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).

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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending 06/30/2013 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 **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number NORSWORTHY MEDICAL ASSOCIATES PSC 401(K) PLAN (PN) ▶ 002 1c Effective date of plan 07/01/1976 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number NORSWORTHY MEDICAL ASSOCIATES, PSC 61-0901982 (EIN) 2c Sponsor's telephone number 270-274-0867 1219 NORTH MAIN STREET BEAVER DAM, KY 42320-8955 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN NORSWORTHY MEDICAL ASSOCIATES, PSC 61-0901982 1219 NORTH MAIN STREET BEAVER DAM, KY 42320-8955 3c Administrator's telephone number 270-274-0867 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 PN Sponsor's name 5a Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** 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. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1697376 75837 Total plan assets..... 7a 7b Total plan liabilities..... 75837 1697376 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -163965 **b** Other income (loss)..... 8b -163965 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 1452798 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 975 Administrative service providers (salaries, fees, commissions)....... 8f 3801 Other expenses..... 8g 1457574 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -1621539 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Form	5500-	SF	201

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Part IV	Plan	Characte	aristics
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- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2F 2G 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Λm	ount	
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		Aiii	Juin	
• Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			X				
on line 10a.)	10b	Χ					
Was the plan covered by a fidelity bond?	10c	^					2040
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				
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					9
Has the plan failed to provide any benefit when due under the plan?	10f		Χ				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nnlata	Schod	ulo SR	(Form			
· · · · · · · · · · · · · · · · · · ·		Scried	uie ob	CEOHIL	_		
5500))				•		Yes	ΧN
				·····			X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod				·····		Yes	Η
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	 302 of I	ERISA?		Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instru	e or se	ction 3	302 of I	ERISA?		Yes tter ruli	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver.	e or se ictions, nth	ction 3	302 of I	ERISA?		Yes tter ruli	X I
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 of Enter the minimum required contribution for this plan year.	e or se	and e	nter th	ERISA?		Yes tter ruli	X I
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	and e	12b 12c	ERISA?	of the le	Yes tter ruli r	X I
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	and e	12b 12c 12d 	ERISA? e date o	of the le Yea	Yes tter ruli r	ng N/
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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.	01/17/2013	ERIC A. NORSWORTHY
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 Ravenue Service

Department of Labor Employee Bonoffe Socurity Administration

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This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 8057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public

(7-1-10)	Pension Sentifi Guaranty Corporation	▶ Complete all entries in acco	rdance wi	th the instructions to the Form 550	0-SF.	ins	pection				
<u> </u>	Part [Annual Report Id or calendar plan year 2011 or flaca	entification information									
	- C		07/01/		06/30/2012						
A	This return/report is for:	ä single-employer plan	a multip	le-employer plan (not multiemployer)) a one-participant plan						
B	This return/report is:	the first return/report] the final	return/report							
	an amended return/report a short plan year return/report (less than 12 months)										
Ç	Check box if filing under:	Form 5558		lc extension	☐ DFVC program						
	Ţ.	special extension (enter descripti	lon)		D p. co brodien						
P	artill Basic Plan Inform	ation—enter all requested inform									
18	Name of plan		in the second		1h	Three-digit					
	NORSWORTHY MEDICAL	ASSOCIATES PSC 401(R)	PLAN		ļ '	plan number					
		, and the second se			ļ	(PN) ►	002				
				,	10	Effective date of	plan				
28	Pien sporeor's name and addes	ss; include room or suite number (d			<u></u>	07/01/1976					
	NORSWORTHY MEDICAL .	ASSOCIATES. PSC	атрюуаг,	it for a single-employer plan)	2b	Employer Identit	ication Number				
						(EIN) 61-090					
					20	Sponsor's telepi (270) 274+	ióne numbor Na az				
	1219 NORTH MAIN STR	EFT			24		380 Instructions)				
	BEAVER DAM			KY 42320-8955	20	621111	ege metundhous)				
За	Plan administrator's name and a	ddress (if same as plan sponsor, e	nter "Sam	e")	3h	Administrator's E	141				
	SAME			·		- «////////////////////////////////////					
					3c	Administrator's t	elephone number				
4	if the name and/or EIN of the pla	an sponsor has changed since the	last return	report filed for this plan, solar the	46 EIN						
	name, EM, shu the plan numbe	ir from the last return/report.		report mod for this plant, enter the	WD.	12.03					
	Sponsor's name				4c	PN					
254	Total number of participants at t	he beginning of the plan year			5a		2.2				
	Total number of participants at t	5b									
	Number of participants with accomplete this item)	ount balances as of the end of the	plan year (defined benefit plans do not	5c		4				
6a	Were ঝা of the plan's assets du	ring the plan year invested in eligib	le assets?	(See instructions)			X Yes No				
b	Are you claiming a waiver of the	: Attitudi examination and tenart of	an Indano	admot ministeral midula			Lui				
	IT YOU answered "No" to bither	r 69 or 65. #to plan cannot nea 🖼	and condit	ions.)			X Yes 📗 No				
	irt III Financial Informat	tion	(111) agira.	or and most instead use Parm 950	10.						
7	Plan Assets and Liabilities			(a) Beginning of Year	T	/I-3 P*	. e. v. e				
а	Total plan assets		7a	1,697,37	6	(b) End (75,837				
cì.		755			1		7.27 0.07				
c		from line 7a)	7c	1,697,37	6		75,837				
8	Income, Expenses, and Transfer			(a) Amount	1	(b) To					
a	Contributions received or receive	able from:		(a) sampaji	992.00		*441 2012 (12.12.12.12.12.12.12.17.17.17.17.17.17.17.17.17.17.17.17.17.				
			8a(1)		1						
		***************************************	8a(2)								
1_	(3) Others (including rallovers)		Ba(3)								
b	Other income (loss)		d8	(163,965							
C d	Total Income (add lines 8a(1), 8a	(2), 8a(3), and 6b)	8¢				(163,965)				
d	Benefits paid (including direct rol to provide benefits)	lovers and insurance premiums	8d	1,452,79							
e	Cortain deemed and/or corrective	g distributions (see instructions)	8e	an f 1 ar in f 1 27 (
f		(salaries, fees, commissions)	ое . 8f	97:							
g				3,80	1000000						
h		. 81, and 8g)	8g 8h	o, ov.	- 13 (USC)		1 4 F F 4 F 5				
î	Net income (loss) (subtract line &	It from line 8c)	8i 8i	randers og Herser (f. 1901). Halle for til 1900 fra 1900 Det i far fra 1900 f	4	· · · · · · · · · · · · · · · · · · ·	1,457,574				
İ	Transfers to (from) the plan (see	instructions)			1000		(1,621,539)				
For P	aperwork Reduction Act Notice and OMB	Control Numbers, see the instructions for f	8j 74rm 5500-54		fright.						
		and with divining loss	-omenand-M	·.			Form 5000-8F (2011)				

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***************************************	Fα	rm 6500-SF 2011		Page 2	- 🗀						
Pa	rt IV	Plan Characteristics									
9a	If the p	lan provides pension benefits, entor the applicable 20-25-26-30	pension i	cature codes from t	he List of Plan Char	acteris	stic Co	ides in	the instruc	:tions:	
b											
Box 12 12 1		an provides welfare benefits, entor the applicable	wendle te	 Sture codes Ifoth th	s List of Plan Chara	cterișt	ic Cod	les in t	he instrucți	ons:	
		ompliance Questions				**********					
10		the plan year;					Yes	No		Amount	
a	29 C)	nere a fallure to transmit to the plan any participar R 2510.3-102? (See Instructions and DOL's Votu	it contribut) etas: \$140	ions within the time ;	period described in	3		Х			
la	Were	here any nonexempt transactions with any party-	in-interest?	(Do not include trace	sections reported	10a 10b		X			
¢	Wasi	he plan covered by a fidelity bond?,				10c	Х			9	04,00
d	Did the ordist	pian have a loss, whether or not reimbursed by to	he plan's f	idelity bond, that wa	s caused by fraud	10d	.,	Х			.09,00
6	Were : insura	any fees or commissions paid to any brokers, age ace service or other organization that provides so lions.)	nts, or other	er persons by an ins	urance carrier,	10e	х				9.7:
f	Has th	s plan failed to provide any benefit when due unde	or the plan	?				Х			f .
9		plan have any participent loans? (If "Yes," enter				10f		X	/		
h	If this i 2520.1	s an Individual account plan, was there a blackout 01-3.)	period? (S	See Instructions and	29 CFR	10g 10h		Х	izani da karangan da karan Laga da karangan da karang		San
į	- If 10h :	vas answered "Yes," check the box if you either p ons to providing the notice applied under 20 CFR	royided the	required notice as		10i					
Part	VI P	ension Funding Compliance				-			4.85) PSU (677-) 2157-15	gedesting dengalogie	eadigurae
11	is this (defined benefit plan subject to minimum funding	requireme	nts? (if "Yes," see in	structions and com	plete S	Schedu	rie SB	(Form		
lf :	If a wai If a wai granting you com	a defined contribution plan subject to the minimun," complete 12a or 12b, 12c, 12d, and 12e below, ver of the minimum funding standard for a prior yet, the walver,	as applica ar is being Schedule	ble.) amortized in this pl MS (Form 5500), ar	an year, see instruc	tions, in	and er	nter the Day		∐ Yes ne letter ru Year	
Č	Enterth	e minimum required contribution for this plan yea	F				··	126			
ų	negativ	e amount contributed by the employer to the plan I the amount in line 12c from the amount in line 1; e amount)	2b. Enter ti	he result (enter a mi	nus sign to the left o	ofa	-	12c 12d		<u> </u>	
e norme	Will the	minimum funding amount reported on line 12d be	met by the	e funding deadline?.		,,		[Yes	No J	N/A
Part	VIII F	lan Terminations and Transfers of A	ssets						-		
13a	Hasaire	solution to terminate the plan been adopted in any pi	an year? .	***************************************				Х ү	es No)	
	If "Yes,"	enter the amount of any plan assets that reverted	to the em	ployer this year	141	13	а				()
	if during	the plan easets distributed to participante or beni BGC?	Secretal from					itrol		Yes	X No
	AA LAINELL SA	isets or Habilities were transferred. (See instructions of plan(s):	n1s.)			,		93110711BUMB		tophomeroscomenous	
		Partition of the same of the s					13c(2) EIN	l(s)	13c(3)) PN(s)
Cauti	on: A po	nalty for the late or incomplete filing of this re	turn/repoi	rt will be assessed	uniess reasonable	caus	e is e	stablic	shed.	<u> </u>	
SB or	Schedul	s of perjury and other penaltics set forth in the ins a MB completed and signed by an enrolled actual correct, and complets.	democratica en a	Lebescheren Brook Charles		,				ile, a Scho nowledge	edulo and
SIGN		V 1/2		12-5-12-	Eric A. Bor	awo:	ethv	··· - · · · · · · · · · · · · · · · · ·		-	
HERE	Sign	ature of plan administrator		l. Osto	Enter name of inc			nd es	olan admin	istrator	
SIGN		Then		12-8-12			:	.p. ar.d	product Charlitti	ionery.	
HERE	Sign	ature of employer/plan sponsor		Date	Enter name of inc	lividus	l ságrá	ng as i	employer d	r plan spc	onsor