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 section 6058(a) of the Internal Revenue Code (the Code).

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 5500	0-SF.				
		lentification Information							
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009			
A	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В	This return/report is for:	first return/report	final retur	n/report		_			
	Ţ	an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	-	extension		DFVC progra	am		
		special extension (enter description				☐ e b. e â			
Dr	ert II Basic Blan Inform	nation—enter all requested inform							
	art II Basic Plan Inforr Name of plan	mation—enter all requested inform	ation		1h	Three-digit		-	
	Name of plan ALACHIAN PHYSICIANS PSC 4	401K PLAN			ID	plan number			
						(PN) ▶	001		
					1c	Effective date of			
						01/01/2	2006		
	•	ess (employer, if for single-employer	plan)		2b	Employer Ident		ımber	
APP	ALACHIAN PHYSICIANS PSC				20	(EIN) 61-131 Plan sponsor's		numbor	
P.O.	BOX 911006				20		7-9999	Hullibei	
LEXI	NGTON, KY 40591				2d	Business code	(see instru	ctions)	
						62111			
	Plan administrator's name and ALACHIAN PHYSICIANS PSC	address (if same as Plan sponsor, e		∍")	3b	Administrator's 61-131			
/XI I /	ALAOHIAN TITTOIOIANO TOO	LEXINGTON		1	3c	Administrator's		number	
					•		7-9999	- Indiribor	
	•	an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
- 1	name, EIN, and the plan numbe	r from the last return/report. Sponso	or's name		40	PN			
5a	Total number of participants at	the heginning of the plan year			5a	FIN		7	
5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year									
	·	• •		ļ	5b			7	
С		ith account balances as of the end o			5c			5	
6a	, ,			(See instructions.)			X Yes	s No	
				ndent qualified public accountant (IQF					
				ions.)			X Yes	s 📙 No	
D-			orm 5500-	SF and must instead use Form 550	00.				
	rt III Financial Informa	ation		I					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year		
	Total plan assets		. 7a	51778	5			94079	
b	·		. 7b						
<u> </u>		7b from line 7a)	. 7с	51778	3			94079	
8	Income, Expenses, and Transf			(a) Amount		(b)	Total		
а	Contributions received or recei	vable from:	. 8a(1)	11480					
			8a(2)	16882					
	• •)							
b	, ,			13939					
C	,	8a(2), 8a(3), and 8b)		10000				42301	
d		rollovers and insurance premiums						.200.	
-	to provide benefits)	•	. 8d						
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e						
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f						
g	Other expenses		. 8g						
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	. 8h					0	
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i					42301	
j	Transfers to (from) the plan (se	ee instructions)	. 8i						

Part IV	Plan	Characteristics

SIGN HERE

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 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	unt					
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)			X							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report on line 10a.)			Х							
С	Was the plan covered by a fidelity bond?	10c	X					20000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by from dishonesty?		Х								
е	r dishonesty?										
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		X							
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			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 5500))					. []	Yes	X No			
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or se	ection 3	302 of	ERISA?		Yes	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 in granting the waiver.	Month									
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		_	12b	Г						
b	b Enter the minimum required contribution for this plan year										
	C Enter the amount contributed by the employer to the plan for this plan year										
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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										
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				T		Yes	X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a							
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
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.)										
13c(1) Name of plan(s):					N(s)	1;	3c(3)	PN(s)			
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	onable ca	use is	establ	ished.						
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined thing r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this refi, it is true, correct, and complete.										
SIGI	Filed with authorized/valid electronic signature. 10/14/2010 DEEPAK SRIVA										
HER				dividual signing as plan administrator							

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 section 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

2009

This Form is Open to Public Inspection

	art Annual Report Identification Information	1 701 70	000		10/01/0000				
⊢or		1/01/2			12/31/2009				
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)	ployer) one-participant plan					
В	This return/report is for:	final retur	nal return/report						
	an amended return/report	short plar	year return/report (less than 12 mor	ths)					
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program				
	special extension (enter description	on)							
P	art II Basic Plan Information—enter all requested inform	ation							
1a	Name of plan			1b	Three-digit				
	APPALACHIAN PHYSICIANS PSC 401k PLAN				plan number (PN) 001				
				10	(PN) ▶ 001 Effective date of plan				
				10	01/01/2006				
2a	Plan sponsor's name and address (employer, if for single-employer APPALACHIAN PHYSICIANS PSC	plan)		2b	2b Employer Identification Number				
	APPALACHIAN PHYSICIANS PSC			(EIN) 61-1310916					
				2c	Plan sponsor's telephone number (606) 487-9999				
	P.O. BOX 911006			2d	Business code (see instructions)				
	LEXINGTON		KY 40591		621111				
3a	Plan administrator's name and address (if same as Plan sponsor, e $_{\mathtt{SAME}}^{\bullet}$	nter "Same	e")	3b	Administrator's EIN				
				30	Administrator's telephone number				
					Administrator 3 telephone number				
	If the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	PN				
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 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not				<u> </u>					
complete this item)				5c					
	Were all of the plan's assets during the plan year invested in eligib								
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				₩ vaa □ Na				
	•		ons.)		IAI YES I IND				
Pa	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								
	art III Financial Information	orm 5500-	SF and must instead use Form 55		X Yes No				
7	art Financial Information Plan Assets and Liabilities	orm 5500-	SF and must instead use Form 55 (a) Beginning of Year		(b) End of Year				
7		orm 5500-		00.					
7 a	Plan Assets and Liabilities		(a) Beginning of Year	00.	(b) End of Year				
7 a b	Plan Assets and Liabilities Total plan assets	. 7a	(a) Beginning of Year	8	(b) End of Year				
7 a b	Plan Assets and Liabilities Total plan assets Total plan liabilities	. 7a	(a) Beginning of Year 51,77	8	(b) End of Year 94,07				
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7a 7b 7c	(a) Beginning of Year 51,77 51,77 (a) Amount	8	(b) End of Year 94,07				
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1)	(a) Beginning of Year 51,77 51,77 (a) Amount	8	(b) End of Year 94,07				
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 51,77 51,77 (a) Amount	8	(b) End of Year 94,07				
7 a b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 51,77 51,77 (a) Amount 11,48 16,88	8 8 2 2	(b) End of Year 94,07				
7 a b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 51,77 51,77 (a) Amount	8 8 2 2	(b) End of Year 94,07 (b) Total				
7 a b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 51,77 51,77 (a) Amount 11,48 16,88	8 8 2 2	(b) End of Year 94,07				
7 a b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 51,77 51,77 (a) Amount 11,48 16,88	8 8 2 2	(b) End of Year 94,07 (b) Total				
7 a b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 51,77 51,77 (a) Amount 11,48 16,88	8 8 2 2	(b) End of Year 94,07 (b) Total				
7 a b c 8 a b c	Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Beginning of Year 51,77 51,77 (a) Amount 11,48 16,88	8 8 2 2	(b) End of Year 94,07 (b) Total				
7 a b c 8 a b c d	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 51,77 51,77 (a) Amount 11,48 16,88	8 8 2 2	(b) End of Year 94,07 (b) Total				
7 a b c 8 a b c d e f	Plan Assets and Liabilities Total plan assets Total plan liabilities	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 51,77 51,77 (a) Amount 11,48 16,88	8 8 2 2	(b) End of Year 94,07 (b) Total 42,30				
7 a b c 8 a b c d e f	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions).	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 51,77 51,77 (a) Amount 11,48 16,88	8 8 2 2	(b) End of Year 94,07 (b) Total				

Oct. 14. 2010 9:35AM

No. 0454 P. 3/4

	Form 5500-SF 2008	Page 2-							
	IV Plan Characteristics		•	•					
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2d 2K 3D								10.10.10.10.10.10.10.10.10.10.10.10.10.1
₽	If the plan provides welfare benefits, enter the applicable welfare	• feature codes from the List of Plan Char	ecteria	lic Cox	les in 1	unioni oci.	ctions:		
Parl	V Compliance Questions								······
10	During the plan year:			Yes	No		Ame	wnt	
#	Was there a failure to trenerm to the plan any participant contri 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary F	buttoms within the time period described in			Х			** 1 1411 161	
ь	Were there any nonexampt transactions with any party-in-inten	cuclery Correction Program)	10#		A				
Ī	on Res 10a.)	hinanistatur (ibe terfer) (pr. 1872 terrengeren er	186	<u>'</u>	X	ĺ			
¢	Was the plan covered by a fidelity bond?	***************************************	10c	Х				21	0,000
đ	Did the plan have a loss, whether or not reimbursed by the play or dishonesty?	***************************************	1 0 d		×			##Westername	
	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 a instructions.)	ii or the beneals under the plan? (See	100		x	ĺ			
f	Here the plan failed to provide any benefit when due under the p		101	are proper	ж			PERSONAL PROPERTY.	
٥	Old the plan have any participant leane? (If "Yes," anter amount	se of your and)	100	1	ж				
h	If this is an individual account plan, was there a blackout period 2520.101-3.)	? (See instructions and 29 CFR	10h		X	Aria di Giorni	1 () 32 30 1	1 1 7 1 2 2 1	19 19 1 A
j	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	the required notice or one of the	10i				i di	Facility (
Pert	M Pension Funding Compliance		-5			Mary mirror mary mary		Parent Marie	·
11	is this a defined benefit plan subject to minimum funding require 5500))	ments? (If "Yes," see instructions and con	piete	Schod	⊻le 5E	(Form	. П	Yes	X No
12	is this a defined contribution plan subject to the minimum fundi							Yes	No No
	(If "Yet," complete 12s or 12b, 12c, 12d, and 12e below, as app						_		_
2	if a waiver of the minimum funding standard for a prior year is b granting the waiver.	eing emortized in this plan year, see instru	ations	, and e	nier (f:	e date of	the let	iter ruit r	
N,	you completed line 12s, complete lines 3, 9, and 10 of Sched	ule MB (Form 5500), and skip to line 13.			LALY.		I Sea.	' —	
b	Enter the minimum required contribution for this plan year			-11.01	12b				
¢	Enter the amount contributed by the employer to the plan for this	s pian year		[12c				
đ	Subtract the amount in line 12o from the amount in line 12b. En negative amount)				12d				
	Will the minimum funding amount reported on line 12d by met b		-,,,,	, ,,.,		} Y + •	<u> </u>	lo .	N/A
	VII Plan Terminations and Transfers of Asset								
13#	Hiss a resolution to terminate the plan been adopted during the	plan year or any prior year?	71. 64 6	· · · · · · · · · · · · · · · · · · ·	~			Yes	X No
-	If "Yes," enter the amount of any plan assets that reverted to the								
D #	Were all the plan assets distributed to participants or beneficiari of the PBGC?				ntroi			Yes	No.
	If during this plan year, any easels or liabilities were transferred which seeds or liabilities were transferred. (See Instructions.)	from this plan to another plants), identity t	he pla	n(s) to					
7	(lg(1) Name of plan(s):		₩-	134	(2) E	N(+)		13¢(3)	PN(=)
	•								
			-		-	N. Virginia			
<u></u>			<u> </u>						
Cout	ion: A penalty for the late or incomplate filling of this return/r	aport will be assessed unless ressorat	ie oat	e is	establ	is hed			
On b	e penalities of perjury and other penalities set forth in the instruction Schedule MB completed and signed by an enrolled actuary, as f, it is true, correct, and complete, \(\times\) \(\times\)	yns, I doclare that I have exemined this ret well as the electronic version of this return	urryre _i /repor	port, in t, and t	cluding o the £	j, if applik Hest of my	cable, y know	a Sche ledge a	र्वे एक्टि धार्च
BIG		DEEPAK SRI	Ubor	# T T T T		1-1-1-1		PAN-	
HER		The second secon							
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	2 - Triardi & At Authology hier Shoulds.	Date (8/14/10) Enter name of (idividi	isi sigi	វេពក្នុ 🛊	embloAs	et or pl	en spo	necr