## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

2011

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending 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) Part II Basic Plan Information—enter all requested information 1a Name of plan Three-digit plan number CREEKSIDE FAMILY MEDICAL CENTER, P.S.C. 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CREEKSIDE FAMILY MEDICAL CENTER PSC 81-0558943 (EIN) 2c Sponsor's telephone number 502-477-1955 P.O. BOX 529 TAYLORSVILLE, KY 40071-0529 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 81-0558943 CREEKSIDE FAMILY MEDICAL CENTER PSC P.O. BOX 529 TAYLORSVILLE, KY 40071-0529 Administrator's telephone number 502-477-1955 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 а Sponsor's name Total number of participants at the beginning of the plan year ..... 13 5a 13 **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 13 complete this item)..... Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes 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.									
Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	179847	203508					
b	Total plan liabilities	7b	0	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	179847	203508					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from:  (1) Employers	8a(1)	12092						
	(2) Participants	8a(2)	22476						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	-7868						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		26700					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1135						
е	Certain deemed and/or corrective distributions (see instructions)	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	1904						
g	Other expenses	8g	0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3039					
i	Net income (loss) (subtract line 8h from line 8c)	8i		23661					
j	Transfers to (from) the plan (see instructions)	8j		F 5500 05 (0044)					

Form 5500-SF 2011		
FUIII 2200-2F 2011		

D = = 1 1 1 /	Dian Characteristics	

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D

Page **2** - 1

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		Amo	unt			
	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		Aiiic	, unit			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X							
С	Was the plan covered by a fidelity bond?	10c	X					25000		
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					824		
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					11471		
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				L					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					. П	Yes	X No		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						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 instructions, and enter the date of the letter ruling granting the waiver									
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	40h						
	Enter the minimum required contribution for this plan year			12b						
	Enter the amount contributed by the employer to the plan for this plan year			12c						
a	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	N	10	N/A		
art	VII Plan Terminations and Transfers of Assets									
3a	Has a resolution to terminate the plan been adopted in any plan year?				Yes X	No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	١						
1	3c(1) Name of plan(s):	13c(2) EIN(s)				13c(3)	PN(s)			
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.					
Jnde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return	urn/rep	ort, in	cludir	ng, if appli	,				

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/13/2012	THOMAS C. CRAIN
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

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

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OMB Nos, 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Pensio	n Benefit Guaranty Corporation	<ul> <li>Complete all entries in accordant</li> </ul>	se with the	Instructions to	the Form 3300					
O	Annual Paport Id	entification Information	01/201		d ending	1.	2/31/201	1		
Fo <u>r ca</u> le	andar plan year 2011 or fisca	il plan year beginning		ployer plan (not r		П	a one-particip	ant plan		
•	return/report is for:	XIa single-employer platt 🔛 a t			manus mproy say	<u></u>				
	return/report is:	the first return/report	final retur	n/report	uses then 12 mo	nths)				
D this	, letaninokon iai	all dinenges is a server a		ear return/report	(less Man 12 mo	······	DFVC progra	m		
<b>A</b>		X Form 5558 🔲 au	tomatic exi	ension		Ц	D1 40 b1+3			
C Che	eck box if filing under:	special extension (enter description)								
	a I need Discussion	mation—enter all requested information	חי			db Th	ree-digit			
Part							au unwper			
Ta Na	ame of plan 	edical Center, P.S.C.					N) 🕨	001		
						1c Effective date of plan 01/01/2007				
	)1(k) Plan									
		ress; include room or suite number (emp	oloyer, if for	a single-employ	er plan)	2b E	nployer identi (IN) B1-055	fication Number 8943		
2a Pi	an sponsor's name and add	ledical Center PSC	_					phone number		
C:	teckalor tautily .	200 cm				2C S	ponsors telep 502) 477	-1955		
								(see instructions)		
ę	.O. Box 529				71 0500	1 20 6	21111			
T	aylorsville			KY 400	71-0529	3b A	dministrator's	EIN		
3a P	'lan administrator's name an	d address (if same as plan sponsor, ent	er "Same")			1				
3	amė					3c ∧	dministrator's	telephone number		
		<u> </u>				4b E				
4	Stre name and/or FIN of the	plan sponsor has changed since the la	st relurn/re	port filed for this i	plan, enter the	40 5				
4 (	name, EIN, and the plan nur	nbor from the last return/report.				4c F	PNN			
a 8	Sponsor's name					- 5a		13		
5a	Total number of participants	at the beginning of the plan year				. 5b		13		
b i	Total number of participants	at the end of the plan year,		fined banefit nië	ns do not			 1.3		
¢	Number of participants with	account balances as of the end of the pl	an yesi (ui	stilled octions by		<u>. 5c</u>	<u> </u>			
								X Yes   No		
6a	Were all of the plan's asset	s during the plan year invested in eligible of a structure of a st	n independ	lent qualified pub	lic accountant (I	QPA)		🛛 Yes 🗍 No		
ь	Are you claiming a waiver of under 29 CFR 2520.104-46	of the annual examination and report of a fr? (Seo instructions on waiver eligibility a	and condition	ms.)	eed use Form !	5500.				
	If you answered "No" to o	ither 6a or 6b, the plan cannot use FC	rm 5500-S	F and must insi	ead disc i vita.					
	rt III Financial Infor	mation			ning of Year	Till I	(b) E:	nd of Year		
7	Plan Assets and Liabilities			(a) negii	179,	847		203,508		
a	Total plan assets		7a			0		(		
b	Total plan liabilities	,	<u>7b</u>		179,	847		203,50		
С	Net plan assets (subtract li	ne 7b from line 7a)	7c	(a)	Amount		(1	o) Total		
8	Income, Expenses, and Tra	ansfers for this Plan Year		<u></u>		2.25				
а	A Literations received Of F	eceivable from:	8a(1)_		1.2,	<del></del>				
	(1) Employers				22,	476				
	(2) Participants									
	(3) Others (including rollo	vers),,		(7,86			,868)			
b	Other income (loss)	6-(0) Po(2) and Rh)	8c					26,70		
C	Total Income (add lines 8a	(1), 8a(2), 8a(3), and 8b)				1.35				
d	to provide benefits)	rect rollovers and insurance premiums	. 8d		<u> </u>	<u></u>				
_	Certain deemed and/or co	rrective distributions (see instructions)	. <u>8e</u>			904				
e	Administrative service pro	viders (salaries, fees, commissions)	<u>8f</u>		1.,	204				
Ť	Withingtoning solution big		8g			U		3,03		
g	Total avanages (add lines	8d, 8e, 8f, and 8g)	. 8h					23,66		
h	Not income (local (automes	ct line 8h from line 8c)	81		<u></u>			20,00		
i	Transfers to (from) the pis	ın (see Instructions)	- 8j					Form 5500-SF (2011		

Page 2 -Form 5500-SF 2011 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part IV If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Compliance Questions Part V Amount No Yes Was there a failure to transmit to the plan any participent contributions within the time period described in During the plan year: 10 Х 29 CFR 2510,3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) ...... 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Χ on line 10a.) 10b 25,000 10c Х 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 Х 10d 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 824 Х 10c instructions.) f Has the plan failed to provide any benefit when due under the plan? ...... Х 101 11,471 g Did the plan have any participant loans? (if "Yes," enter amount as of year end.)..... Χ 10g h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR Х 10h 2520.101-3.) 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..... 10 Part VI | Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yos," see instructions and complete Schedule SB (Form Yes 5500))..... 11 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. 12 (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 instructions, and enter the date of the letter ruling granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12c 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 left of a 12d negative amount) ..... N/A Yes e Will the minimum funding amount reported on line 12d be met by the funding deadline?............ Part VII Plan Terminations and Transfers of Assets X No Yes 13a Has a resolution to terminate the plan been adopted in any plan year? Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control ∏ Yes X No 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(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(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 Schedulc MB completed and signed by an engotied 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. Thomas C. Crain 77.4111 SIGN Enter name of individual signing as plan administrator bate HERE Signature of plan administrator Enter name of Individual signing as employer or plan sponsor SIGN Date HERE Signature of employer/plan sponsor