## 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

	Complete all entri	ies in accord	lance with	the instructions to the Form 5500	O-SF.	,	•	
P	art I Annual Report Identification Inform	nation						
For	calendar plan year 2011 or fiscal plan year beginning	01/01/2011	1	and ending 1	2/31/2	011		
Α	This return/report is for:	n	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report		the final re	eturn/report				
	an amended return/re	eport :	a short pla	in year return/report (less than 12 mo	onths)			
C	Check box if filing under: X Form 5558	Ė	automatic	extension	ĺ	DFVC progra	m	
J	special extension (en	ter description			ļ			
	_ ' '		,					
	art II Basic Plan Information—enter all requ	ested informa	ation					
	Name of plan				1b	Three-digit		
LANI	DMARK UROLOGY 401K RETIREMENT PLAN					plan number (PN)	001	
					10	Effective date of		
					16	01/01/		
2a	Plan sponsor's name and address; include room or suit	te number (er	mnlover if	for a single-employer plan)	2h	Employer Identif		ar .
	DMARK UROLOGY, PSC	ic number (ci	ripioyer, ii	for a single employer plany		(EIN) 77-067		<b>7</b> 1
						Sponsor's teleph	none number	
4400	DI EVINCTON DOAD, CHITE 440				20	502-868		
	B LEXINGTON ROAD, SUITE 140 DRGETOWN, KY 40324				2d	Business code (	see instruction	ns)
						62111		-,
3a	Plan administrator's name and address (if same as plan	n sponsor, en	iter "Same	.")	3b	Administrator's E	EIN	
LAND				.Ď, SUITE 140		77-06	72639	
		SEORGETOV	WN, KY 40	1324	3с	Administrator's t		ber
_	Kill II EN CIL I	1 2 4 1			41.	502-868	5-8748	
4	If the name and/or EIN of the plan sponsor has change name, EIN, and the plan number from the last return/re		ast return/i	eport filed for this plan, enter the	4b	EIN		
а	Sponsor's name	<b>5</b> p011.			4c	PN		
	Total number of participants at the beginning of the pla	n vear			5a			
b	Total number of participants at the end of the plan year	•						
					5b			
С	Number of participants with account balances as of the complete this item)		• (	•	5c			3
62	Were all of the plan's assets during the plan year inve						X Yes	No
b		J		` '				
~	under 29 CFR 2520.104-46? (See instructions on waive						X Yes	No
	If you answered "No" to either 6a or 6b, the plan ca	annot use Fo	orm 5500-	SF and must instead use Form 550	00.			
Pa	art III Financial Information							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		7a	183253			174493	
b	Total plan liabilities		7b	0			0	
C	Net plan assets (subtract line 7b from line 7a)		7c	183253			174493	
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) T	otal	
а				(α) Απουπτ		(6) 1	-tai	
<u> </u>	(1) Employers		8a(1)	5869				
	(2) Participants		8a(2)	13554				
	(3) Others (including rollovers)		8a(3)					
b	• • • • • • • • • • • • • • • • • • • •		8b	-5492				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c				13931	
d	Benefits paid (including direct rollovers and insurance		- OC					
u	to provide benefits)		8d	22691				
е	Certain deemed and/or corrective distributions (see ins	structions)	8e					
f	Administrative service providers (salaries, fees, commi	ssions)	8f					
g	Other expenses		8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h				22691	
i	Net income (loss) (subtract line 8h from line 8c)		8i				-8760	
i	Transfers to (from) the plan (see instructions)							
	, , , - 1 (		8j					

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Partiv	Plan	C.narac	TELISTICS

- **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 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions						
0	During the plan year:		Yes	No		Amou	ınt
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 exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					. П	Yes X N
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					П	Yes X N
	(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 instruction granting the waiver						
-	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 negative amount)			12d			
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						
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol			Yes X N
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	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13	<b>3c(3)</b> PN(s
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	se is	establ	ished.		
nde	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return a school of this return.	ırn/rep	ort, in	cludin	g, if appli		

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.	10/11/2012	AMBERLY K. WINDISCH
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

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2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Complete all entries in accordance with the instructions to the Form 5500-SF Part Annual Report Identification Information 12/31/2011 01/01/2011 and ending For calendar plan year 2011 or fiscal plan year beginning 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 the final return/report B This return/report is: an amended return/report a short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Panil Basic Plan Information—enter all requested Information 1b Three-digit 1a Name of plan plan number LANDMARK UROLOGY 401K RETIREMENT PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/2008 2b Employer Identification Number (EIN) 77-0672639 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) LANDMARK UROLOGY, PSC Sponsor's telephone number (502) 868-8748 1138 LEXINGTON ROAD, SUITE 140 Business code (see instructions) 621111 KY 40324 GEORGETOWN 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3C Administrator's telephone number 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 a 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..... 5b C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 3 complete this item). X Yes No Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ...... b Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) X 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. Parallel Financial Information (b) End of Year (a) Beginning of Year Plan Assets and Liabilities 183,25 174,493 7a a Total plan assets..... 7b b Total plan liabilities..... 174,493 183,253 C Net plan assets (subtract line 7b from line 7a)..... 7c (b) Total Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: 5,869 8a(1) (1) Employers ..... 13,554 8a(2) (2) Participants ..... 8a(3) (3) Others (including rollovers)..... (5,492)8b b Other income (loss)..... 13,931 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8c d Benefits paid (including direct rollovers and insurance premiums 22,69 8d to provide benefits)..... Certain deemed and/or corrective distributions (see instructions)... 80 Administrative service providers (salaries, fees, commissions)...... 8f 89 Other expenses 22,691 8h Total expenses (add lines 8d, 8e, 8f, and 8g)..... Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) .....

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for For

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Part IV P		

- 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 3D
- b if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

		3 00000 110111 410 1	secon fall onaraci	Onoac	, 000	55 III U	ie madaction				
Part	♥ Compliance Questions										
10	During the plan year:				Yes	No	А	mount			
	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Progr	am)	10a		Х					
đ	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	o not include trans	actions reported	10ь		X					
c	Was the plan covered by a fidelity bond?	**********************		10c		Х		* *************************************			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or dishonesty?	ity bond, that was	caused by fraud	10d		Х					
Ð	Were any fees or commissions paid to any brokers, agents, or other pe insurance service or other organization that provides some or all of the instructions.)	benefits under th	e plan? (See	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan?		Г	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of y	/ear end.)	ŀ	10g		Х					
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 2	9 CFR	10h		Х					
l	If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520,101-3	quired notice or or	ne of the	101	-						
Part	VL Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements? 5500)).							Yes X No			
12	is this a defined contribution plan subject to the minimum funding requ							Yes 🛭 No			
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	,									
a	If a waiver of the minimum funding standard for a prior year is being an granting the waiver.	nortized in this pla	in year, see instruct	ions,	and e	nter th	ne date of the	letter ruling			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB			' <del></del>		Day	' '				
d	Enter the minimum required contribution for this plan year					12b					
C	Enter the amount contributed by the employer to the plan for this plan y	year			Г	12c	,				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)	result (enter a mir	nus sign to the left o	fa	[	12d					
е	Will the minimum funding amount reported on line 12d be met by the fu	unding deadline?	************				Yes	No N/A			
Part	VII Plan Terminations and Transfers of Assets										
13a	Has a resolution to terminate the plan been adopted in any plan year?		*****************	, , , , , , , , , , , ,		Π,	res X No				
	If "Yes," enter the amount of any plan assets that reverted to the emplo			7000000							
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?							Yes 🗓 No			
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to another	, , , ,	e plar	n(s) to	i					
	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3)			13c(3) PN(s)				
Caul	ion: A penalty for the late or incomplete filing of this return/report v	will be assessed	unless reasonable	e cau	se is	estab	lished.				
SBo	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.										
a.	160 Contilla Jendial 10/8/12 AMBERLY K.										
His		Date	Enter name of in	dividu	al sig	ning a	s plan admin	istrator			
		10/8/A	AMBERLY K.								
	BIEN CHARLES THE CONTRACT OF T						f individual signing as employer or plan sponsor				