# Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**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).

**Short Form Annual Return/Report of Small Employee** 

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1			
		dentification Information							
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	first return/report							
		an amended return/report	short plar	year return/report (less than 12 mor	nths)				
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program			
	Ü	special extension (enter description	on)						
Da	rt II Basic Plan Infor	mation—enter all requested inform							
	Name of plan	mation—enter all requested inform	lation		1h	Three-digit			
	ALACHIAN PHYSICIANS PSC	401K PLAN			1.5	plan number			
	I LACHANT ITTOICIANO I OC FORT LAN					(PN) • 001			
					1c	Effective date of plan			
				01/01/2006					
		ess (employer, if for single-employer	r plan)		2b	Employer Identification Number			
APP	ALACHIAN PHYSICIANS PSC				2-	(EIN) 61-1310916			
P.O.	BOX 911006				20	Plan sponsor's telephone number 606-487-9999			
LEXI	NGTON, KY 40591				2d	Business code (see instructions)			
						621111			
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
APP	ALACHIAN PHYSICIANS PSC	P.O. BOX 9' LEXINGTON		1	_	61-1310916			
					3C	Administrator's telephone number 606-487-9999			
4	f the name and/or FIN of the ni	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4h				
		er from the last return/report. Sponso		port mod for the plant, officer the	4b EIN				
					4c	PN			
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	7			
С	Total number of participants w	ith account balances as of the end o	f the plan y	vear (defined benefit plans do not		_			
	complete this item)				5c	5			
6a	Were all of the plan's assets of	during the plan year invested in eligit	ole assets?	(See instructions.)		Yes   No			
b				ndent qualified public accountant (IQI		X Yes ☐ No			
				ions.)SF and must instead use Form 55					
Pa	rt III Financial Inform		01111 3300-	or and must misteau use i orm 55	<del>00.</del>				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
-	Total plan assets		. 7a	(a) Beginning of Teal	)	147128			
	. ota. pia accoto								
b	•	7h from line 7e)		94079	)	147128			
<u>C</u>		7b from line 7a)	. 7с						
8	Income, Expenses, and Trans			(a) Amount	(b) Total				
а	Contributions received or rece (1) Employers	ervable from:	. 8a(1)	17142	2				
				23808	3				
	• •	3)			_				
b	, ,		1	12099	9				
C	` ,	8a(2), 8a(3), and 8b)				53049			
d	, , , ,	rollovers and insurance premiums	. 00						
u			. 8d						
е		tive distributions (see instructions)	8e						
f		rs (salaries, fees, commissions)							
g									
h	•	8e, 8f, and 8g)				0			
i		e 8h from line 8c)				53049			
i		ee instructions)							
			OI	1	1				

	Form 5500-SF 2010 Page <b>2-</b>	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  Inter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Inter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Inter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Inter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Inter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Inter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Inter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Inter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Inter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Inter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Inter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Inter the applicable welfare feature codes from the instructions and observed the instructions:  Inter the applicable welfare feature codes from the instructions:  Inter the applicable welfare feature codes from the instructions:  Inter No Amount  Inter No No			
ar	t IV Plan Characteristics				
а	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in	the instructions:
	2A 2E 2G 2J 2K 3D  If the plan provides welfare handits, enter the applicable welfare, feature codes from the List of Plan Charge.	ctorict	ic Coc	loc in t	the instructions:
)	in the plan provides wellare benefits, effect the applicable wellare feature codes from the List of Plan Charac	Clensi		162 111 (	ine instructions.
art	V Compliance Questions				
)	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		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		20000
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		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			Χ	
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			
ırt	VI Pension Funding Compliance				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of I	ERISA? Yes No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
	granting the waiver				
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year				
	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 of negative amount)			12d	

### Part VII Plan Terminations and Transfers of Assets

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

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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)
13c(3) PN(s)

N/A

No

Yes X No

No

Yes

#### 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.	10/17/2011	DEEPAK SRIVASTAVA, MD
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

OMB Nos. 1210-0110

1210-0089

### Form 5500-SF

Department of the Treesay Internal Revenue Service

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled under sections 104 and 4065 of the Employee Refrement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2010 Department of Labor This Form is Open to Public Employee Senate Security Administra Inspection Provider Bornett Guerraty Committee Complete all entries in accordance with the instructions to the Form 5500-\$1 Annual Report Identification Information 12/31/2010 01/01/2010 and ending For calendar plan year 2010 or fiscal plan year beginning single-employer plan one-participent plan multiple-employer plan (not multiemployer) A This return/report is for: first return/report final return/report B This return/report is for: an amended return/report short plan year return/report (less than 12 months) X DFVC program Form 5558 extoniatic extension C Check box I filling under: special extension (enter description) Basic Plan Information—arrier all requested information 15 Three-digit 12 Name of plan olan numbar appalaceian peysicians psc 401k Plan 001 (PN) 🕨 Effective date of plan 01/01/2006 25 Employer Identification Number 2a Plan sporaci's name and address (employer, if for single-employer plan)
AFFALACHIAN PHYSICIANS PSC (EIN) 61-1310916 Žc. Plan sponsor's telephone number (606) 487-9999 P.O. BOX 911006 Business code (see Instructions) 621111 KY 40591 Lexington Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's EIN 3c Administratoris telephone number If the name anclor EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, ElM, and the plan number from the last return/report. Sponsor's name 4c PN 5e Total number of participants at the beginning of the plan year...... Şa. 5b C Total number of participants with account balances as of the and of the plan year (defined benefit plans do not 5 5c complete this item)... Yes 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you distribute a waiver of the amoust examination and report of an independent qualified public accountant (ICPA) Yes No under 29 CFR 2520.104-467 (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 5600. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 94,079 147,128 Total plac assets 72 b Total plan liabilities 7b 94.079 147,128 C Net plan assets (aubtract fine 7b from line 7a)...... (b) Tobul Income, Expenses, and Transfers for this Plan Year (a) Amount A Contributions received or receivable from: 17, 142 (1) Employers ..... 88(1) 23,808 [2] Participants 8a(2)(3) Others (Including rollovers)..... 8a(3) 12,099 乱 53.049 C Total income (add lines 6s(1), 8s(2), 8s(3), and 6b) ..... Àċ Benefits paid (including direct rollovers and insurance premiums to provide benefits) đợ Certain deemed and/or corrective distributions (see instructions). Νā Administrative service providers (salaries, fees, commissions)... Other expenses..... Bo Total expenses (add lines 8d, 8a, 8f, and 8g)......... BÌ. 53.049 I .. Net income (loss) (subtract line 8h from line 8c)......... Ř Transfers to (from) the plan (see instructions) .......

	Form 6500-SF 2010		Page 2-						
2. Sept. 1.	Plen Characteristics								
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 30 If the plan provides welfare benefits, enter the applicable welfare if								
Z-1	Compliance Questions					····			·
10	During the plan year;	<u> </u>			Yes	i iida	1	<u> </u>	-
	Was those a failure to transmit to the plan any participant contribut	itions within the firms p	veriod described in		700	No	-	Ame	MUTAL
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonecompt transactions with any party-in-interest on line 10a.)	t? (Do not include tran	sections reported	10a		X			- a color described
C	Was the plan covered by a fidelity bond?			10c	X	**	<u> </u>	<del></del>	20,00
đ	Did the plan have a loss, whether or not reimbursed by the plan's or distronasty?	fidelity bond, that was	s caused by fraud	100	A	X			<u> </u>
•	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	her persons by an insu of the benefits under t	irance carrier, he plan? (See	100		x			
. f	Has the plan falled to provide any benefit when due under the plan			101		X			
9	Old the plan have any participant leans? (if "Yes," enter amount as	s of year end.)	8544.144889181211717771777	10g		X		·	
h	If this is an individual account plan, was there a blackout pariod? (	(See Instructions and	29 CFR	10h		X			
i •••••	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	notice or deliber en	one of the	101					
	Pension Funding Compliance				-				1704
11	la this a defined benefit plan subject to minimum funding requirems 6600))	ente? (If "Yes," see in	structions and comp	plate :	Sched	ule Si	3 (Form	П	Yes X N
12									Yes X N
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
2	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	to amortized in this old	an year, see instruc	zions,	and e	nter t	ne date of	the lat	ier ruling
if y	ou completed line 12s, complete lines 3, 9, and 10 of Schedule	* MB (Form \$500), as	ad skip to line 13.	in		Day		Ymar	
	Enter the minimum required contribution for this plan year.				[	1.21b			
C	Enter the amount contributed by the employer to the plan for this pi	den veer				12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter hegative amount)	the result (enter a mis	nus sign to the left o	of &	<u> </u>	12d			
<b>G</b>	Will the minimum funding amount reported on line 12d be met by th	he funding deadline?.	3 table ( ( 1 2 )	-1.53 //			Yes	N	o NA
	Plan Terminations and Transfers of Assets	7.7.	- desired						
13a	rias a resolution to terminate the plan been adopted during the plan								Yes X N
e,.	f "Yes," anter the amount of any plan assets that reverted to the en	mployer this year				13a			
	Were all the plan assets distributed to participants or beneficiaries, of the PBGC7	, transferred to anothe	if plan, or brought u	mder t	he co	ntrol			Yes X No
	If during this plan year, any assets or Sabilities were transferred from which assets or liabilities were transferred. (See Instructions.)	em this plain to accome	i pian(a), identity to	e plan	(s) to				
7.	c(1) Name of plan(s):	<u> </u>		<u></u>	13c	(2) El	N(s)	1:	3c(3) PN( <u>s)</u>
<del></del>					···········		<del>*************************************</del>	+	
				<u> </u>					
Catera	n: A penalty for the late or incomplete filing of this return/repo	ort will be assessed	uniess reasonable	a cau	iá İs e	atabl	shed.		
belief,	pensities of perjury and other pensities set forth in the instructions. Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	, I decime that I have if as the electronic ver	examined this return/materials	m/repo eport,	oet, me and to	duding the b	), if applica rest of my	able, a knowle	Schedule adge and
	DIVIA.		DEEPAK SRIV	ነኳ ኖጥ:	bUД.	МП		: es	
L. L.		Date	Enter name of inc		<del></del>			in in Arms	here
				# 1 T T-00 100 -0	ML Mrgga.	1174	Process of the Co.	IN ESSENT TO	.1
	Signature of employeriples sponsor	Date	Enter name of inc	dividas	el sion	ina 89	emplower	الخام عم	n endanear