Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Part I	Annual Report Identif						
For cale	ndar plan year 2009 or fiscal plar	-		and ending 12/3	31/2008		
A This	return/report is for:	a multiemployer plan;	a multip	le-employer plan; or			
		x a single-employer plan;	a DFE (specify)			
			_				
B This	return/report is:	the first return/report;	<u> </u>	return/report;			
		X an amended return/report;	a short	plan year return/report (les	s than 12 months).		
C If the	plan is a collectively-bargained p	olan, check here					
D Chec	k box if filing under:	Form 5558;	automa	tic extension;	the DFVC program;		
	Ç	special extension (enter des	cription)		–		
Part	II Basic Plan Informat	ion—enter all requested informa	ation				
	ne of plan	7			1b Three-digit plan	000	
JAYALA	KSHMI PAMPATI, MD, PSC PRO	OFIT SHARING PLAN			number (PN) ▶	002	
					1c Effective date of pla 01/01/1997	ın	
2a Plan	snonsor's name and address (e	mployer, if for a single-employer	nlan)		2b Employer Identificat	tion	
	ress should include room or suite		pian		Number (EIN)	.1011	
JAYALA	KSHMI PAMPATI, MD, PSC		61-1314204				
					2c Sponsor's telephone		
					number 606-439-4126		
	ORTH MAIN STREET O, KY 41701	1908 NOR HAZARD,	RTH MAIN STREET KY 41701	•	2d Business code (see		
					instructions)		
					621111		
Caution	: A penalty for the late or incor	mplete filing of this return/repor	rt will be assessed	l unless reasonable caus	e is established.		
		alties set forth in the instructions, I					
statemer	nts and attachments, as well as t	he electronic version of this return	Treport, and to the	Dest of my knowledge and	belier, it is true, correct, and comp	piete.	
SIGN							
SIGN HERE							
	Signature of plan administration	tor	Date	Enter name of individua	al signing as plan administrator		
CICN							
SIGN HERE							
	Signature of employer/plan s	ponsor	Date	Enter name of individua	al signing as employer or plan spo	onsor	
015							
SIGN							
	Signature of DFE		Date	Enter name of individua	al signing as DFE		

	Form 5500 (2009)		Pa	ge 2	2						
	Plan administrator's name and address (if same as plan sponsor, enter "Sam YALAKSHMI PAMPATI, MD, PSC	ne")								dministrat	
190	1908 NORTH MAIN STREET HAZARD, KY 41701 3c Administrator's telegonumber number 606-439-4126							·			
4	If the name and/or EIN of the plan sponsor has changed since the last return, the plan number from the last return/report:	/repor	filed for	this	plan,	entei	r the na	me, EIN	l and	4b EI	N
а	Sponsor's name									4c PN	N
5	Total number of participants at the beginning of the plan year								5		
6	Number of participants as of the end of the plan year (welfare plans complete	e only	ines 6a, 0	6b, 6	6c, ar	nd 6d	1).				
а	Active participants								. 6a		
b	Retired or separated participants receiving benefits								. 6b		
С	Other retired or separated participants entitled to future benefits								. 6c		
d	Subtotal. Add lines 6a, 6b, and 6c								. 6d		
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive b	enefits						. 6e		
f	Total. Add lines 6d and 6e								. 6f		
g	Number of participants with account balances as of the end of the plan year (complete this item)								. 6g		
h	Number of participants that terminated employment during the plan year with less than 100% vested								. 6h		
7	Enter the total number of employers obligated to contribute to the plan (only	multie	mployer p	olans	s com	nplete	this ite	em)	. 7		
b	If the plan provides pension benefits, enter the applicable pension feature could be applicable welfare feature codes	s from	the List o	of Pla	an Ch	aract	teristic	Codes ir	n the ins	tructions:	
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor		Plan ben (1) (2) (3)	efit a	Insu Cod Trus	uranc de se st	e ction 4	12(e)(3)	insurand) ce contra	cts
10	``	-	(4)	here				of the s		hed (S	ee instructions)
							, enter	.iie iiuiii	טכו מנומנ	ineu. (Si	ce monuciions)
а	Pension Schedules (1) R (Retirement Plan Information)	b	General	Sch	edul		'Einana	ial Infa	matica\		
	(1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money		(1) (2)	Н			•	ial Inforr	,	Small Pla	an)
	Purchase Plan Actuarial Information) - signed by the plan		(3)			,		nce Info		Jinan i'l	uiij

(4)

(5)

(6)

(3)

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

C (Service Provider Information)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

6-14-10

Form 5500	Annual Return/Report of	Employee Benefit Plan	Official Use Only OMB Nos 1210 – 0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security	This form is required to be filed under so Retirement income Security Act of 1 6057(b), and 6058(a) of the Intern	974 (ERISA) and sections 6047(e), nai Revenue Code (the Code).	2008
Administration	 Complete all entries into the instructions to 		This Form is Open to
Pension Benefit Guaranty Corporation			Public Inspection.
	rt Identification Information	, and ending	
	8 or fiscal plan year beginning 1 a multiemployer plan;	(3) a multiple emplo	wer plan; or
· ·	X a single employer plan (other than a	(4) a DFE (specify)	ye. pau, o
(=	multiple-employer plan);	(4) [] a b) c (spaciny)	المالية المالية
B This return/report is: (1	the first return/report filed for the plan; X an amended return/report;	` ' H	Paris நிரை நிரை months)_
C If the plan is a collectively-b	argained plan, check here		i
D If filing under an extension of	f time or the DFVC program, check box and at	tach required information. (see instru	ictions)
Part II Basic Plan Inf	ormation enter all requested information	on.	
1a Name of plan		1b Thr	- ,
JAYALAKSHMI PAMPATI	, MD, PSC		number (PN) ▶ 002
PROFIT SHARING PLAN		1c Effe	ctive date of plan (mo., day, yr.) 01/01/1997
•	idresa (employer, if for a single-employer plan) 2b Em	ployer Identification Number (EIN)
(Address should include root		70.0	61-1314204
JAYALAKSHMI PAMPATI	, MD, PSC	2C Spo	606-439-4129
		2d Bus	iness code (see instructions)
		124 000	621111
1908 NORTH MAIN STR	BET		
HAZARD	KY	41701	
	r incomplete filing of this return/report will be a		established.
~	penalties set forth in the instructions, I declare that I I		
	onic version of this return/report if it is being filed elect	ronically, and to the best of my knowledge	and belief, it is true, correct and complete
SIGN HERE	Drani / 6/3/12	JAYALAKSHMI PAMPATI,	мD
Signature of plan	yadministrator Date	Type or print name of individu	a) signing as p)sn administrator
SIGN	Person / 6/3/10.1	JAYALAKSHMI PAMPATI,	
Signature of employs	r/plan sponsor/DFE Date	Type or print name of Individual sign	ing as employer, plan sponsor or DFE
For Paperwork Reduction Act I	Notice and DMB Control Numbers, see the i	nstructions for Form 5500.	v11.3 Form 5500 (2008)
		54	RECEIVED OF STATE OF THE STATE
1	1 18865L 8866B 1689 BBLS1 18L63 1883B		



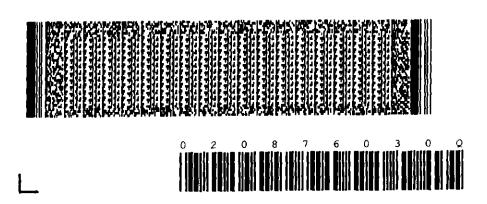
Γ	, JAYALAKSHMI PAMPATI, MD, PSC PROFIT SHARING PLAN 61-13	314204	•		•	•
•	Form 5500 (2008) P	age 2		Ł		
					Official Use Only	
3a	Plan administrator's name and address (if same as plan sponsor, enter "Same")	3b	Admini	strator	's EIN	
		3с	Admini	strator	's telephone numbe	er
4 a	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan name, EIN and the plan number from the last return/report below: Sponsor's name	n, enter	the		b ein c PN	
5	Preparer information (optional) a Name (including firm name, if applicable) and address				b EIN C Telephone nur	mber
6	Total number of participants at the beginning of the plan year	,	<u></u> .	6		1
þ	Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and Active participants Retired or separated participants receiving benefits Other retired or separated participants entitled to future benefits Subtotal Add lines 7a, 7b, and 7c Deceased participants whose beneficiaries are receiving or are entitled to receive benefits Total Add lines 7d and 7e		•••••	7a 7b 7c 7d 7e 7f		1 0 0 1 0
h	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	vere rated		7g 7h		0
_	participants required to be reported on a Schedule SSA (Form 5500). Benefits provided under the plan (complete 8a and 8b, as applicable) Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension benefits (check this box if the plan provides pension benefits and enter the applicable pension benefits (check this box if the plan provides welfare benefits and enter the applicable welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare).	sion fea	ture cod	╝┖		
	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(i) insurance contracts (3) X Trust (4) General assets af the sponsor 9b Plan benefit arrangem (1) Insurance (2) Code section (2) Code section (3) X Trust (4) General assets as the sponsor (4) General assets	412(i) ii	nsurance	contri		
I		P				

CIS Image

Case #: CISRVY1F87

Emp #: 0437460586

,	AYALAKSHMI PAMPATI, MD, PSC PROFIT SHAF 5500 (2008)	RING PLAN	61-1314204 Page 3	Official Use Only
	ttached (Check all applicable boxes and, where indicate nefit Schedules R (Retirement Plan Information) B (Actuarial Information) E (ESOP Annual Information) SSA (Separated Vested Participant Information)	d, enter the number a b Financial Sc (1) (2) (3) (4) (5) (6)	H (Financial Info I (Financial Info A (Insurance Inf C (Service Provi D (DFE/Particips) ormation) ormation – – Small Plan)



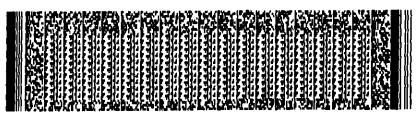
SCHEDULE I

Financial Information - - Small Plan

(Form 5500)	This schedule is required to be filled			OMB NO. 1210-0110					
Department of the Tressury Internal Revenue Service Department of Labor	Retirement Income Security Act of 19 Internal Revenue								
Employee Benefits Security Admirustration Pension Benefit Gueranty Corporation	File as an attachm	ent to f	Form 6500.	This Form is Open to Public Inspection.					
For calendar year 2008 or fiscal plan year	beginning		and ending						
A Name of plan			B Three-digit						
JAYALAKSHMI PAMPATI, MD,	PSC PROFIT SHARING PLAN	i	plan numbe	r ▶ 002					
C Plan sponsor's name as shown on line	e 2a of Form 5500		D Employer l	dentification Number					
JAYALAKSHMI PAMPATI, MD,	PSC		<u>_</u>	61-1314204					
Complete Schedule I if the plan covered fi	ewer than 100 participants as of the beg	jinning d	of the plan year. You may also co	emplete Schedule I if you					
are filing as a small plan under the 80-120	participant rule (see instructions). Com	plete S	chedule H if reporting as a large	plan or DFE.					
Part I Small Pian Financial	Information								
Report below the current value of assets a	and liabilities, Income, expenses, transfe	ers and	changes in net assets during the	plan year. Combine the					
value of plan assets held in more than one	e trust. Do not enter the value of the por	tion of a	in insurance contract that guaran	tees during this plan year to					
pay a specific dollar benefit at a future dat	te. Include all income and expenses of t	he plan	including any trust(s) or separate	ly maintained fund(s) and					
any payments/receipts to/from insurance of	carriers. Round off amounts to the ne	arest de	ollar.						
1 Plan Assets and Liabilities:	T		(a) Beginning of Year	(b) End of Year					
a Total plan assets	·	1a	257586	172345					
b Total plan liabilities		1b							
C Net plan assets (subtract line 1b from	line 1a)	1c	257586	172345					
2 Income, Expenses, and Transfers to	or this Plan Year:		(a) Amount	(b) Total					
a Contributions received or receivable	·								
(1) Employers		a(1)	16200						
(2) Participants		a(2)							
(3) Others (including rollovers)	<i></i>	a(3)		and the second of the second o					
b Noncash contributions		2b		· · · · · · · · · · · · · · · · · · ·					
C Other income ,		2c	9277	<u> </u>					
d Total income (sdd lines 2a(1), 2a(2), 2	2a(3), 2b, and 2c)	2d		25477					
Benefits paid (including direct rollovers)	-,	20		· /					
f Corrective distributions (see instruction	ns)	2f							
g Certain deemed distributions of perticipations	pant loans (see instructions)	2g							
h Other expenses		2h	110718						
i Total expenses (add lines 2e, 2f, 2g, a		2i		110718					
Net incoms (loss) (subtract line 2i from		2	[-85241					
k Transfers to (from) the plan (see instru		2k							
assets remaining in the plan as of the end of	nytime during the plan year in any of the follow the plan year. Allocate the value of the plan's the trust meets one of the specific exceptions	interest i	n a commingled trust containing the a:	ent value of any asets of more Amount					

3b b Employer real property.

Schedule i (Form 6500) 2008





mortgage, parcel of real estate, or pertnership/joint venture interest? j Were all the pish assets either distributed to participants or beneficiaries, transferred to another pian, or brought under the control of the PBGC? k Are you claiming a weiver of the annual exemination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) 5 a Hes a resolution to terminate the pian been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets reverted to the employer this year 5 b 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 liability were transferred. (See instructions.)	State State Cother than employer real property State	Γ	JAYALAKSHMI PAMPATI, MD, PSC PROFIT SHARING PLAN 61-	314204	ŀ		
Yes No Amount	Yes No Amount	•	Schedule I (Form 5500) 2008	Pa	ge 2		Official Has Only
3 C Real estate (other than employer real property) d Employer securities Participant loans Loans (other than to participants) 3 T X Jangible personal property 3 Transactions During Plan Year During the plan year Did the employer fail 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.) Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance Were any leases to which the plan was a party in default or classified during the year as uncollectible? Were the plan overend transactions with any party-in-interest? (Do not include transactions reported on line 4a.) Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) Was the plan overed by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the pian's fidelity bond, that was caused by fraud or dishonesty? Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? Did the plan at any time hold 20% or more of its assets in any single security, debt., mortgage, parcel of real estate, or partnership/joint venture interest? Mere all the plan assets either distributed to participants or beneficianes, transferred to another plan, or brought under the control of the PBGC? K Are you claiming a weiver of the annual examination and report of an independent qualfied public accountant (ICPA) under 29 CFR 2520.104-46? If no, attach an ICPA's report or 2520.104-80 ration and examination and report of an independent to another plan, or brought under the control of the PBGC? K Are you claiming a weiver of the annual examination and report of an independent to another plan (see instructions) to w	3 C Real estate (other than employer real property) d Employer securities Participant loans f Loans (other than to participants) g Tangible personal property Part II Transactions During Plan Year 4 During the plan year: a Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510, 3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program.) b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. c Were arry leases to which the plan was a party in default or classified during the year as uncollectible? d Were there any nonexempt transactions with any party-in-interest? (Oo not include transactions reported on line 4a.) e Was the plan covered by a fedelity bond? f Did the plan haid any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? b Did the plan neiden and season of the plan of the plan of the plan of the plan plan of the plan plan assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? d Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or perturburions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? d Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or perturburions whose value was neither readily determinable on an established market nor set by an independent qualified public accountant (ICPA) under 29 CFR 2520.104-45? If no, attach an ICPA's				10	Na	
d Employer securities 3d X	d Employer securities Participant toans Consider than to participants) Grangible personal property Part II Transactions During Plan Year During the plan year: Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510,3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program.) Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. Were any leases to which the plan was a party in default or classified during the year as uncollectible? Were there any nonexempt transactions with any party-in-interest? (Oo not include transactions reported on line 4a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Did the plan hold any assets whose current value was neither readily determinable on an astablished market nor set by an independent third party appraiser? Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? Did the plan at any time hold 20% or more of its assests in any s	3.0	Peoplectate (other than armniver real property)	3c	103		Allouit
Participant loans f Loans (other than to participants)	Participant loans Participant loans		· · · · · · · · · · · · · · · · · · ·		 		
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b 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.)	b 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.)						ritourit of any plant assets that
were transferred. (See instructions.)	were transferred. (See instructions.)		abolitatio allo ellipiojal allo year i i i i i i i i i i i i i i i i i i i	_			s) to which assets or liabilities
FL/61	FL(8) =++			itaj, ida:	,,,,	. p	-, ,,
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SCHEDULE R (Form 5500)	Retirement Plan Information		<u> </u>	fficial Use Only
,	This askedute is required to be filed under sections 104 and 4055	of the	OMB	No. 1210-0110
Department of the Treasury Internal Reverue Service Department of Labor	This schedule is required to be filed under sections 104 and 4065 Employee Retirement throme Security Act of 1974 (ERtSA) and section of the Internal Revenue Code (the Code).			2008
Employee Benefits Security Administration Pension Benefit Quaranty Corporation	File as an Attachment to Form 5500.			orm is Open to ic inspection.
For calendar year 2008 or fiscal pl	an year beginning and ending			
A Name of plan		B Three-	_	
	MD, PSC PROFIT SHARING PLAN	plan nu		
C Plan sponsor's name as shown		D Emplo	yer Identifica	tion Number 61-1314204
JAYALAKSHMI PAMPATI,	MD, PSC			01-1314204
Part I Distributions	s relate only to payments of benefits during the plan year.			
	in property other than in cash or the forms of property specified	1	1	
in the instructions	I in property office trials in cash of the female of property opposition	1	s	
	no paid benefits on behalf of the plen to participants or beneficiaries		<u> </u>	
* * * * * * * * * * * * * * * * * * * *	vo, enter EINs of the two payors who paid the greatest dollar amounts			
Profit-sharing plans, ESOPs,	and stock bonus plans, skip line 3.	ł		
3 Number of participants (living of	or deceased) whose benefits were distributed in a single sum, during			w. t
		3		
	ation (If the plan is not subject to the minimum funding requirements of ion 302, skip this Part)	section 412	of the Intern	
4 Is the plan administrator makin	g an election under Code section 412(d)(2) or ERISA section 302(d)(2)?		Yes	∐ No ∐ N/A
If the plan is a defined benef	• •			
	ding standard for a prior year is being amortized in this	.		V
plan year, see instructions, and	I enter the date of the ruling letter granting the waiver	► Month		
	otete lines 3, 9, and 10 of Schedule MB and do not complete the rem Intribution for this plan year			•
	ly the employer to the plan for this plan year			
	from the amount in line 6a. Enter the result (enter a minus sign to the left		·	
	,		s	0
•	lines 7 and 8 and complete line 9.			
7 If a change in actuarial cost me	thod was made for this plan year pursuant to a revenue procedure provide	ing automa	atic	
	ass ruling letter, does the plan sponsor or plan administrator agree with the	e change?	Yes	No N/A
Part III Amendments	and the same and and and advanced division this same was that			
•	on plan, were any amendments adopted during this plan year that ue of benefits? If yes, check the appropriate box(es). If no, check the			
"No" box. (See instructions.)	•	I Incre	ase D	screase No
Part V Coverage (Sec				
	plan used to satisfy the coverage requirements the ratio percent	tage test	ave	age benefit test
For Paperwork Reduction Act No	tice and OMB Control Numbers, see the Instructions for Form 5500.	v11.3	Schedule R	(Form 5500) 2008
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