTU 1102 TRIPLETT STREET STE 1 26-3320457 OWENSBORO, KY 42303 Administrator's telephone number 270-926-8828 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 Sponsor's name Total number of participants at the beginning of the plan year ..... 5a 17 **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 13 complete this item)..... 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 No 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. Part III Financial Information

Pa	rt III   Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	700416	741677
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	700416	741677
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	16347	
	(2) Participants	8a(2)	27155	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-2241	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		41261
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		
i	Net income (loss) (subtract line 8h from line 8c)	8i		41261
j	Transfers to (from) the plan (see instructions)	8j		
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for	Form 5500-SF.		Form 5500-SF (2011)

Form 5500-SF 2011		
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**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2R 2T 3B 3D

Page **2** - 1

D	in the plan provides wellare benefits, enter the applicable wellare leature codes from the List of Plan Chi	ilaciens	iic Coc	ies iii t	ne mstruct	.10115.		
art	V Compliance Questions							
0	During the plan year:		Yes	No		Amoun	ıt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in <b>10a</b>		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	d <b>10b</b>		Х				
С	Was the plan covered by a fidelity bond?	10c	X				5	4000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau or dishonesty?	d <b>10d</b>		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		X				
art	VI Pension Funding Compliance				•			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of 5500))	omplete	Sched	dule SE	3 (Form	П	es X	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C					Y	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 ins granting the waiver.  You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	lonth						) —
	Enter the minimum required contribution for this plan year		Γ	12b				
				12c				
	Enter the amount contributed by the employer to the plan for this plan year	eft of a		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	П No	П	N/A
art								
	Has a resolution to terminate the plan been adopted in any plan year?				res X N	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	ht under		ontrol		Пу	es X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identified which assets or liabilities were transferred. (See instructions.)		an(s) to	)			<u> </u>	
1	3c(1) Name of plan(s):		13	<b>c(2)</b> El	N(s)	130	( <b>3)</b> PI	N(s)
	an. A namelty for the late or incomplete filling of this action because the late of the la	able a -			liaha d			
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasor r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this					ahla a S	chod	مار،
B or	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this retuence, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	05/31/2012	DR JOHN HOUSTON
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

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 2011

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

This Form is Open to Public Inspection

OMB Nos. 1210-0110

Per	sion Benefit Guaranty Corporation	nstru	ctions to t	ne Form 5500-SF.	to Public Ins	spection			
Pa	rt I Annual Report Identification Information		<del></del>		<del> </del>				
For	or calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011								
Α	This return/report is for: 💹 a single-employer plan 🔲 a multiple-employer plan (not multiemployer) 🔲 a one-participant plan								
В	This return/report is: the first return/report the final retu								
^		-		t (less than 12 mont					
С	Check box if filing under: Form 5558	tensio	n	L	DFVC program				
(1000) ·	special extension (enter description)								
	Basic Plan Information - enter all requested information			44		_			
	Name of plan	<u></u>		<b>1b</b> Three-digit plan number (	PN)	001			
	DIATRIC PARTNERS OF WESTERN KENTUCKY PLI	<i>,</i> C				001			
SA	FE HARBOR 401K PLAN			1c Effective date	of plan 1/1993				
2	The second secon		2 2 2 2 2 2		_	- /EIAN			
	Plan sponsor's name and address; include room or suite number (employer, if for single- DIATRIC PARTNERS OF WESTERN KENTUCKY PLI		er plan)	2b Employer Iden	320457	(EIIV)			
P L	DIMIRIC FARINERS OF WESTERN RENTOCRITED		-	2c Sponsor's tele					
11	02 TRIPLETT STREET STE 1			270 926 88					
	OZ IKIIBEII BIKEEI BIE I		ł	2d Business code		=)			
OW	ENSBORO KY 42303			6211		3)			
	Plan administrator's name and address (if same as plan sponsor, enter 'Same'	`		3b Administrator	_				
SA	· · ·	,	]	7.01111110112101					
	·- <del>-</del>			3c Administrator's	s telephone numi	ber ber			
4 If	the name and/or EIN of the plan sponsor has changed since the last return/rep-	ort file	d for this	4b EIN					
	lan, enter the name, EIN, and the plan number from the last return/report.								
	Sponsor's name			4c PN					
5a	Total number of participants at the beginning of the plan year		.,	5a	11				
b	Total number of participants at the end of the plan year			<u>5b</u>	17				
С	Number of participants with account balances as of the end of the plan year (de	efined	-						
	benefit plans do not complete this item)		կ	5c	13				
	Were all of the plan's assets during the plan year invested in eligible assets? (Se				X Yes	'] No			
b	Are you claiming a waiver of the annual examination and report of an independent				₩.	П.,			
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and co				X Yes	∐ No			
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF	and n	nust instea	d <u>use Form 5500.</u>					
_	rt III Financial Information		(a) Da	lanian of Vone	(b) End of	Vase			
7	Plan Assets and Liabilities	i	(a) Deg	ginning of Year 700416	(b) End of	741677			
	Total plan assets	7a   7b	<del> </del>	100410	,	,410//			
	Total plan liabilities	<del></del>		700416		741677			
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	1 7c		) Amount	(b) Tot				
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:			, , , , , , ,					
а	(1) Employers	8a(1)		16347					
	(2) Participants	8a(2)		27155					
	(3) Others (including rollovers)			4					
b	Other income (loss) SEE STATEMENT 1	8a(3) 8b		-2241					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				41261			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	84							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			03000				
g	Other expenses	8g	ECASE DAME						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)	8i		<u> </u>		41261			
İ	Transfers to (from) the plan (see instructions)	8j				V.4.77.			

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## Part IV Plan Characteristics

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

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

Pai	t V Compliance Questions							
	<u> </u>		<del></del>	V	N <sub>a</sub>	1	A-mailm	
10	During the plan year:	t contributions within the time no	ried described	Yes	No		Amoun	<u> </u>
а	Was there a failure to transmit to the plan any participan	•		۱۵	X			
h	in 29 CFR 2510.3-102? (See instructions and DOL's	•		la	1			
D	Were there any nonexempt transactions with any				X			
_	transactions reported on line 10a.)			_				54000
	Was the plan covered by a fidelity bond?			C A				34000
u	Did the plan have a loss, whether or not reimburs				X			
_				a	Λ			
е	Were any fees or commissions paid to any broker							
	carrier, insurance service or other organization the	·			х			
	the plan? (See instructions.)				X			
†	Has the plan failed to provide any benefit when d				X			
g	Did the plan have any participant loans? (If "Yes,"			9	Λ.			
n	If this is an individual account plan, was there a b		I		x			
	and 29 CFR 2520.101-3.)			h	Λ.		<del></del>	
'	If 10h was answered "Yes," check the box if you				x			
	of the exceptions to providing the notice applied  V Pension Funding Compliance	under 29 CFR 2520.101-3	10	)	Λ_			
			и :		1			
11	Is this a defined benefit plan subject to minimum							X No
12	Schedule SB (Form 5500))	<del></del> -					Yes	M NO
	Is this a defined contribution plan subject to the r	- · · · · · · · · · · · · · · · · · · ·					Пу	X No
_	section 302 of ERISA? (If "Yes," complete 12a or							
а	If a waiver of the minimum funding standard for a							the letter
14	ruling granting the waiver.				У		Year	
-	ou completed line 12a, complete lines 3, 9, and				405			
	Enter the minimum required contribution for this p	•			12b			
	Enter the amount contributed by the employer to				12c			
a	Subtract the amount in line 12c from the amount		-		40.1			
_	the left of a negative amount)				12d	,	NI-	NI/A
10.000.000.000	Will the minimum funding amount reported on line WII Plan Terminations and Transfe		eadline?		. <u>Y</u>	'es	No	N/A
-	1 1-14 ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (						Yes	X No
IJa	Has a resolution to terminate the plan been adopt	• • •					[ ] res	<u> </u>
h	If "Yes," enter the amount of any plan assets that		_		13a			
D	Were all the plan assets distributed to participants		•	-			□ v	X No
_	under the control of the PBGC?						∐ Yes	
C	If during this plan year, any assets or liabilities we	re transferred from this plan to	o another plants), idei	itily trie	pian(s,	to writeri	assets or	
	liabilities were transferred. (See instructions.)			13c(2)	EIN(a)		13c(3)	DN/o)
	Sc(1) Name of plan(s):			130(2)	CIIV(S	'	130(3)	F 14(5)
Caur	ion: A penalty for the late or incomplete filing o	f this return/report will be as	reaccad unlace tage	onable (	2000	ie aetabli	shed	
		*	_					
	enalties of perjury and other penalties set forth in the instructions, loy an enrolleg actuary, as well as the electronic version of this retur					or Schedule	MB complete	od and
	Ara III.							
SIGN		15-3076 DR	JOHN HOUST	ON				
HERI	Signature of plan administrator		r name of individual s		s plan	administra	ator	
		<del>  /</del>	<del></del>		•			
SIGN		15-30 7L DR	JOHN HOUST	ON				
HEA	Signature of employer/plan sponsor  Date  Enter name of individual signing as employer or plan sponsor				or			