Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan					vee	OMB Nos. 1210-0110 1210-0089		
	artment of the Treasury ernal Revenue Service	This form is required to be fi		nd 4065 of the Employee		2012		
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 the Internal Revenue Code (the Code).						This Form is Open to Public		
Pension I	Benefit Guaranty Corporation	Complete all entries in account of the second se	ordance with the instruc	tions to the Form 5500	-SF.	Inspection		
Part I		entification Information						
For calen	dar plan year 2012 or fisca)12	and ending 12	2/31/2	2012		
A This re	eturn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-participant plan		
B This re	eturn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year returr	n/report (less than 12 mo	nths)	_		
C Check	box if filing under:	Form 5558	automatic extension			DFVC program		
		special extension (enter descrip	tion)					
Part II	Basic Plan Inform	nation—enter all requested infor	mation			1		
1a Name AKE CUM	•	ALTH SPECIALISTS, PSC PROFI	T SHARING PLAN		1b	Three-digit plan number (PN) ▶ 001		
					1c	Effective date of plan 08/01/1987		
		ess; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 61-1196721		
				-	2c	Sponsor's telephone number		
	E STREET T, KY 42503-2873			-	2d	Business code (see instructions) 621111		
3a Plan	administrator's name and	address Same as Plan Sponso	Name Same as Plan	Sponsor Address	3b	Administrator's EIN 61-1196721		
4 If the	name and/or EIN of the p	lan sponsor has changed since th	e last return/report filed fc	or this plan, enter the	4b	EIN		
nam	e, EIN, and the plan numb	er from the last return/report.	·					
	sor's name	the beginning of the plan year			4c	39		
		the end of the plan year			5a			
					5b	34		
		count balances as of the end of the			5c	34		
6a Wer	e all of the plan's assets d	luring the plan year invested in elig	jible assets? (See instruct	tions.)		X Yes No		
b Are y unde	ou claiming a waiver of th r 29 CFR 2520.104-46? (e annual examination and report of See instructions on waiver eligibilit	of an independent qualifie y and conditions.)	d public accountant (IQP	PA)	 YesNo		
lf yo	u answered "No" to eith	er line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use F	orm	5500.		
		incomplete filing of this return/r						
SB or Sch		r penalties set forth in the instruction signed by an enrolled actuary, as tte.						
SIGN	Filed with authorized/va	lid electronic signature.	05/22/2013	BRIAN PRIDDLE				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individua	al sig	ning as plan administrator		
SIGN						· ·		
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individua	al sid	ning as employer or plan sponsor		
Preparer's		ne, if applicable) and address; incl				arer's telephone number (optional)		
				_				
Far Dr	and Deduction Act Matt					F		
rui Paper	NOTA REQUCTION ACT NOTICE &	and OMB Control Numbers, see the i	Instructions for FORM 5500-3	эг.		Form 5500-SF (2012)		

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 e 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	Part III Financial Information						
b Total plan labelities 7b 4001688 4608223 c Net plan assets (subtract line 7b from line 7a) 7c 4001688 4608223 a Contributions received or receivable from: (a) Amount (b) Total (b) Total a Contributions received or receivable from: 8a(1) 346282 (b) Total (c) Participants. 8a(2) (c) (c) (c) (c) (d) Other income (loss) 8d(3) (c) (c)<	7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b)	End of Year
C Nut plan assets (subtract line 7b from line 7a)	a Total plan assets	7a	400169	8			4589323
8 Income. Expenses, and Transfers for this Plan Year Image: the second of the second of receivable from: 9 and the second of receivable from: 9 and the second of receivable from: 9 and the second of the second of receivable from: 9 and the second of the secon	b Total plan liabilities	7b					
a Contributions received or receivable from: Be(1) 346582 (a) Participants	C Net plan assets (subtract line 7b from line 7a)	7c	400169	8			4589323
(1) Employers 84(1) 346222 (2) Participants. 84(2) 84(3) (3) Other income (loss) 8b 496237 (2) Total income (loss) 8b 496237 (3) Other income (loss) 8b 496237 (4) Encode (loss) 8c 8c (5) Other income (loss) 8b 496237 (6) Encode (loss) 8c 8c (7) Other Argenesis 8d 254944 (8) Other Argenesis 8g 9 (1) Transferst (loss) (subtract line 8h (loss) (subtract line 8h (loss)) 8e 667255 (2) Transferst (loss) (subtract line 8h (loss) (subtract line 8h (loss)) 8i 6587255 (2) Transferst (loss) (subtract line 8h (loss) (subtract line 8h (loss)) 8i 6587255 (2) Transferst (loss) (subtract line 8h (loss) (subtract line 3b) 8h 681 (2) Transferst (loss) (subtract line 8h (loss) (subtract line 3b) 8i 581 (2) Transferst (loss) (subtract line 8h (loss) (subtract line 3b) 8i 581 (2) Transferst (loss) (subtract line 8h (loss) (subtract line 3b) 8i 581 (2) Transferst (loss) (subtract line applicable pension feature codes from the List of P	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
(2) Participants		80(1)	24609	0			
3) Others (notuding rolevers)			34020	2			
b Other income (loss) Bb 496287 c Total income (add lines Ba(1), Ba(2), Ba(3), and Bb) Bc Baenetits paid (including direct rollowers and insurance permiss) Bd 254944 Baenetits paid (including direct rollowers and insurance permiss) Bd 254944 Baenetits paid (including direct rollowers and insurance permiss) Bd 254944 Baenetits paid (including direct rollowers and loss) Bd 254944 Baenetits paid (including direct rollowers and loss) Bd 254944 Baenetits paid (including direct rollowers and loss) Bd 254944 Baenetits paid (including direct rollowers and loss) Bd 254944 Baenetits paid (including direct rollowers and loss) Bd 254944 Baenetits paid (including direct rollowers and loss) Bd 254944 Servers Servers<							
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			40628	7			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			49020	/			842560
to provide benefits). Bd 254944 e Certain deemed and/or corrective distributions (see, cormissions)	· · · · · · · · · · · · · · · · · · ·	00					042009
f Administrative service providers (salaries, fees, commissions)		8d	25494	4			
g Other expenses 8g 8h 254944 In Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 254944 IN tencome (loss) (subtract line 8h from line 8c) 8i 9i Part IV Plan Characteristics 9i 9i 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 9a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 9a If the plan provides welfare benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E No Amount 9a V Compliance Questions Yes No Amount 10 During the plan year: Yes No Amount 10 Was there a failure to transmit to the plan any participant contributions within the time period described in tota on line 10a) Yes No Amount 10 Was there a last, whether or not reimburged by the plan's fidelity bond, that was caused by traud on line 10a) 10d X St 10 Uit the plan have any participant loans? (If "Yes," en	e Certain deemed and/or corrective distributions (see instructions).	8e					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f					
i Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g					
j Transfers to (from) the plan (see instructions) Bj Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 21E 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amount 10 During the plan year: Yes No Amount a Was there a taliure to transmit to the plan any participant contributions within the time period described in 25 C510.3102 (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) No Amount c Was the plan covered by a fidelity bond? 10b X 10c X 56 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 56 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10f X 25 g Di							254944
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2£ 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount 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 X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a,) 10b X c Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestry? 10d X e 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) 10g X f Has the plan failed to provide any benefit when due under the plan? 10g X 2 g Did the plan have any participant loans? (If 'Yes," enter amount as of year end.)					_		587625
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2t 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in on line 10a.)		8j					
2E 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X b Were there any nonexempt transactions and DOL's Voluntary Fiduciary Correction Program) 10a X c Was the plan covered by a fidelity bond? 10b X	Part IV Plan Characteristics						
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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 X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10b X c Was the plan covered by a fidelity bond? 10c X 50 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 50 e 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.) 10f X 9 f Has the plan have any participant loans? (If "Yes," enter amount as of year end.)							
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on line 10a.)	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig	duciary Correct	ion Program)	10a		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 X e 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.). 10d 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.)				10b		x	
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insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		's fidelity bond			~		500000
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	or diononooty :			10d	~	X	500000
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	• Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or al	ther persons b I of the benefits	y an insurance carrier, s under the plan? (See				500000
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 2520.101-3.) 10h 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 10i 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes [11a Enter the amount from Schedule SB line 39. 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes [(If "Yes," complete line 12a or lines 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 rulin granting the waiver. Day Year	• Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or al instructions.)	ther persons b I of the benefits	y an insurance carrier, s under the plan? (See	10e		х	500000
exceptions to providing the notice applied under 29 CFR 2520.101-3	 e Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plan 	ther persons b I of the benefits	y an insurance carrier, s under the plan? (See	10e 10f		х	
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	 e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 	ther persons b I of the benefits an? as of year end ? (See instruction	y an insurance carrier, s under the plan? (See .)	10e 10f 10g		x x	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	 e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided 	ther persons b I of the benefits an? as of year end ? (See instruction the required no	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h		x x	27124
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(If "Yes," complete line 12a or lines 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 rulin granting the waiver	 Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 	ther persons b I of the benefits as of year end ? (See instruction the required no 01-3	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i	X	X X X	27124
(If "Yes," complete line 12a or lines 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 rulin granting the waiver	 Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below). 	ther persons b I of the benefits as of year end ? (See instruction the required no 01-3	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i	X	X X X Iule SB (Fo	27124
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 rulin granting the waiver.	 e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below). 	ther persons b I of the benefits as of year end ? (See instruction the required no 01-3	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i	X	X X X Iule SB (Fo	27124
	 e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding 	ther persons b I of the benefits as of year end ? (See instruction the required no 01-3	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i	X	X X X Iule SB (Fo	27124
b Enter the minimum required contribution for this plan year	 e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is be 	ther persons b I of the benefits as of year end ? (See instruction the required no 01-3	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i plete	X Schec	X X X Iule SB (For 11a 302 of ERIS	27124 Im Yes Yes No A? Yes Yes No te of the letter ruling
	 e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is be granting the waiver. 	ther persons b I of the benefits as of year end ? (See instruction the required no 01-3	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i plete	X Schec	X X X Iule SB (For 11a 302 of ERIS	27124 Im Yes Yes No A? Yes Yes No te of the letter ruling

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No		
С	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	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Re		of Small Employ	yee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service		enefit Plan			2012
Department of Labor Employee Benefits Security Administration	This form is required to be filed Retirement Income Security Act of the Internal		ctions 6057(b) and 6058		This Form is Open to Public
Pension Benefit Guaranty Corporation	Complete all entries in accord			0-SF.	Inspection
	dentification Information	/21/2010			
For calendar plan year 2012 or fis		/01/2012	and ending		12/31/2012
A This return/report is for:			lan (not multiemployer)		a one-participant plan
B This return/report is:		the final return/report			
•		-	n/report (less than 12 m	onths)	7
C Check box if filing under:	片 네	automatic extension			DFVC program
	special extension (enter description				,
	mation-enter all requested informa	tion	<u> </u>	115	
1a Name of plan LAKE CUMBERLAND WOME	INS HEALTH SPECIALISTS,	PSC PROFIT SI	HARING PLAN		Three-digit plan number
					(PN) > 001
					Effective date of plan
2a Plan enoncor's name and add	lress; include room or suite number (en	aniavor if for a single	omployor plan)	-Į	08/01/1987
	NS HEALTH SPECIALISTS,		employer plan)		Employer Identification Number (EIN) 61-1196721
					Sponsor's telephone number
333 BOGLE STREET					606-678-0705
	WW 40502 0082				Business code (see instructions)
SOMERSET	KY 42503-2873		Changes Address		621111 Administrator's EIN
	d address Same as Plan Sponsor Na NS HEALTH SPECIALISTS,		Sponsor Address		61-1196721
HARE COMPERIAND WOME	NO MEADIN DEECTALIDID,	200		3c	Administrator's telephone number
333 BOGLE STREET					506-678-0705
SOMERSET	KY 42503-2873				
	plan sponsor has changed since the la	st return/report filed fo	r this plan, enter the	4b	EIN
a Sponsor's name	ber from the last return/report.			4c	DN
	at the beginning of the plan year			5a	39
	at the end of the plan year			5b	33
C Number of participants with a	ccount balances as of the end of the pla	an vear (defined bene	fit plans do not		
- ,		• •	•	5c	34
•	during the plan year invested in eligible	•	•		X Yes No
	the annual examination and report of an (See instructions on waiver eligibility an				X Yes No
	her line 6a or line 6b, the plan canno				
Caution: A penalty for the late o	r incomplete filing of this return/repo	ort will be assessed u	unless reasonable cau	ise is e	stablished.
	er penalties set forth in the instructions,				
belief, it is true, correct, and completed and	d signed by an enrolled actuary, as well etc.	as the electronic vers	sion of this return/report	, and te	o the best of my knowledge and
			_ ! _ !]]]		
SIGN HERE			Brian Priddle		
Signature of plan ad	ministrator	Date 4-19-13		ual sigr	ning as plan administrator
sign (() Ju			Brian Priddle		
HERE Signature of employ		Date 4-19-13			ning as employer or plan sponsor
Preparer s-hame-(including firm ha	me, if applicable) and address; include	room or suite number	(optional)	Prepa	arer's telephone number (optional)
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the instru	uctions for Form 5500-5	SF.		Form 5500-SF (2012)

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Pa	rt III Financial Information							
7	Plan Assets and Liabilities	pendeplandicies	(a) Beginning of Yea	ar			(b) End of Ye	ar
а	Total plan assets	. 7a		016	98			4589323
b	Total plan liabilities	7b	·					
C	Net plan assets (subtract line 7b from line 7a)	. 7c	40	016	98			4589323
8	Income, Expenses, and Transfers for this Plan Year	and a state of the	(a) Amount				(b) Total	
a	Contributions received or receivable from:		2	400	22			
	(1) Employers	8a(1)	3	4628	52	lite of o target		
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	. 8a(3)					diff below dents to product allocity	
	Other income (loss)	8b	4	9628	37			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				20 Mailteoire		842569
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	5494	44			
	Certain deemed and/or corrective distributions (see instructions)	8e			902.23			
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g				oorkog overde		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						254944
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>			1903 1903 1907 1907 1907 1907 1907 1907 1907 1907			587625
J	Transfers to (from) the plan (see instructions)	8j			2000			
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	·						
10	During the plan year:				Yes	No	Amo	unt
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		x		
C				10c	x			500000
d		fidelity bor	nd, that was caused by fraud	10c		x	· · · · · · · · · · · · · · · · · · ·	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)	er persons of the bene	s by an insurance carrier, fits under the plan? (See	10e		х.	-	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	Х			27124
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х		
Ĭ	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i				
Part	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirem							Yes 🗌 No
11	5500) and line 11a below)	····						
	5500) and line 11a below) Enter the amount from Schedule SB line 39			······		11a		
							ERISA?	Yes X No
11a	Enter the amount from Schedule SB line 39	requireme	nts of section 412 of the Code				ERISA?	
11a 12	Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding	requireme as applica g amortize	nts of section 412 of the Code able.) ed in this plan year, see instruc	or se	ction (302 of		Yes X No
11a 12 a	Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein	requíreme as applica g amortize	nts of section 412 of the Code able.) ed in this plan year, see instruc 	or se	ction (302 of	ne date of the let	Yes X No
11a 12 a	Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	requíreme as applica g amortize MB (Forr	ents of section 412 of the Code able.) ad in this plan year, see instruc Mon m 5500), and skip to line 13.	or sections,	and e	302 of	ne date of the let	Yes X No

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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 of a 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?		res XI	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 under the of the PBGC?	e control		Yes	X No
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)	· · ·			

14a Name of trust	14b Trust's EIN	

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