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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	n the instructions to the Form 5500)-SF.	·			
		dentification Information							
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 12	2/31/	2010			
Α .	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ınt plan		
В	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plar	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	X Form 5558	automatic	extension		DFVC progra	am		
	-	special extension (enter description	on)			_			
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation						
	Name of plan				1b	Three-digit			
		NIC, P.S.C. NEW COMPARABILITY	PROFIT S	HARING PLAN		plan number	003		
						(PN) •			
					1c	Effective date of 01/01/2			
22	Dian ananger's name and addr	ross (ampleyer if for single ampleyer	· nlon)		2h	Employer Identi		nhor	
APP	LACHIAN CARDIOLOGY CLII	ress (employer, if for single-employer NIC, P.S.C.	piai i)		20	(EIN) 61-127		iibei	
						Plan sponsor's	telephone n	umber	
	BOX 2197 VILLE, KY 41502-2197					606-43			
	,				2d	Business code 621111		tions)	
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	3")	3b	Administrator's	FIN		
APP	LACHIAN CARDIOLOGY CLI	NIC, P.S.C. P.O. BOX 27 PIKEVILLE,	197	·		61-127			
		I IKE VILLE,	KT 41302-	2137	3с	Administrator's	telephone n	umber	
1	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					606-432-6162 4b EIN			
	•	er from the last return/report. Sponso		port filed for this plan, enter the	40	EIIN			
		· · ·			4c	PN			
5a	5a Total number of participants at the beginning of the plan year							8	
b	Total number of participants a	t the end of the plan year			5b			6	
С		rith account balances as of the end o			_			6	
					<u>5c</u>		<u> </u>		
	•			(See instructions.)			^ Yes	No	
b				dent qualified public accountant (IQF ons.)			X Yes	No	
				SF and must instead use Form 550					
Pa	rt III Financial Inform	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		. 7a	332204				466833	
b	Total plan liabilities		. 7b						
С	Net plan assets (subtract line	7b from line 7a)	. 7с	332204				466833	
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or rece			55817					
			. 8a(1)		_				
	• •		` '		_				
	, ,	3)	, ,	99563					
b	` ,			99303				155380	
۲ C	, , ,	8a(2), 8a(3), and 8b)rollovers and insurance premiums	. 8c					133300	
d		rollovers and insurance premiums	8d	20751					
е		tive distributions (see instructions)							
f	Administrative service provide	rs (salaries, fees, commissions)	8f						
g	Other expenses								
h	Total expenses (add lines 8d,	8e, 8f, and 8g)						20751	
i		e 8h from line 8c)						134629	
i	Transfers to (from) the plan (s	ee instructions)							

	F	orm 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
Эа		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteri	stic Co	des in	the instru	ctions:		
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	tic Cod	des in t	he instruc	tions:		
art	· V	Compliance Questions							
0		ng the plan year:		Yes	No	·	Amo	unt	
а	Was	there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were	e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c		X	1			
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X	1			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co						Yes	No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc	le or se	ection 3	302 of E	ERISA?		Yes	X No
а	lf a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr ing the waiver							
lf	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			, -				
b	Ente	r the minimum required contribution for this plan year			12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the let tive amount)			12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
art	VII	Plan Terminations and Transfers of Assets							

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Yes X

Yes X No

13c(3) PN(s)

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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): 13c(2) EIN(s)

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.	10/12/2011	BRAHMAJI PURAM, M.D.
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 section 6058(a) of the

Internal Revenue Code (the Code).

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

		ance with	the instructions to the Form 5500	-SF.	
	art I Annual Report Identification Information	2 /07 /0	0.01.0		22/21/2010
	[2] - ttt	1/01/2			12/31/2010
A 1	tas ietaimepattis tot.	•	mployer plan (not multiemployer)	Į	one-participant plan
В		final return	•		
	an amended return/report	short plan	year return/report (less than 12 mor	· -	- -
C	Check box if filing under: 💹 Form 5558	automatic	extension	l	DFVC program
	special extension (enter description	n)			
Pa	rt II Basic Plan Information—enter all requested informa	tion		· An antonoma Altonia	
	Name of plan				Three-digit
	Appalachian Cardiology Clinic, P.S.C. Ne Sharing Plan	w Comp	arability Profit		plan number (PN) > 003
	Sharing Flan	•			Effective date of plan
					01/01/2003
2a	Plan sponsor's name and address (employer, if for single-employer	plan)			Employer Identification Number
	Appalachian Cardiology Clinic, P.S.C.		ļ	·	(EIN) 61-1278080
	P.O. Box 2197			2¢	Plan sponsor's telephone number 606-432-6162
				2d	Business code (see instructions)
	Pikeville KY 41502-2197				621111
3a	Plan administrator's name and address (if same as Plan sponsor, er Appalachian Cardiology Clinic, P.S.C.	iter "Same	:")	3b	Administrator's EIN
				30	61-1278080 Administrator's telephone number
	P.O. Box 2197 Pikeville KY 41502-219	7	•	JC .	606-432-6162
4 1	f the name and/or EIN of the plan sponsor has changed since the las	t return/re	port filed for this plan, enter the	4b	
1	name, EIN, and the plan number from the last return/report. Sponsor	r's name			
52	Total number of participants at the beginning of the plan year			4c	
				5a	. 8
	Total number of participants at the end of the plan year			5b	6
G	Total number of participants with account balances as of the end of complete this item)	the plan y	ear (defined benefit plans do not	5c	6
- 6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No
	Are you claiming a waiver of the annual examination and report of a	in indepen	dent qualified public accountant (IQ)	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)	.,	X Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 55	10.	
7	Plan Assets and Liabilities		(a) Building a Color	T	40.3 3004 C 300
•	Total plan assets		(a) Beginning of Year 33220	,	(b) End of Year 466833
b	•	7a 7b	33220	*	400033
	Net plan assets (subtract line 7b from line 7a)	70 7c	33220		466833
8	Income, Expenses, and Transfers for this Plan Year	76		-	***
_	Contributions received or receivable from:		(a) Amount	+	(b) Total
	(1) Employers	Ba(1)	5581	7	
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	9956	3	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8¢			155380
d	Benefits paid (including direct rollovers and insurance premiums				
_	to provide benefits)	8d	2075	싁 :	
e	Certain deemed and/or corrective distributions (see instructions)			-	•
1	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g		-	
n :	. , , , , , , , , , , , , , , , , , , ,	8h		-	20751
. I	Net income (loss) (subtract line 8h from line 8c)	8i			134629
	Transfers to (from) the plan (see instructions)	8]			
FOF	Paperwork Reduction Act Notice and OMB Control Numbers, see the instruction	ns for Form	15500-SF.		Form 5500-SF (2010) v.092308.1

				-	
	Form 5500-SF 2010 Page 2-				
Pari	t IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in ti	ne instructions:
b	2A 2E 2G 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	actorie	tic Coc	les in th	na instructions:
ь	If the pion provides weather deficies, each the applicable words reduce codes from the cast of their chart	30.0013	die God	JG3 (I) (I)	o maasaaara,
Part	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		х	
E	Was the plan covered by a fidelity bond?	10c	•	х	
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	
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		х	
f	Has the plan failed to provide any benefit when due under the plan?	10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	101			
Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	nplete	Sched	lule SB	Yes No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ection :	302 of E	RISA? Yes X 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 amortized in this plan year, see instrugranting the waiver				
if	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13				·
	Enter the minimum required contribution for this plan year.		-	12b	
c	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	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			<u> [</u>	Yes No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				Yes 🛛 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 of the PBGC?	,,,,,,,,,,,	_,,		☐ Yes 🏻 No
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions)	ihe pla	an(s) to)	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

13c(1) Name of plan(s):

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.

13c(3) PN(s)

13c(2) EIN(s)

SIGN HERE	Golden Stenar	10-11-11	Brahmaji Puram, M.D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Bay: Efue	16-11-11	Brahmaji Puram, M.D.
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form **5558**(Rev. June 2011)

(Rev. June 2011) Department of the Treasury Internal Revenue Service

Part I Identification

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

File With IRS Only

	Name of filer, plan administrator, or plan sponsor (see instructions) Appalachian Cardiology Clinic, P.S.C.	В	B Filer's identifying number (see instructions) Employer identification number (EIN) 61-1278080 Social security number (SSN) (see instructions)				
•	Number, street, and room or suite no. (If a P.O. box, see instructions) P.O. Box 2197						
	City or town, state, and ZIP code Pikeville, KY 41502-2197						V.
;	Plan name		Plan	,	Plar	year endir	
1	T MIT HAITE	r	umb :	er	MM	Plan year ending Plan year ending DD 2 31 Dns). Form 5558 is filed and (b) the da	YYYY
	1 Appalachian Cardiology Clinic, P.S.C. New Comparab	0	0	3	12	31	2010
	2						
	3		! ! ! ! !				
aı	t II Extension of Time To File Form 5500 Series, and/or Form 8	955-S	SA				
1	I request an extension of time until 10 / 17 / 2011 to file Form Note. A signature IS NOT required if you are requesting an extension to file Form			-	structions).		
2	I request an extension of time until // / to file Form Note. A signature IS required if you are requesting an extension to file Form 8			see ins	tructions).		
	The application is automatically approved to the date shown on line 1 and/of the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 2 (above) is not later than the 15th day of the third month after the	this e	xtens	on is r			
3	Extension of Time To File Form 5330 (see instructions) I request an extension of time until/ to file Form						
а	You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax		aldu a		of Form 5330).	
				1			
b	Enter the payment amount attached		•		>	b	****
- c 4	For excise taxes under section 4980 or 4980F of the Code, enter the reversion State in detail why you need the extension:	/ameno	dmen	date .	>	С	

	JJ113408HDJ						

Cat. No. 12005T