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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enerit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.	
Part I		Identification Information				
For calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012
	urn/report is for:	a single-employer plan	H	olan (not multiemployer)		a one-participant plan
B This ret	rurn/report is:	the first return/report	the final return/report			
		x an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descr	iption)			
Part II	Basic Plan Info	rmation—enter all requested info	ormation			
1a Name	•	·			1b	Three-digit
LAKE CUMB	BERLAND SURGICAL	CONSULTANT S, PSC				plan number
						(PN) • 001
					1C	Effective date of plan
22 Dian o		draga, include room or quite numbe	ur (ampleyer if for a single	ompleyer plan)	26	01/01/2009
LAKE CUME	BERLAND SURGICAL	dress; include room or suite numbe CONSULTANT S, PSC	er (employer, if for a single	e-employer plan)	20	Employer Identification Number (EIN) 26-2415382
					2c	Sponsor's telephone number
350 HOSPIT	AL WAY					606-425-4298
SOMERSET	, KY 42503				2d	Business code (see instructions) 621111
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's EIN
					30	Administrator's telephone number
					30	Administrator's telephone number
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b	EIN
name	, EIN, and the plan nur	mber from the last return/report.				
•	or's name				4c	PN
5a Total r	number of participants	at the beginning of the plan year			5a	6
b Total r	number of participants	at the end of the plan year			5b	6
		account balances as of the end of t	. , ,	•	5c	5
6a Were	all of the plan's assets	s during the plan year invested in el	ligible assets? (See instru	ctions.)		X Yes No
_	·	f the annual examination and report	•	•		
		? (See instructions on waiver eligibi				- -
If you	answered "No" to ei	ither line 6a or line 6b, the plan c	annot 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 cau	ıse is	established.
		her penalties set forth in the instruc				
	true, correct, and comp	nd signed by an enrolled actuary, a olete.	s well as the electronic ve	rsion of this return/report	, and	to the best of my knowledge and
	· · · · ·					
SIGN	Filed with authorized/	valid electronic signature.	05/30/2014	FRANK HARRISON		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual siç	ning as plan administrator
SIGN						
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual sic	ning as employer or plan sponsor
Preparer's		name, if applicable) and address; inc			_	parer's telephone number (optional)

Form 5500-SF 2012 Page **2**

Dor	t III Financial Information		<u> </u>					
<u> </u>			(a) Danimin mat Van				(b) Find of Voca	
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				(b) End of Year	
	Total plan assets	7a 7b	33997	0			520298	
	Net plan assets (subtract line 7b from line 7a)	76 7c	35997	76			520298	_
	Income, Expenses, and Transfers for this Plan Year	70		0				_
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	8283	9				
	(2) Participants	8a(2)	3850)1				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	5076	57				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					172107	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1158	80				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	30	5				
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					11885	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					160222	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 3D 2 E 2 F 2 G 2 J 2 K	feature co	des from the List of Plan Char	acterist	tic Code:	s in t	he instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristic	Codes	in th	e instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes N	lo	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	>	<		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b	>	<		
С	Was the plan covered by a fidelity bond?			10c	>	(
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	· ·	10d	>	(
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	ner person	s by an insurance carrier,	100				
	instructions.)			10e	>	(
f	Has the plan failed to provide any benefit when due under the plan	n?		10f	>	(
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g	>	(
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g	>	(
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	ne require	d notice or one of the	10i	X	(
Part				.01				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							No
11a	Enter the amount from Schedule SB line 39							_
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or sec	tion 302	of E	RISA? Yes X N	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)					
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth		er the Day _	e date of the letter ruling Year	
If :	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-	ı		
b	Enter the minimum required contribution for this plan year				12	b		

	Form 5500-SF 2012 Page 3 - 1			
	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 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 of the PBGC?	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(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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