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

Short Form Annual Return/Report of Small Employee

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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 **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) **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) Form 5558 DFVC program automatic extension **C** Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan Three-digit plan number APPALACHIAN CARDIOLOGY CLINIC, P.S.C. NEW COMPARABILITY PROFIT SHARING PLAN 003 (PN) 1c Effective date of plan 01/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number APPALACHIAN CARDIOLOGY CLINIC, P.S.C. 61-1278080 (EIN) Sponsor's telephone number 606-432-6162 443 CEDAR CREEK RD. PIKEVILLE, KY 41501 Business code (see instructions) 621111 **3a** Plan administrator's name and address | Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 61-1278080 443 CEDAR CREEK RD. APPALACHIAN CARDIOLOGY CLINIC, P.S.C. PIKEVILLE, KY 41501 3c Administrator's telephone number 606-432-6162 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. a Sponsor's name 4c PΝ Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5_b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 0 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 line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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. Filed with authorized/valid electronic signature. 07/29/2013 BRAHMAJI PURAM, M.D. SIGN **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 Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

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Part III Financial Information											
	Plan Assets and Liabilities		(a) Beginning of Yea	ır	(b) End of Year						
	Total plan assets	7a	51829		(b) End of Year						
	Total plan liabilities	7b	01020								
	Net plan assets (subtract line 7b from line 7a)	7c	51829	12						0	
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount	(b) Total							
	Contributions received or receivable from:		(a) Amount				(D) 1	Otai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-2224	-6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-22246	6	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	49604	6							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19604	6	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-	51829	2	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a											
b											
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
а				10a		X					
b		? (Do not	include transactions reported	10b		X					
	·			10c		Χ					
d				100							
	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	`		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 2520.10			10i							
Part	VI Pension Funding Compliance										
11											
11a	Enter the amount from Schedule SB line 39										
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 X No							No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				J., OII	30 <u>2</u> 01			. 55	^	
a	If a waiver of the minimum funding standard for a prior year is being	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.											
	Enter the minimum required contribution for this plan year	•			[12b					

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Enter the amount contributed by the employer to the plan for this plan year	12c			
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			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	X	'es No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	ontrol		X Yes	No
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.)	0		_	
3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3) F	PN(s)
VIII Trust Information (optional)			<u> </u>	
	Nill the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

14b Trust's EIN

14a Name of trust

Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 Department of the Treasury Internet Revenue Sandos Benefit Plan This form is required to be filed under sections 104 and 4085 of the Employee Retirement income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of 2012 Department of Lober Employee Bornilis Security Administration the Internal Revenue Code (the Code), This Form is Open to Public Penalon Bonofit Guaranty Corporation inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 X a single-employer plan A This return/report is for: A multiple-employer plan (not multiemployer) a one-participant plan El 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) C: Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit Appalachian Cardiology Clinic, P.S.C. New Comparability Profit plan number Sharing Plan 003 (PN) ► 1c Effective date of plan 01/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Appalachian Cardiology Clinic, P.S.C. (EIN) 61-1278080 2C Sponsor's telephone number 443 Cedar Creek Rd. 606-432-6162 2d Busine ss code (see instructions) 2ikeville 41501 621111 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN Appalachian Cardiology Clinic, P.S.C. 61-1278080 3c Administrator's telephone number 443 Cedar Creek Rd. 606-432-6162 Pikeville ΚY 41501 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 45 EIN a Sponsor's name 4c PN Sa Total number of participants at the beginning of the plan year...... 5a 7 a Total number of participants at the end of the plan year 5h C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 0 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... ☑ Yes ☐ No Are you detroing a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520,104-467 (See Instructions on waiver eligibility and conditions.).... X Yes No if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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 BIĞN ウ・22~/3 Brahmaji Puram, M.D. Signature of plan administrator Date Enter name of Individual signing as plan administrator ワー 22.-/3 Brahmaji Puram, M.D. Signature of employer/plan aponsor Date

HERE SIGN Hexte. Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Enter name of individual signing as employer or plan sponsor Preparer's telephone number (optional) For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 6500-SF.

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Pai	till Financial Information								
7	Plan Assets and Liabilities	Γ.	(a) Beginning of Ye	ar	T		(b) End of Year		
<u> </u>	Total plan assets	7a	51829				(1)		
	Total plan fiabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	5	182	92		(
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
a	Contributions received or receivable from:					···			
	(1) Employers	82(1)					· · · · · · · · · · · · · · · · · · ·		
	(2) Participants	88(2)							
	(3) Others (including rollovers)	8a(3)				<u></u>			
	Other Income (loss)	8b		222	46		2226		
-4	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-22246		
	to provide benefits)	8d	4	496046					
	Certain deemed and/or corrective distributions (see instructions)	8e			_				
f	Administrativa servica providers (salaries, fees, commissions)	8f				•			
	Other expenses	8g			T				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					496046		
i_	Net Income (loss) (subtract line 8h from line 8c)	8i					-518292		
	Transfers to (from) the plan (see instructions)	18			Ī				
Par							· · · · · · · · · · · · · · · · · · ·		
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 3D	feature co	des from the List of Plan Ohar	acteri	stic Co	des l	n the Instructions;		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Chara	cterisi	ic Cod	les in	the instructions:		
Part	y						·		
10			· · · · · · · · · · · · · · · · · · ·						
	During the plan year:				Yes	No	Amount		
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	clary Com	ection Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	(Do not le	nclude transactions reported	10b		X.			
C	Was the plan covered by a fidelity bond?			100		X			
	Did the plan have a loss, whether or not reimbursed by the plan's i			Jug					
	or disnonesty?			10d		X			
. 8	Were any fees or commissions paid to any brokers, agents, or other	er noreone	NV 65 leggerapes earles						
	insurance service or other organization that provides some or all or instructions.)	the benef	fits under the plan? (See	10e		×			
f	Has the plan falled to provide any benefit when due under the plan	?			\neg	ж			
	Did the plan have any participant toens? (If "Yes," enter amount as		uf l	10f		×			
h	If this is an individual account plan, was there a blackout period? (5	See instau	tions and 20 CEP	10g		X			
	2520.101-3.) If 10h was enswered "Yes," check the box if you either provided the	a room should	water ar and of the	10h					
Part \	exceptions to provious the hotics applied under 29 CFR 2520.101	-3	***************************************	10					
11	is this a defined benefit plan subject to minimum funding marries and	nts7 ((f "Y	os." see Instructions and com	piete l	Sched	ole SE	R (Form		
	5500) and line 11a below) Enter the amount from Schedule SB line 39	44	***************************************		1		Yes No		
12	is this a defined contribution rian subject to the minimum 5		######################################		<u>11</u>	11a			
	is this a defined contribution plan subject to the minimum funding n (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	edoileususu	us or section 472 of the Code	or sec	tion 3	02 af	ERISA? Yes X No		
a	If a walver of the minimum funding standard for a prior year is being	2madizar	i in this man year are to be	tions,	and e	nter th	e date of the letter ruling		
	granting the waiver. Bu completed line 12s, complete lines 3, 9, and 10 of Schedule I		RASTI	<u> </u>		Day	Year		
b f	Enter the minimum required contribution for this plan year	4 AIL	and the party of the training the	•	7 -	2b			
_		***************		•	<u> '</u>				

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C Erfor the Association will be a second			· · · · · · · · · · · · · · · · · · ·					
C Enter the amount contributed by the employer to the plan to	r this plan year	12c	l					
dSubtr ect the amount in line 12c from the amount in line 12b.	Enforthe seculities and a second second							
e Will the minimum funding amount reported on line 12d be m	et by the funding deadline?	1	Yes I	No ∏ N/A				
Fart vii Flan Terminations and Transfers of Ass	ets		<u> </u>	1 141				
13a Has a resolution to terminate the plan been adopted in any plan	year?	X_\	res No	· · · · · · · · · · · · · · · · · · ·				
if "Yes," enter the amount of any plan assets that reverted to	o the employer this year	13a						
b Were all the plan assets distributed to participants or benefic of the PBGC?	alarkan tengeriaran dan amateur at a			X Yes ∏ No				
c If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instructions	MON TONO DUIC MIAM LA AMAIN	e plan(s) to		AN 100 11 140				
13c(1) Name of plan(s):		13c(2) El	N/e)	13c(3) PN(s)				
-			14/07	100(0) 11(3)				
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	· · · · · · · · · · · · · · · · · · ·			<u></u>				
Fart VIII Trust Information (optional)				<u> </u>				
14: Name et invet				14b Trust's EIN				
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