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

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public 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 JOHN M. FARMER, MD, PSC 401(K) PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 01/01/1995 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number JOHN M. FARMER, MD, PSC 61-1308702 (EIN) 2c Sponsor's telephone number 502-894-0266 4001 DUTCHMANS LANE-SUITE 5D 2d Business code (see instructions) LOUISVILLE, KY 40207 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 4001 DUTCHMANS LANE-SUITE 5D 61-1308702 JOHN M. FARMER, MD, PSC LOUISVILLE, KY 40207 3c Administrator's telephone number 502-894-0266 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 **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 (a) Beginning of Year (b) End of Year 175037 165720 Total plan assets..... 7a n 7b Total plan liabilities..... 175037 165720 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: 3174 8a(1) (1) Employers 5446 (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) -17937 **b** Other income (loss)..... 8b -9317 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g

8h

8i

0

Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

-9317

Form	5500.	SF.	201

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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- 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 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:

Part	·						
10	During the plan year:		Yes	No	A	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	100		.,			
	on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	Χ				256000
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.)	10a		Χ			
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					
Part				<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	ule SB	(Form		
	5500))				•	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	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 instruction granting the waiver						
lf [,]	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day .		eai	
_ '	Enter the minimum required contribution for this plan year		Г	12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of			12d			
	negative amount)			120			_
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						
13a	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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					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	13c(1) Name of plan(s):			c(2) EI	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	le cau	se is	establ	ished.		
Unde	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	ırn/rep	ort, in	cludin	g, if applicab	le, a Sch	edule

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.	09/15/2012	JOHN M. FARMER, MD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/15/2012	JOHN M. FARMER, 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 Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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► 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

∵ra	rtil Annual Report Identification Information						
For the	ne calendar plan year 2011 or fiscal plan year beginning	01/01	/2011 and ending	12	/31/2011		
•			employer plan (not multiemployer)		a one-participant	olan	
		he final ret		L	T a sue battielbatti	- 1 - 1 - 1	
י ט	님 ' 님		•				
		•	n year return/report (less than 12 mon	itris) E	7		
C	theck box if filing under: x Form 5558	automatic e	extension		DFVC program		
	special extension (enter description)						
Pa	rt II Basic Plan Information enter all requested inform	nation.					
_	Name of plan				Three-digit		
	JOHN M. FARMER, MD, PSC 401(k) PROFIT SHARING P	T.ANI			olan number (PN) ► 06	01	
	DOIN M. PARTER, MD, PSC 401(K) PROPIL SHREETS I		-		Effective date of plan		
					01/01/1995	'•	
<u>2a</u>	Plan sponsor's name and address; include room or suite number (emp	oloyer, if for	single-employer plan)	2b i	Employer Identificati	on Number	
	JOHN M. FARMER, MD, PSC				(EIN) 61-13087		
		•		2c	Plan sponsor's telep	hone number	
	4001 DUTCHMANS LANE-SUITE 5D				(502) 894-026	5	
	TOOL BOTOMIENO MEND BOTTE OF				Business code (see	instructions)	
US	LOUISVILLE KY 40207				621111 		
3a	Plan administrator's name and address (If same as plan sponsor, ente	r "Same")		3b /	Administrator's EIN		
	SAME						
				3c /	Administrator's telep	hone number	
4	If the name and/or EIN of the plan sponsor has changed since the last	return/ren	ort filed for this plan, enter the	4b EIN			
-	name, EIN, and the plan number from the last return/report.	. 1010.1.1.0p	-	4c PN			
	Sponsor's Name				TIN TIN		
5a				5a 5b		<u>4</u> 5	
b	Total number of participants at the end of the plan year			่อม		3	
G	complete this item)			5с		4	
6a	Were all of the plan's assets during the plan year invested in eligible a	ssets? (Se	e instructions.)			X Yes No	
b	Are you claiming a waiver of the annual examination and report of an i						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and		•			X Yes No	
-	If you answered "No" to either 6a or 6b, the plan cannot use Form	n 5500-SF	and must instead use Form 5500.				
	rt III Financial Information		(a) Beginning of Year	1	(b) End of \	/oor	
7	Plan Assets and Liabilities			_	(b) Elia of i		
a	Total plan assets	7a	175,037			165,720	
b	Total plan liabilities	7b	0			0 100	
C	Net plan assets (subtract line 7b from line 7a)	7c	175,037	_	/b\ Tote	165,720	
8 .a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	352/3/8	(b) Tota	11	
·u	(1) Employers	8a(1)	3,174				
	(2) Participants	8a(2)	5,446				
	(3) Others (including rollovers)	8a(3)	0			-	
b	Other income (loss)	8b	(17,937)		n en gran te describer sett		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				(9,317)	
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d	0	1000			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	-		1. The second of	
f	Administrative service providers (salaries, fees, commissions)	8f	0				
g	Other expenses	. 8g	0	¥65.0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			W	0	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				(9,317)	
î	Transfers to (from) the plan (see instructions)	. 8j	0				

Part	IV Plan Characteristics					-	
9a	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charact	eristic	Code	s in the	instruction	ns: .	
bı	2E 2G 2J 2R 3D f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characte	ristic C	odes:	in the i	instructions	·	
Par	V Compliance Questions			,			
10	During the plan year:		Yes	No		Amount	· .
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		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported						
	on line 10a.)	10b		X			
C	Was the plan covered by a fidelity bond?	10c	х				256,000
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			,
_	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,	100					t
е	insurance services or other organization that provides some or all of the benefits under the plan? (See			x			
£	instructions.)	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?			ļ			
g h	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	ļ	X			75.00
	2520.101-3.)	10h		х			
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					
	VI Pension Funding Compliance					·	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of					. 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 instruct granting the waiver	ions, a	and en	iter the	date of the	e letter rulin	g
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day	/	rear	
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 onegative amount)	fa		12d			
6	Will the minimum funding amount reported on line 12d be met by the funding deadline?	• •	٠ ـ		Yes	□No	□N/A
Part		• •	• •	• •			
	Has a resolution to terminate the plan been adopted in any plan year?		· · ·			<u>X</u> Yes	□No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u						
С	of the PBGC?					Yes	X No
	which assets or liabilities were transferred. (See instructions.)	· · · · · ·					
	13c(1) Name of plan(s):	-	13c(2) EIN(s)			13c(3)PN(s)
	A Market Control of the Control of t						
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cause	e is es	tablis	hed.		
SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re it is true, or proct, and camplete.						
	SAMMINITEDIAMON IIII SAMMININI TOTOLOGIA	MER	M. D		MM 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
SIC HE	RE Signature of plan administrator) Date / Enter name of in				plan admii	nistrator	
SIC	The state of the second second						
HE	In the state of th	dividu	al sigr	ning as	employer	or plan spo	nsor
	-						

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