## 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). 2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		uance wit	ii the instructions to the Form 5500-	oг.					
	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011								
Α -	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan				
В -	This return/report is: the first return/report	the final r	eturn/report						
	an amended return/report	a short pla	an year return/report (less than 12 mon	ths)					
C	Check box if filing under: Form 5558	extension	DFVC program						
	special extension (enter descripti	on)							
Pa	art II Basic Plan Information—enter all requested inform	nation							
	Name of plan		1.	1b	Three-digit				
	N BROADBENT MD PLLC 401(K) PROFIT SHARING PLAN				plan number				
				(PN) ▶ 001					
			·	1c	Effective date of plan 03/11/2002				
2a	Plan sponsor's name and address; include room or suite number (	employer, if	for a single-employer plan)	2b	Employer Identification Number				
	N BROADBENT MD PLLC	- 1 - 7 - 7	3 1 1 7 17 17 17 17		(EIN) 33-0994721				
			<u> </u>	2c	Sponsor's telephone number				
225 N	MEDICAL CENTER DRIVE, SUITE 204 225 MEDIC	AL CENTE	R DRIVE, SUITE 204		·				
	UCAH, KY 42003 PADUCAH,		2	2d	Business code (see instructions)				
					621111				
	Plan administrator's name and address (if same as plan sponsor, 6 N BROADBENT MD PLLC 225 MEDICA	enter "Same	e") R DRIVE, SUITE 204	3b	Administrator's EIN 33-0994721				
JOHN	PADUCAH,		<u> </u>	3c Administrator's telephone nu					
					Administrator o telepriorie mariber				
4	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.			4.	DN				
	Sponsor's name			4c -	T				
	Total number of participants at the beginning of the plan year		<u> </u>	<u>5a</u>					
b	Total number of participants at the end of the plan year		<del> </del>	5b					
С	Number of participants with account balances as of the end of the complete this item)			5c					
6a	Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)		X Yes No				
b	Are you claiming a waiver of the annual examination and report of								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•		X Yes   No				
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information	-orm 5500-	SF and must instead use Form 5500						
	<u> </u>			l	4				
7	Plan Assets and Liabilities	_	(a) Beginning of Year 898120		(b) End of Year 1000989				
a	Total plan assets		000120		100000				
b	Total plan liabilities		898120		1000989				
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7с							
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total				
а	(1) Employers	8a(1)	57879						
	(2) Participants	8a(2)	36900						
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	8090						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			102869				
d	Benefits paid (including direct rollovers and insurance premiums								
е	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)								
f	Administrative service providers (salaries, fees, commissions)								
g	Other expenses								
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)								
:	Net income (loss) (subtract line 8h from line 8c)				102869				
i	Transfers to (from) the plan (see instructions)				102000				
J		··· 8j	1						

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Part IV	ı Plan	Charac	teristics

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

Part	Compliance Questions								
10	During the plan year:		Yes	No	Α	mount			
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					
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								
Part	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
			<u> </u>		·-				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					Yes X No			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection 3	302 of	ERISA?	Yes X No			
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver								
lf :	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					
С	Enter the amount contributed by the employer to the plan for this plan year		Г	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A			
Part									
	Has a resolution to terminate the plan been adopted in any plan year?			Пу	'es X No				
.oa				<u>' '</u>					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
D	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	unaer	tne co	ontroi 		Yes X No			
С	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.)								
1	I3c(1) Name of plan(s):		13	c(2) EI	N(s)	<b>13c(3)</b> PN(s)			
Caut	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
Unde SB o	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	Filed with authorized/valid electronic signature.	07/30/2012	JOHN BROADBENT
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

W. C. St	essite e-samed				<del></del>
	Annual Report Identification Information				
For (	calendar plan year 2011 or fiscal plan year beginning		and ending		
A T	his return/report is for: X a single-employer plan	a multipl	le-employer plan (not multiemployer)		a one-participant plan
Вт	his return/report is: the first return/report	-	return/report		
	an amended return/report	a short p	olan year return/report (less than 12 i	nonthe	a mark
<b>C</b> (	Check box if filing under: Form 5558		ic extension	TO THE REAL PROPERTY.	DFVO program
		-	ic extension	ا ا	Di Vogiani
	special extension (enter description	1)			
P	TAND Basic Plan Information—enter all requested information	ation			<u> </u>
1a	Name of plan			•	Three-digit
1011	NI DECARDENT ME DI LO 404/IN PROFIT CHARING DI AM				plan number (PN) ▶ 001
JOH	N BROADBENT MD PLLC 401(k) PROFIT SHARING PLAN				(PN) ▶  001 Effective date of plan
				10	3/11/2002
22	Plan sponsor's name and address; include room or suite number (	employer i	if for a single-employer plan)	2h	Employer Identification Number
<b>2</b> a	rian sponsor s name and address, include room or strice number (	employer,	il lor a single-employer plant		(EIN) 33-0994721
HOI.	N BROADBENT MD PLLC				Sponsor's telephone number
	N DNO NDDEN I MD I ZEO				141-4298
225	MEDICAL CENTER DRIVE, SUITE 204				Business code (see instructions)
	UCAH KY 42003			6211	
3a	Plan administrator's name and address (if same as plan sponsor,	enter "Sam		3b .	Administrator's EIN
Sam	e	<b>~ ⊗</b>			
				3c	Administrator's telephone number
			<u> </u>		
4	If the name and/or EIN of the plan sponsor has changed since the	last return	report filed for this plan, enter	4b	EIN
	the name, EIN, and the plan number from the last return/report.	***			
	Sponsor's name	alle <b>va</b>	<u> </u>	4c	PN
5a	Total number of participants at the beginning of the plan year			<u>5a</u>	5
þ	Total number of participants at the end of the plan year	J		5b	5
C	Number of participants with account balances as of the end of the	plan year (	defined benefit plans do not	_	
	complete this item)			<u>5c</u>	<u> </u>
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				
	under 29 CFR 2520.104-46? (See instructions of waiver eligibility	and conditi	ons.)		X Yes No
10:20-2 000	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.	
繼載	Financial Information	las e anaixen vor o		7	
7	Plan Assets and Liabilities		(a) Beginning of Year	_	(b) End of Year
a	Total plan assets	7a	898,12	<u> </u>	1,000,989
D	I otal plan liabilities	. 7b	200.40	-	
	Net plan assets (subtract line 7b from line 7a)	. 7c	898,12	<u> </u>	1,000,989
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	3 saggions	(b) Total
а	Contributions received or receivable from:			Y W	
	(1) Employers	. 8a(1)	57,87	1,9120120000	The second secon
	(2) Participants	8a(2)	36,90	미	grafia (1966) sagar
	(3) Others (inclifting followers)	. 8a(3)			
b	Other income (loss)	8b	8,09	D	
C	Total income (add lines 88(1), 8a(2), 8a(3), and 8b)	. <u>8c</u>		Tickethane	102,869
d	Benefits paid (including direct rollovers and insurance premiums				7.50
	to provide benefits)	8d		4.0	
е	Certain deemed and/or corrective distributions (see instructions)	. <u>8e</u>		400	
f	Administrative service providers (salaries, fees, commissions)	. 8f		_	
g	Other expenses	. 8g	Brown standard to the control of the	7.00	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and the second s		0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		W	102,869
i	Transfers to (from) the plan (see instructions)	. 8j	İ		

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	v.	 . I Z

	Form 5500-SF 2011		ge <b>2-</b>					٠,	3-09541	21		
Pa	NIV Plan Characteristics									_		
2E,	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, 3B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:											
	o in the plan provides wellate beliefles, enter the applicable wellate leature codes from the List of Flan Characteristic Codes in the instructions.											
	nw Compliance Questions					<u></u>						
	During the plan year:				Yes	No	A CALL		Amount			
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)	ciary Correction Pro	gram)	10a		ØX.	No.					
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b								
C	Was the plan covered by a fidelity bond?			10c		X.	₽					
d	Did the plan have a loss, whether or not reimbursed by the plan's fi fraud or dishonesty?			10d		X						
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of	er persons by an insu	rance carrier,									
	instructions.)	ue beneuts under t		10e		Х						
f	Has the plan failed to provide any benefit when due under the plant	?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		¥0g		Х						
h	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructions and	20 CFR	7 10 <u>h</u>		х			<u> </u>			
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-	e required notice of	ne of the	10i			(A22.2	4				
Pa	RVI Pension Funding Compliance		<b>&gt;</b>									
11	ts this a defined benefit plan subject to minimum funding requirements 5500))	ents (If "Yes," see in	structions and co	mple	te Scl	hedule	SB (F	om	☐ Ye	s X	No.	
12	Is this a defined contribution plan subject to the minimum funding re	No.	on 412 of the Cod	e or s	ectio	n 302	of ERI	SA?	Ye	s X	K No	
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applied if a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortized in this pl	an year, see instruMonth	uction	ns, an	d ente	er the d	late of	i the lette Year	r ruli	ing —	
11	granting the waiver	MB (Form 5500), a	nd skip to line 1	3.	_							
b	Enter the minimum required contribution for this plan year	y 	•••••	••••••	.	<u>12b</u>						
C	Enter the amount contributed by the employer to the plantfor this pl	lan year		••••••	·	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)					12d	<u> </u>				0	
	Will the minimum funding amount reported to line 120 be met by the	ne funding deadline?			•••••		Y	es	No	X	N/A	
P	TVII Plan Terminations and Transfers of Assets											
13a	Has a resolution to terminate the plan been adopted in any plan year	ar?					7		Ye	s X	K No	
	If "Yes," enter the amount of any plan assets that reverted to the er					13a						
				•••••		••••	ol		Ye	s 🔀	K No	
	If during this plan year, any assertion liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	m this plan to anothe	er plan(s), identify	the p	lan(s)	to			<del></del>			
1	3c(1) Name of plan(s):				13	c(2) E	IN(s)		13c	13c(3) PN(s)		
									ŀ			
Cau	tion: A penalty for the late or incomplete filing of this return/rep	ort will be assesse	d unless reasona	ble c	ause	is es	tablist	ned.				
SB	er penalties of perjury and other penalties set forth in the instructions or Schedule MB completed and signed by an enrolled actuary, as we	s, I declare that I hav all as the electronic v	e examined this re ersion of this retur	eturn/ n/rep	repor	t, inclund to	uding, i the bes	if appli st of m	icable, a ny knowle	Sch edge	edule and	
1303/1003	of, it is true correct, and complete.	7/00/0040	IOHN BBOAD		т							
SI HE	RE Signature of ptan administrator	7/30/2012 Date	JOHN BROADS  Enter name of in			ianina	20 212					
		7/30/2012	JOHN BROADI			gung	as pia	ıı auıl	กอเเสเป			
HE		7/30/2012 Date	Enter name of in			ionina	as em	plove	r or plan	Spor		
oranama,	ment allings A a ambalanting abound	+ <del></del>	, without them the Ai II			<u> </u>						