## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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Inspection

2011
This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

the Internal Revenue Code (the Code).

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

Pa	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01	/2011	and ending 12/3	31/2	011	
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan	
В .	This return/report is: the first return/report	the final re	eturn/report			
	an amended return/report	a short pla	n year return/report (less than 12 mont	ths)		
C	Check box if filing under:	automatic	extension		DFVC program	
	special extension (enter desc	ш		L	_	
Pa	art II Basic Plan Information—enter all requested in	· /				
	Name of plan	omation	1	1b	Three-digit	
	ALACHIAN CARDIOLOGY CLINIC, P.S.C. NEW COMPARABIL	ITY PROFIT SH			plan number	
					(PN) ▶ 003	
			1	lc	Effective date of plan	
20	Diagram and address include a constant and	(i	for a single analogous plan)	<u> </u>	01/01/2003	
Za APP/	Plan sponsor's name and address; include room or suite numb ALACHIAN CARDIOLOGY CLINIC, P.S.C.	er (employer, ir	for a single-employer plan)		Employer Identification Number (EIN) 61-1278080	er
					Sponsor's telephone number	
2 0	BOX 2197			-0	606-432-6162	
	VILLE, KY 41502-2197		2	2d	Business code (see instruction	ns)
					621111	
	Plan administrator's name and address (if same as plan sponse	•	")	3b	Administrator's EIN 61-1278080	
(PPF	ALACHIAN CARDIOLOGY CLINIC, P.S.C. P.O. BOX PIKEVILI	K 2197 LE, KY 41502-2	2197	36	Administrator's telephone num	hor
					606-432-6162	ibei
4	If the name and/or EIN of the plan sponsor has changed since	the last return/r	report filed for this plan, enter the	4b	EIN	
_	name, EIN, and the plan number from the last return/report.			4	DN	
_	Sponsor's name			1c	PN T	
	Total number of participants at the beginning of the plan year		<del>  `</del>	<u>5a</u>		- 6
D	' ' '		<u> </u>	5b		6
С	Number of participants with account balances as of the end of complete this item)			5c		6
6a	Were all of the plan's assets during the plan year invested in e		•		X Yes	No
_		-				<u>.</u>
	under 29 CFR 2520.104-46? (See instructions on waiver eligib	•	•		Yes _	No
Da	If you answered "No" to either 6a or 6b, the plan cannot us art III Financial Information	se Form 5500-	SF and must instead use Form 5500.	•		
<u>га</u> 7	Plan Assets and Liabilities		(a) Bantantan at Vana		(h) Ford a CM a co	
_	Total plan assets	70	(a) Beginning of Year 466833		(b) End of Year 518292	)
a b			100000			
			466833		518292	)
8	Income, Expenses, and Transfers for this Plan Year	10			(b) Total	
а			(a) Amount		(b) Total	
_	(1) Employers	8a(1)				
	(2) Participants	8a(2)				
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	51459			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			51459	)
d	Benefits paid (including direct rollovers and insurance premium					
_	to provide benefits)					
_	Certain deemed and/or corrective distributions (see instructions					
f	Administrative service providers (salaries, fees, commissions).					
g	Other expenses.					
h :	1 ( , , , , , , , , , , , , , , , , , ,				51/150	
ı	Net income (loss) (subtract line 8h from line 8c)				51459	
:	Transfers to (from) the plan (see instructions)	······ 8j				

Form	5500.	SF.	201

Part IV	Plan	Characte	aristics
raii iv	- FIAII	Guaraci	ยเอแรอ

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2G 3D
  - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	Compliance Questions							
10	During the plan year:		Yes	No	Α	mount		
а	<b>a</b> 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)							
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				
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.)	10g		X				
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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	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.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiverMon							
lf :	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		L	12b				
С	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				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	′es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a		<del></del>			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
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.)								
1	13c(1) Name of plan(s):		13	<b>c(2)</b> El	N(s)	13c(3)	PN(s)	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.	urn/re <sub>l</sub>	port, ir	ncludin	g, if applicab			

SIGN	Filed with authorized/valid electronic signature.	10/12/2012	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

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2011

OMB Nos. 1210-0110 1210-0089

> Complete all entries in accordance with the instructions to the Form 5500-SF

This Form is Open to Public Inspection

Part I Annual Report Identification Information	TODITOC TITLE	i the instructions to the Form open	<del>.</del> .	
For calendar plan year 2011 or fiscal plan year beginning	01/01/:	2011 and ending		12/31/2011
A This return/report is for:	a multiple	employer plan (not multiemployer)		a one-participant plan
B This return/report is:	the final n	etum/report		
an amended return/report	a short pla	n year return/report (less than 12 mo	onths)	!
C Check box if filling under: X Form 5558	automatic	extension		DFVC program
special extension (enter descript	ion)			_
Part II Basic Plan Information—enter all requested inform	nation			
1a Name of plan			1b	Three-digit
Appalachian Cardiology Clinic, P.S.C. New Sharing Plan	Compar	ability Profit		plan number (PN) • 0.03
			1c	Effective date of plan
				01/01/2003
2a Plan sponsor's name and address; include room or suite number (Appalachian Cardiology Clinic, P.S.C.	employer, if	for a single-employer plan)	2b	Employer Identification Number
Apparachian Cardiorogy Crime, P.S.C.				(EIN) 61-1278080
P.O. Box 2197			2c	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, Appalachian Cardiology Clinic, P.S.C.	enter "Same	·")	3b	Administrator's EIN
			~	61-1278080
P.O. Box 2197 Pikeville KY 41502-2197			3C	Administrator's telephone number 606-432-6162
4 If the name and/or EIN of the plan sponsor has changed since the	last return/i	report filed for this plan, enter the	4b	EIN
name, EIN, and the plan number from the last return/report.  a Sponsor's name			4c	PN
5a Total number of participants at the beginning of the plan year	~~***	***************************************	5a	6
b Total number of participants at the end of the plan year			5b	6
C Number of participants with account balances as of the end of the complete this item)	plan vear (	defined benefit plans do not	5c	6
6a Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)	**********	X Yes No
b Are you claiming a waiver of the annual examination and report of	f an indepen	dent orgalified public accountant (IOF	PA1.	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use I	and conditi	ONS.)	arusting M	X Yes   No
Part III Financial Information		or and mast material dae i omi and		
7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a Total plan assets	., 7a	46683	3	
<b>b</b> Total plan liabilities				
C Net plan assets (subtract line 7b from line 7a)	7c	46683	3	518292
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a Contributions received or receivable from:     (1) Employers	9m(4)			
(2) Participants			+	
(3) Others (including rollovers)		**************************************	1	
b Other income (loss)	8b	5145	q	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		read data (site face)	1-	51459
d Benefits paid (including direct rollovers and insurance premiums				
to provide benefits)		· · · · · · · · · · · · · · · · · · ·	-	
Certain deemed and/or corrective distributions (see instructions)			4	
f Administrative service providers (salaries, fees, commissions)			4	
g Other expenses			$\vdash$	<u> </u>
h Total expenses (add lines 8d, 8e, 8f, and 8g)	- 8h		ļ	0
Net income (loss) (subtract line 8h from line 8c)			-	51459
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for			<u> </u>	

	Form 5500-SF 2011 Page 2 -							
Par	t IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2A 2E 2G 3D	acteris	tic Co	des in	the instr	ruction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	es in t	he instr	ictions	:	
Parl	V Compliance Questions							
10	During the plan year:		Yes	No		An	ount	
a	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		•		
þ	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
C		10c		х				
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		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		x			_····	
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.)	109		x				
'n	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520,101-3.)	10h		х		٠.		•
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	10ĭ					,	
Part								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	ule SE	(Form		Yes	Пи
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	orse	ction 3	02 of	ERISA?	<u></u> T	Yes	XN
	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	•	-
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions,	and e	nter th				ling
If y	granting the waiver	w		Day		_ 16:	ar	
	Enter the minimum required contribution for this plan year		Г	12b	·			
	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)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	П	No [	N/A
Part					A		_	,-,-
13a	Has a resolution to terminate the plan been adopted in any plan year?			\ \	es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			<u> </u>		·		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol		Г	Yes	X N
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to		•	_	-	_
1	3c(1) Name of plan(s):		130	(2) El	N(s)		13c(3)	PN(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.

\$16N	Coldin Surar	10-11-12	Brahmaji Puram, M.D.
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Bay. Efwer	10-11-12	Brahmaji Furam, M.D.
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor