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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I		t Identification Information									
For calend	lar plan year 2013 or		eginning 01/01/2013 and ending 12/31/2013								
A This re	turn/report is for:	X a single-employer plan ☐	a multiple-employer p	lan (not multiemployer)) a one-participant plan						
B This re	turn/report is:	the first return/report	the final return/report								
		an amended return/report	short plan year retur	n/report (less than 12 m	onths)					
C Check box if filing under: Form 5558 automatic extension						DFVC program					
	Ü	special extension (enter description	1)								
Part II	Basic Plan Inf	ormation—enter all requested informa	<u></u>								
1a Name					1b	Three-digit					
	•	HEALTH SPECIALISTS, PSC PROFIT S	SHARING PLAN			plan number					
					L_	(PN) ▶	001				
					1c	Effective date o	•				
22 Plan 6	noncor's name and a	ddress; include room or suite number (en	anlover if for a single	omployor plan)	2h	08/01					
		HEALTH SPECIALISTS, PSC	ipioyer, ir ior a sirigie-	employer plan)	20	Employer Identi (EIN) 61-11	96721				
					2c	Sponsor's telep					
333 BOGLE	STREET					606-678					
	T, KY 42503-2873				2d	Business code ((see instructions)				
						62111	621111				
3a Plan a	administrator's name	and address Same as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	Administrator's					
AKE CUMBI	ERLAND WOMENS I	HEALTH SPECIALISTS, 333 BOGLE ST	REET		30		96721 telephone number				
30		SOMERSET, K	1 42503-2673		30	606-678	•				
		he plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b	EIN					
	e, Elin, and the plan h sor's name	umber from the last return/report.			4c	PN					
		s at the beginning of the plan year			5a		36				
_		s at the end of the plan year			5b						
		n account balances as of the end of the pl			30		39				
			• •	-	5c		39				
6a Were	all of the plan's asse	ets during the plan year invested in eligible	e assets? (See instruc	tions.)			X Yes No				
		of the annual examination and report of a					— — — — — — — — — — — — — — — — — — —				
		6? (See instructions on waiver eligibility a either line 6a or line 6b, the plan canno					X Yes ∐ No				
		efit plan, is it covered under the PBGC ins			_		Not determined				
C if the	pian is a defined ben	ent plan, is it covered under the PBGC ins	surance program (see	ERISA Section 4021)?		Yes INO	Not determined				
Caution: /	A penalty for the late	or incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ıse is	established.					
		other penalties set forth in the instructions									
	true, correct, and cor	and signed by an enrolled actuary, as we nplete.	i as the electronic ver	sion of this return/report	i, and	to the best of my	knowledge and				
		·	1	T							
SIGN HERE	Filed with authorize	d/valid electronic signature.	05/29/2014	BRIAN PRIDDLE							
HEKE	Signature of plan	administrator	Date	Enter name of individ	ual si	gning as plan adr	ninistrator				
SIGN											
HERE	Signature of emp	oyer/plan sponsor	Date	Enter name of individ	ual si	gning as employe	er or plan sponsor				
Preparer's	name (including firm	name, if applicable) and address; include	room or suite numbe	r (optional)	Pre	parer's telephone	number (optional)				

Form 5500-SF 2013 Page **2**

Da	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Veg				(b) En	V		
a	Total plan assets	(7)			+		(D) EII		ear 603583	<u> </u>
	·	al plan liabilities							300000	,
	·	et plan assets (subtract line 7b from line 7a)						56	603583	}
8 Income, Expenses, and Transfers for this Plan Year										
	Contributions received or receivable from:		(a) Amount				(D)	Total		
	(1) Employers	8a(1)	36531	4						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	Others (including rollovers)								
b	Other income (loss)	8b	79524	6						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						11	60560	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14630	0						
<u>e</u>	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							146300)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						1	014260)
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instr	uctions	S:	
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	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.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					500000
d	<u> </u>	fidelity bor	nd, that was caused by fraud	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth			100						
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e						
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	end.)	10g	X					18686
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	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	☐ No
11a	Enter the unpaid minimum required contribution for current year for					11a			•	<u></u>
12	Is this a defined contribution plan subject to the minimum funding				•		ERISA?	ТГ	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				JJ. 1	- 0 - 01	5,	·		
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th	ne date o	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					zuy				
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -		1
------	-----	--	---

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 of a negative amount)	12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				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	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		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(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a Name of trust				

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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information							
	1/2013	and ending	12/31/2013				
A This return/report is for:	nultiple-employer pla	an (not multiemployer)	a one-participant plan				
B This return/report is: the first return/report the	e final return/report						
an amended return/report a sl	hort plan year return	report (less than 12 mo	onths)				
C Check box if filing under: Form 5558	tomatic extension		DFVC program				
special extension (enter description)			-				
Part II Basic Plan Information—enter all requested information	n						
1a Name of plan			1b Three-digit				
LAKE CUMBERLAND WOMENS HEALTH SPECIALISTS, P	SC PROFIT SH	ARING PLAN	plan number (PN) • 001				
			1c Effective date of plan				
			08/01/1987				
2a Plan sponsor's name and address; include room or suite number (empl LAKE CUMBERLAND WOMENS HEALTH SPECIALISTS, P.		employer plan)	2b Employer Identification Number (EIN) 61-1196721				
			2c Sponsor's telephone number				
333 BOGLE STREET			606-678-0705				
SOMERSET KY 42503-2873			2d Business code (see instructions) 621111				
3a Plan administrator's name and address Same as Plan Sponsor Nam	ш	Sponsor Address	3b Administrator's EIN 61-1196721				
LAKE CUMBERLAND WOMENS HEALTH SPECIALISTS, P.	SC		3c Administrator's telephone number				
333 BOGLE STREET	. •		606-678-0705				
SOMERSET KY 42503-2873							
4 If the name and/or EIN of the plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b EIN				
 If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report. Sponsor's name 	return/report filed fo	r this plan, enter the	4b EIN 4c PN				
name, EIN, and the plan number from the last return/report.	· 		_				
name, EIN, and the plan number from the last return/report. a Sponsor's name			4c PN				
name, EIN, and the plan number from the last return/report. a Sponsor's name Total number of participants at the beginning of the plan year	year (defined bene	fit plans do not	4c PN 36				
name, EIN, and the plan number from the last return/report. a Sponsor's name Total number of participants at the beginning of the plan year	year (defined bene	fit plans do not	4c PN 5a 36 5b 39				
name, EIN, and the plan number from the last return/report. a Sponsor's name Total number of participants at the beginning of the plan year	year (defined bene ssets? (See instruct independent qualifie	fit plans do not ions.)	4c PN 5a 36 5b 39 5c 39 ✓ Yes No				
name, EIN, and the plan number from the last return/report. a Sponsor's name Total number of participants at the beginning of the plan year	year (defined bene issets? (See instruct independent qualifie conditions.)	fit plans do not ions.)d public accountant (IQI	4c PN 5a 36 5b 39 5c 39 X Yes No No PA) Yes No				
name, EIN, and the plan number from the last return/report. 3 Sponsor's name Total number of participants at the beginning of the plan year	s year (defined bene issets? (See instruct independent qualifie i conditions.)use Form 5500-SF	fit plans do not ions.) d public accountant (IQI and must instead use	4c PN 5a 36 5b 39 5c 39 X Yes No No PA) Yes No Form 5500.				
name, EIN, and the plan number from the last return/report. 3 Sponsor's name Total number of participants at the beginning of the plan year	syear (defined bene issets? (See instruct independent qualifie conditions.)use Form 5500-SF rance program (see	fit plans do not ions.) d public accountant (IQI and must instead use ERISA section 4021)?	4c PN 5a 36 5b 39 5c 39 X Yes No PA) X Yes No Form 5500. Not determined				
name, EIN, and the plan number from the last return/report. 3 Sponsor's name Total number of participants at the beginning of the plan year	syear (defined bene ussets? (See instruct independent qualifie conditions.)use Form 5500-SF rance program (see t will be assessed in	fit plans do not ions.) d public accountant (IQI and must instead use ERISA section 4021)?	4c PN 5a 36 5b 39 5c 39				
name, EIN, and the plan number from the last return/report. 3 Sponsor's name Total number of participants at the beginning of the plan year	ssets? (See instruct independent qualifie conditions.)use Form 5500-SF rance program (see t will be assessed to	fit plans do not ions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau	4c PN 5a 36 5b 39 5c 39 X Yes No PA) X Yes No Form 5500. X Yes No Not determined use is established. Not, including, if applicable, a Schedule				
name, EIN, and the plan number from the last return/report. a Sponsor's name Total number of participants at the beginning of the plan year	ssets? (See instruct independent qualifie conditions.)use Form 5500-SF rance program (see t will be assessed to	fit plans do not ions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau	4c PN 5a 36 5b 39 5c 39 X Yes No PA) X Yes No Form 5500. X Yes No Not determined use is established. Not, including, if applicable, a Schedule				
name, EIN, and the plan number from the last return/report. a Sponsor's name Total number of participants at the beginning of the plan year	ssets? (See instruct independent qualifie conditions.)	fit plans do not ions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Brian Priddle	4c PN 5a 36 5b 39 5c 39 X Yes No PA) X Yes No Form 5500. X Yes No Not determined use is established. Not, including, if applicable, a Schedule				
name, EIN, and the plan number from the last return/report. a Sponsor's name Total number of participants at the beginning of the plan year	ssets? (See instructindependent qualifier conditions.)	fit plans do not ions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Brian Priddle	4c PN 5a 36 5b 39 5c 39 Market PA Yes No PA Yes No Form 5500. Yes No Not determined use is established. Dort, including, if applicable, a Schedule, and to the best of my knowledge and				
name, EIN, and the plan number from the last return/report. a Sponsor's name Total number of participants at the beginning of the plan year	syear (defined bene assets? (See instruct independent qualifie conditions.)	fit plans do not ions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report sion of this return/report Brian Priddle Enter name of individe Enter name of individe	4c PN 5a 36 5b 39 5c 39 Market PA Yes No PA Yes No Form 5500. Yes No Not determined use is established. Dort, including, if applicable, a Schedule, and to the best of my knowledge and				
name, EIN, and the plan number from the last return/report. a Sponsor's name Total number of participants at the beginning of the plan year	syear (defined bene assets? (See instruct independent qualifie conditions.)	fit plans do not ions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report sion of this return/report Brian Priddle Enter name of individe Enter name of individe	4c PN 5a 36 5b 39 5c 39 Kay Yes No PA) Xay Yes No Form 5500. In Yes No Not determined Use is established. Foort, including, if applicable, a Schedule and to the best of my knowledge and usel signing as plan administrator				
name, EIN, and the plan number from the last return/report. a Sponsor's name Total number of participants at the beginning of the plan year	syear (defined bene assets? (See instruct independent qualifie conditions.)	fit plans do not ions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report sion of this return/report Brian Priddle Enter name of individe Enter name of individe	4c PN 5a 36 5b 39 5c 39 Kayes No PA) Xayes No Form 5500. Yes No Not determined use is established. Sort, including, if applicable, a Schedule and to the best of my knowledge and usel signing as plan administrator ual signing as employer or plan sponsor				
name, EIN, and the plan number from the last return/report. a Sponsor's name Total number of participants at the beginning of the plan year	syear (defined bene assets? (See instruct independent qualifie conditions.)	fit plans do not ions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report sion of this return/report Brian Priddle Enter name of individe Enter name of individe	4c PN 5a 36 5b 39 5c 39 Kayes No PA) Xayes No Form 5500. Yes No Not determined use is established. Sort, including, if applicable, a Schedule and to the best of my knowledge and usel signing as plan administrator ual signing as employer or plan sponsor				
name, EIN, and the plan number from the last return/report. a Sponsor's name Total number of participants at the beginning of the plan year	syear (defined bene assets? (See instruct independent qualifie conditions.)	fit plans do not ions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report sion of this return/report Brian Priddle Enter name of individe Enter name of individe	4c PN 5a 36 5b 39 5c 39 Kayes No PA) Xayes No Form 5500. Yes No Not determined use is established. Sort, including, if applicable, a Schedule and to the best of my knowledge and usel signing as plan administrator ual signing as employer or plan sponsor				

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	7		(b) End of Year		
а	Total plan assets	7a	45	8932	3		5603583		
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	45	8932	23		5603583		
8.	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:								
	(1) Employers	8a(1)	3	6531	.4				
	(2) Participants	8a(2)			5500				
	(3) Others (including rollovers)	8a(3)			19.64 20.54 20.54				
<u>b</u>	Other income (loss)	. 8b	7	9524	16		The state of the s		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		gjirija.	83		1160560		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1.	4630	ool				
	Certain deemed and/or corrective distributions (see instructions)	8e			365.00				
— E	Administrative service providers (salaries, fees, commissions)	8f			1 (7)				
_	•				- 25 - 1				
<u>g</u>	Other expenses (add lines add 9a, 95 and 9a)	· · · · · · · · · · · · · · · · · · ·			Tag	un er finge	146300		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u> </u>			- 10		1014260		
	Transfers to (from) the plan (see instructions)			1,674,674	Jit. Igeli		1014200		
J Hazzania	rt IV Plan Characteristics	8j			484				
b Par	If the plan provides pension benefits, enter the applicable pension 2E 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides pension benefits, enter the applicable pension 2E 3D						****		
10	During the plan year:				Yes	No	Amount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		Х			
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		Х			
	Was the plan covered by a fidelity bond?			10c	Х		500000		
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	· ·	10d		Х			
•	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)			10e		Х.			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х		18686		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					
Par				•					
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								
11:	a Enter the unpaid minimum required contribution for current year f					11a			
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)						
	I If a walver of the minimum funding standard for a prior year is bei granting the walver.	ng amortiz	ed in this plan year, see instru	nth	, and e	enter ti Day			
<u> </u>	you completed line 12a, complete lines 3, 9, and 10 of Schedul	le MB (For	m 5500), and skip to line 13.		······································				
k	Enter the minimum required contribution for this plan year					12b			

	Form 5500-SF 2013 Page 3 -					
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 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?		Yes	XN	o -	
	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?	control			Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
1	3c(1) Name of plan(s):	3c(2) E	.IN(s)	13c(3) PN(s)
Part	Vill Trust Information (optional)				I .	

14a Name of trust

14b Trust's EIN