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.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I	Annual Report	dentification Information					
For calend	ar plan year 2012 or fis	cal plan year beginning 07/01/2	2012	and ending	06/30/	2013	
A This ref	turn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	oant plan
B This ref	turn/report is:	the first return/report	the final return/report	t		_	
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	m
		special extension (enter descrip	ption)				
Part II	Basic Plan Info	rmation—enter all requested info	,				
1a Name		That on the an requested into	maton		1b	Three-digit	
		CIATES PSC 401(K) PLAN				plan number	
						(PN) •	002
					1c	Effective date of 07/01/	•
2a Plan s	noneor's name and add	dress; include room or suite number	r (employer if for a single	a-employer plan)	2h	Employer Identif	
NORSWOR	THY MEDICAL ASSOC	CIATES, PSC	r (criployer, il for a singic	S-employer plan)	25	(EIN) 61-09	
					2c	Sponsor's telep	hone number
	H MAIN STREET					270-274	
BEAVER DA	AM, KY 42320-8955				2d	Business code (,
		🗖	🗖-		-	62111	
3a Plan a	dministrator's name an	d address XSame as Plan Sponso	or Name Same as Pla	an Sponsor Address	30	Administrator's I	ΞIN
					3с	Administrator's t	elephone number
4 If the r	nome and/or FINI of the	nlan ananaar haa ahangad ainaa th	a last ratura/rapart filed	for this plan antor the	46		
		plan sponsor has changed since the plan sponsor has changed since the plan sponsor.	ie iast return/report illed	for this plan, enter the	40	EIN	
	or's name	·			4c	PN	
5a Total	number of participants	at the beginning of the plan year			5a		4
b Total	number of participants	at the end of the plan year			5b		4
C Numb	er of participants with a	account balances as of the end of th	ne plan year (defined ber	nefit plans do not			_
	,				5c		4
		during the plan year invested in eli	- '				X Yes No
		the annual examination and report (See instructions on waiver eligibil					X Yes No
		ther line 6a or line 6b, the plan ca					
Caution: A	A penalty for the late of	or incomplete filing of this return/	report will be assessed	l unless reasonable ca	use is	established.	
		er penalties set forth in the instruct					
	edule MB completed an true, correct, and comp	d signed by an enrolled actuary, as	s well as the electronic ve	ersion of this return/repor	t, and	to the best of my	knowledge and
bollot, it is	T	1010.		T			
SIGN	Filed with authorized/\	valid electronic signature.	02/03/2014	ERIC A. NORSWOR	ГНҮ		
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	dual si	gning as plan adn	ninistrator
SIGN							
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	lual si	gning as employe	r or plan sponsor
Preparer's		ame, if applicable) and address; inc			_		number (optional)

Form 5500-SF 2012 Page **2**

Dor	t III Financial Information		<u> </u>				
Par 7	t III Financial Information Plan Assets and Liabilities		(a) Daniminu of Var				(h) Fud of Voor
		7-	(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a 7b	7503	07			74459
	Net plan assets (subtract line 7b from line 7a)	7c	7583	87	+		74459
	Income, Expenses, and Transfers for this Plan Year	70		,,	+		
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	-45	7			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-457
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	92	21			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					921
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-1378
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cteristi	c Cod	les in tl	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X	7
b		? (Do not	include transactions reported	10b		X	
	Was the plan covered by a fidelity bond?			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 cinstructions.)	of the bene	efits under the plan? (See	10e	X		786
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount a					X	
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X	
ī	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the p	ne require	d notice or one of the	10h			
Part	vi Pension Funding Compliance	1-3		10i			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2012	Page 3 - 1					
С	Enter the amount contributed by the employer to the plan for this plan year.		120	C			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	- ·	120	d			
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?		X	Ye	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	138	3			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	red to another plan, or brought under	the contr	ol		Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the pla	n(s) to			_	
1	3c(1) Name of plan(s):		13c(2)	EIN	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					•	
14a 1	Name of trust		14b	Tru	ıst's EIN		

OMB Nos. 1210-0110

Form 5500-SF

Department of the Treasury Internal Rovanue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

2012

		This form is required to be	o filed under sections 104 a	nd 4065 of the Employee	3		.0 12	
Employ	Department of J.Abor 98 Benefits Security Administration	Retirement Income Security A			(a) of	This Form 8	s Open to Public	
	Inspection							
V		► Complete all entries in ac		tions to the Form 5500	-SF.		<u> </u>	
Part	Annual Report Id	lentification information						
FOR Call	endar plan year 2012 or fisca	~	07/01/2012	and ending		06/30/201	. 3	
A This	return/report is for:	🚮 a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	ant plan	
B This	return/report is:	the first return/report	the final return/report					
	Ī	an amended return/report	a short plan year return	n/report (less than 12 mo	onthsi			
C Che	ck box if filing under:	T Form 5558	automatic extension		/-/	DFVC progra	po.	
- 0110		d · · · · · · · · · · · · · · · · · · ·	□			☐ pi.ve biogia	111	
888 - 40000	E	special extension (enter descri	· · ·					
Part		nation—enter all requested in:	formation					
	me of plan				16	Three-digit		
ИО	RSWORTHY MEDICAL	ASSOCIATES PSC 401	(K) PLAN			plan number	000	
				}	10	(PN) ► Effective date of	002	
					10	07/01/1976		
2a Pla	n sponsor's name and addre	ess; include room or suite numb	er (employer, if for a single-	Amployer plan)	2h	Employer Identif		
NO	RSWORTHY MEDICAL	ASSOCIATES, PSC	er (omproyor, in for a oningle	employor planty	ZU	(EIN) 61-090		
		,		-	20	Sponsor's telept		
					20	(270) 274-		
12	19 NORTH MAIN STR	REET		<u> </u>	2d		see instructions)	
BE	AVER DAM		VV	42320-8955		621,11,1	300 11130 0 0 0 13 1	
		address XSame as Plan Spons	sor Name Same as Plan	Sponsor Address	3b	Administrator's E	=IN	
			Ш			, within our alon o		
			•	ſ	3c	Administrator's t	elephone number	
				ľ				
A 1511								
4 Ifti	ne FIN and the plan of the pl	lan sponsor has changed since or from the last return/report.	the last return/report filed fo	or this plan, onter the	4b	EIN		
	onsor's name	er nemma issmithebolf			4c	DN		
		the beginning of the plan year	***************************************			PN		
					5a	ļ	4	
		the end of the plan year			5b		4	
C Nu	mper of participants with act	count balances as of the end of t	ihe plan year (defined bene	fit plans do not	C-		A	
Ga W	one all at the electronic electronic				5c		4	
h An	ere all of the plants assets di Tudu doimine a wolves et th	uring the plan year invested in e	ligible assets? (See instruc	tions.)	*******	•••••••••••••••••••••••••••••••••••••••	X Yes No	
սո	∍ you ciaii iiing a waiver or เก der 29 CFR 2520.104-46? (ร	e annual examination and repor See Instructions on waiver eligib	t or an independent qualifie ility and conditions \	d public accountant (IQP	PA)		X Yes No	
_ lfy	ou answered "No" to cithe	er line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use F		5500	140 L 140	
		incomplete filing of this return						
Under c	enaities of perjury and other	penalties set forth in the instruc	tions I declare that I have	Promined this setum kers	ad 18 1	satabilatied.	Alle a Male and Alle	
ab ự à	cuannia ivia combieted alid	signed by an enrolled actuary, a	s well as the electronic vers	sion of this return/report.	and t	ciuding, ir applica 5 the best of my	abie, a Schedule knowledge and	
belief, it	is true, correct, and complet	te.					ime meage and	
BIGN."	1 1/2-1		2-3 -14					
HERE	<u> </u>	<u>/</u>	d2 3 1 /	Eric A. Norswoi	rthy	7		
	Signature of plan adm	ninistrator	Date	Enter name of individu:	al sig	ning as plan adm	inistrator	
SIGN	<u> </u>	<u> </u>						
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individua	al sim	ing as employed	of files sponger	
Prepare	r's name (including firm nam	ne, if applicable) and address; in	clude room or suite number	(optional)	Prepa	arer's telenhone	number (optional)	
	· ·			L-				
	•				lieliiiii jii			

	_
Form 5500-SF 2012	D 3
FORM SSUU-SE 2012	Page 2

The Pan Assets and Liabilities The Pan	Par	t III Financial Information										
a Total plan isasets (authoract line 75 from line 7a)				(a) Beginning of Yea	ar			(b) End	l of Y	ear		
c Net plan assets (subtract line 7 from line 7a). 7c	а	Total plan assets	7a			7		. ,			4,4	159
c Net plan assets (subtract line 7 from line 7a). 7c	b	Total plan liabilities	7b									
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollowers). (3) Others (including rollowers). (457) (5) Other (including rollowers). (6) Other (including rollowers). (7) Other (including rollowers). (8) Other (including rollowers). (8) Other (including rollowers). (8) Other (including rollowers). (8) Other (including direct rollowers and insurance premiums to provide benefits, and included price of rollowers and insurance premiums to provide benefits. (8) Other expenses. (9) Other expenses. (9) Other expenses. (9) Other expenses. (9) Other expenses. (1) Other expenses (add lines 8d. 8e. 8f. and 8g). (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (7) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (7) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (7) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other plan (haracteristics. (4) Other plan (haracteristics. (5) If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions. (6) If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions. (6) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions. (8) Other plan (free plan provides welfare benefits, enter the applicable welfare feature cod			7с	7.	5 , 83	7				7	4,4	459
a Contributions received or receivable from: (1) Employers		·		(a) Amount				(b)	Total			
(2) Participants. (3) Others (including rollovers)				(5) 1 1112 1111				()				
(3) Others (including rollovers)		(1) Employers	8a(1)			0						
b Other income (loss) lines Ba(1), Ba(2), Ba(3), and Bb)		(2) Participants	8a(2)			0						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)			0						
d Benefits paid (including direct rollovers and insurance premiums 8d 0 0 provide benefits paid (including direct rollovers and insurance premiums 8d 0 0 provides premiums 8d 0 provides provides provides premiums 8d 0 provides provides provides provides provides premiums 8d 0 provides provid	b	Other income (loss)	8b		(457)						
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								(45	57)
F Administrative service providers (salaries, fees, commissions)			. 8d			0						
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0						
to the tincome (loss) (subtract line 8h from line 8c)	f	Administrative service providers (salaries, fees, commissions)	. 8f		92	1						
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g			0						
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								9	}21
Part IV Plan Characteristics Part IV 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	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							(1	, 3	78)
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 20 2F 26 3D	j	Transfers to (from) the plan (see instructions)	8j			0						
Description	Par	t IV Plan Characteristics				•						
Part V Compliance Questions 10 During the plan year: 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)	9a		feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instru	ctions	s:		
During the plan year: 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	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	des in t	he instruc	tions:			
During the plan year: 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)		w la a										
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)					1			ı				
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No		Am	ount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а				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?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions reported	10b		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?	С	Was the plan covered by a fidelity bond?			10c		Х					
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.). 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 as of year end.)	d		•	•			Х					
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	е	•			100							
f Has the plan failed to provide any benefit when due under the plan?	·	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See		Y						786
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		·			10e	Λ						700
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
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	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		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)	h				10h		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)	i				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)	Part											
11a Enter the amount from Schedule SB line 39		Is this a defined benefit plan subject to minimum funding requirem								Yes	X	No
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 No (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 ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a								· <u> </u>		1	
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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								ERISA?.		Yes	Χ	No
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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	а	If a waiver of the minimum funding standard for a prior year is beir	ng amortize	ed in this plan year, see instru		and o		ne date of			ling	
b Enter the minimum required contribution for this plan year	If											
			•				12b					

	Form 5500-SF 2012	Page 3 -	_		
	Enter the amount contributed by the employer to the plan for this plan	NAST.	12c	Ī	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minus sign to the left of a	12d		
е	Will the minimum funding amount reported on line 12d be met by the f			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?		X \	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the empl	loyer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from twhich assets or liabilities were transferred. (See instructions.)				
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 ⊤	rust's EIN	