For	m 5500-SF	Short Form Annual Ret		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service							2013
Department of Labor This form is required to be filed under sections 104 and 4065 of the Emplo Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 Employee Benefits Security Administration the Internal Revenue Code (the Code).							
Pension Benefit Guaranty Corporation Inspection							
Part I		entification Information					
For calenda	r plan year 2013 or fisca			and ending 1	2/31/2	2013	
A This retu	urn/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-partici	oant plan
B This retu	urn/report is:		e final return/report				
		an amended return/report	hort plan year return	n/report (less than 12 mo	onths	_	
C Check b	ox if filing under:	Form 5558	tomatic extension			DFVC progra	im
		special extension (enter description)					
Part II		nation—enter all requested informatio	n		16	Three digit	
1a Name of LEXINGTON	ANESTHESIA PSC PR	OFIT SHARING PLAN			a	Three-digit plan number	
						(PN) 🕨	002
					1c	Effective date o	•
2a Plan sp	onsor's name and addre	ess; include room or suite number (emp	lover if for a single-	emplover plan)	2h	01/01 Employer Identi	
	ANESTHESIA PSC				20		77368
425 I EWIS F	ARGETT CIRCLE				2c	Sponsor's telep 859-26	
LEXINGTON					2d	Business code 6211	(see instructions)
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address						Administrator's	EIN
		—	_		30	A dministrator's	telephone number
name,	EIN, and the plan numb	lan sponsor has changed since the last er from the last return/report.	return/report filed fo	or this plan, enter the		EIN	
a Sponso					4c	PN	
-		the beginning of the plan year			5a		7
		the end of the plan year count balances as of the end of the plan			5b		7
		count balances as of the end of the plan	• •	•	5c		7
		uring the plan year invested in eligible a	,	,			🗙 Yes 🗌 No
		e annual examination and report of an i See instructions on waiver eligibility and					X Yes 🗌 No
		er line 6a or line 6b, the plan cannot i					
C If the p	lan is a defined benefit p	plan, is it covered under the PBGC insur	rance program (see	ERISA section 4021)? .		Yes No	Not determined
Caution: A	penalty for the late or	incomplete filing of this return/report	t will be assessed i	unless reasonable cau	se is	established.	
Under pena SB or Sche	Ities of perjury and other	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a	declare that I have	examined this return/rep	oort, ir	ncluding, if applic	
SIGN	Filed with authorized/va	lid electronic signature.					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator
SIGN							
HERE	Signature of employe		Date	Enter name of individu	ual sig	gning as employe	r or plan sponsor
Preparer's r	name (including firm nan	ne, if applicable) and address; include ro	oom or suite number	r (optional)	Prep	parer's telephone	number (optional)

Par	t III Financial Information		-								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ear		
а	Total plan assets	al plan assets					5550436				
b	Total plan liabilities	al plan liabilities							0		
С	Net plan assets (subtract line 7b from line 7a)	- 7c	443446	0				55	50436		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
а	Contributions received or receivable from: (1) Employers	8a(1)	13527	4							
	(2) Participants	8a(2)	3844	7							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	. 8b	100710	6							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						11	80827		_
d	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	. 8d	6485	1							
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
	Other expenses	. 8g			_						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							64851		
	Net income (loss) (subtract line 8h from line 8c)	. 8i			_			11	15976		_
	Transfers to (from) the plan (see instructions)	- 8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 3D 2H 2J 2F	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions	:		
b	If the plan provides welfare benefits, enter the applicable welfare for	ooturo ood	as from the List of Dian Chara	atoriat		loo in t	ha instruct	ono			
D	In the plan provides wehate benefits, enter the applicable wehate h			clensi				0115.			
Part	V Compliance Questions										
10											
а	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)										
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10a 10b		х					—
С	Was the plan covered by a fidelity bond?			10c	Х					50000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х					_
e	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		Х					
f						Х					
				10f		Х					—
b				10g		~					_
n	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х					
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	1-3		10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	× N	lo
11a	Enter the unpaid minimum required contribution for current year fi	rom Sched	lule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction :	302 of	ERISA?	Π	Yes	X N	ю
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			-				•			
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instrue		, and e	enter th Day	ne date of t	he le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					- ~1		50			—
-	Enter the minimum required contribution for this plan year					12b					-

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?	Ye	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 of the PBGC?	control		Yes 🗙 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) EIN	l(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a Name of trust				14b Trust's EIN		

Form 5500-SF						
Department of the Treasury	Short Form Annual F	Return/Report Benefit Plan	of Small Emplo	OMB Nos. 1210-0 1210-0		
Internal Revenue Service	Internet Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ Department of Labor Employee Benefits Security Administration Renders Reset: Conversion					
Employee Benefits Security Administration						
Pension Benefit Guaranty Corporation	Complete all entries in accor	dance with the instr	uctions to the Form 550	0-SF.		
	lentification Information					
For calendar plan year 2013 or fisca	,	01/01/2013	and ending	12/31/2013		
A This return/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-participant plan		
B This return/report is:	the first return/report	the final return/repor	ť			
	an amended return/report	a short plan year retu	rm/report (less than 12 m	ionths)		
C Check box if filing under:	Form 5558	automatic extension		DFVC program		
	special extension (enter description					
Part II Basic Plan Inform	nation-enter all requested inform	•				
1a Name of plan	lation-enter all requested inform	allon				
•				1b Three-digit plan number		
DEAINGION ANESTHESI	A PSC PROFIT SHARING	PLAN		(PN) 002		
				1c Effective date of plan		
				01/01/2001		
2a Plan sponsor's name and addre	ess; include room or suite number (e	mployer, if for a single	e-employer plan)	2b Employer Identification Number		
LEXINGTON ANESTHESI	A PSC			(EIN) 61-1377368		
				2c Sponsor's telephone number		
425 LEWIS HARGETT C	TROLE			(859) 268-1030		
				2d Business code (see instructions)		
LEXINGTON			(40503	621111		
3a Plan administrator's name and r	address XSame as Plan Sponsor N	lame USame as Pla	in Sponsor Address	3b Administrator's EIN		
				3c Administrator's telephone numbe		
4 If the name and/or EIN of the pl	an sponsor has changed since the l	ast return/report filed t	for this plan, enter the	4b EIN		
name, EIN, and the plan number	ar from the last return/report.			······································		
a Saancada nomo				A		
a Sponsor's name	the heatening of the slave serve			4c PN		
5a Total number of participants at				4c PN 5a		
5a Total number of participants atb Total number of participants at	the end of the plan year	11 \$} ¥{ \$ 15 \$ 49 49 49 47 1 1 1 1 1 1 42 47 47 4 8 \$ 87 4 8				
 5a Total number of participants at b Total number of participants at c Number of participants with acc 	the end of the plan year	lan year (defined ben	efit plans do not	5a 5b		
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 5a Total number of participants at i b Total number of participants at i c Number of participants with acc complete this item)	the end of the plan year count balances as of the end of the p uring the plan year invested in eligibl	an year (defined ben e assets? (See instrue	efit plans do not	5a 5b 5c 		
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 5a Total number of participants at t b Total number of participants at t c Number of participants with acc complete this item) 6a Were all of the plan's assets du b Are you claiming a waiver of the under 29 CFR 2620.104-46? (S If you answered "No" to either c c If the plan is a defined benefit plan 	the end of the plan year count balances as of the end of the p uring the plan year invested in eligibl a annual examination and report of a See instructions on waiver eligibility a or line 6a or line 6b, the plan canno an, is it covered under the PBGC in	alan year (defined ben e assets? (See instru- en independent qualifi and conditions.)	efit plans do not ctions.) ed public accountant ((Q and must instead use ERISA section 4021)?	5a 5b 5c PA) X Yes No Yes Not Ves		
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5a Total number of participants at 1 b Total number of participants at 1 c Number of participants with according to the plants at 10 complete this item) Complete this item) 6a Were all of the plan's assets due to the plan's asset	the end of the plan year sount balances as of the end of the p uring the plan year invested in eligibl a annual examination and report of a See instructions on waiver eligibility a rr line 6a or line 6b, the plan canno an, is it covered under the PBGC in ncomplete filing of this return/rep penalties set forth in the instructions signed by an enrolled actuary, as we e. MMMM inistrator MMMM	blan year (defined ben a assets? (See instru- an independent qualifi- and conditions.) of use Form 5500-SF surance program (see ort will be assessed as the electronic ver 5/2/14 Date 5/2/14 Date	efit plans do not ctions.) ed public accountant ({Q and must instead use ERISA section 4021)? unless reasonable cau examined this return/report, PAMELA HARRIS Enter name of individu JANE FIELDS Enter name of individu	5a 5b 5c PA) X Yes No Yes No Yes No Not determined se is established. ort, including, if applicable, a Schedule and to the best of my knowledge and hal signing as plan administrator hal signing as employer or plan sponsor		

Page **2**

a Total plan assets 7a 4,434,460 b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 4,434,460 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total plan provides provides form: (1) Employers 8a(1) 135,274 (2) Participants 8a(2) 38,447 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8a(3) 1,007,106 c Total income (add lines 8a(1),8a(2),8a(3), and 8b) 8c 64,851 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 64,851 e Certain deemed and/or corrective distributions (see instructions) 8e 64,851 g Other expenses. 8g h 1 f Administrative service providers (salaries, fees, commissions) 8f 1 g Other expenses. 8g h 1 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1 1 i Net income (loss) (subtract line 8h from line 8c) 8i 1 1 j Transfers to (from) the plan (see instruction										Financial Information		
b Total plan liabilities 0 0 C Net plan assets (subtract line 7b from line 7a) 7c 4, 434, 460 8 Income, Exponess, and Transfers for this Plan Year (a) Amount (b) To 4 Contributions received or receivable from: (a) Amount 135, 274 (1) Employers (a) (1, 37, 106 (b) To (2) Participants (a) (2) (a) (1, 30, 71, 106 (b) To C Total income (add lines 86(1), 82(2), 86(3), and 8b) 8c (c) (2, 7, 106 (c) Total income (add lines 86(1), 82(2), 86(3), and 8b) 8c C Total expenses 8d (c) 4, 851 (c)	of Year	(b) End of Year				аг	(a) Beginning of Yea			Plan Assets and Liabilities		
C Net plan assets (subtract line 7b from line 7a)	5,550,436	5,5			50	4,46	4,434	7a		Total plan assets		
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Tor a Contributions received or receivable from: 8a(1) 1.35,274 (2) Participants. 8a(2) 38,447 (3) Others (including rollovers). 8a(3) 8a(3) (b) Other income (loss) 8a(3) 8b 1,007,106 C Total income (loss) 8a(3) 8c 64,851 C Total income (loss) 8a 64,851 64,851 C Total expenses (add lines 8a(1), 8a(2),8a(3), and 8b) 8c 64 8b C Total expenses (add lines 8a(4,86,86,86,86,86,86,86,86,86,86,86,86,86,	0				0			7b		Total plan liabilities		
a Contributions received or receivable from: (b) (c) (c) <t< td=""><td colspan="3">5,550,43</td><td>50</td><td>4,46</td><td>4,434</td><td>7c</td><td></td><td>Net plan assets (subtract line 7b from line 7a)</td></t<>	5,550,43			50	4,46	4,434	7c		Net plan assets (subtract line 7b from line 7a)			
a Contributions received or receivable from: 8a(1) 1.35, 274 (2) Participants	Ital	(b) Total					(a) Amount		ear	income, Expenses, and Transfers for this Plan Year		
(2) Participants 38, 2 38, 447 (3) Others (including offlowers) 8a(3)						- 07	1.01					
(a) Others (including rottovers)					199 March					(1) Employers		
b Other income (loss) Bb 1,007,106 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc Bc d Benefits paid (including direct rollovers and insurance premiums to provide benefits) Bd 64,851 e Cartain deemed and/or corrective distributions (see instructions) Be Be Corrective and/or corrective distributions (see instructions) Be g Other expenses Bg G G G f Administrative service providers (salaries, fees, commissions) Bf G g Other expenses Bg G G f Total expenses (add lines 8d, 8e, 8f, and 8g) Bh G G 1 Transfers to (from) the plan (see instructions) Bi G G g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 22 B J 2H 2 J 2F No A g If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 22 CFR 2510.31027 (See instructions and DCL's Volumary Fiduciary Correction Program) Ida X g O A A A </td <td></td> <td></td> <td></td> <td></td> <td>± /</td> <td>8,44</td> <td>31</td> <td></td> <td></td> <td></td>					± /	8,44	31					
c Total income (add lines 8e(1), 8a(2), 8a(3), and 8b)						7 10		8a(3)				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits))6	/,10	1,00	8b				
by provide benefits) 8d 64, 851 e 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)	1,180,82	1,1		na garanta da da			n forde hier eine onder sonderen gesternen in Franken der Kennen Anteren Braker beiten der Anteren der Braker beiten. Kennen der Anteren Braker beiten der Anteren Braker beiten.	8c				
e Certain deemed and/or corrective distributions (see instructions)					51	4,85	64	84				
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g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j gal Ithe plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction gal If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction Part V Compliance Questions 10 During the plan year: Yes No A a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 GFR 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) X Image: Compliance Correction Program c Was the plan covered by a fidelity bond? 10c X Image: Compliance Correction Program 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 Image: Compliance Correction Program 10d X <			du (1 - u / u)					1 1	· · · · · · · · · · · · · · · · · · ·			
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j ga If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2E 3D 2H 2J 2F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2E 3D 2H 3J 2F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2E 3D 2H 3J 3F Part W 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 28 CFR 25/03-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a 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 10d X c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishourses or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or oth					1044 1045					· · · · · · · · · · · · · · · · · · ·		
i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j 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 instruction (2 E 3 2 H 2 J 2 F) b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction (2 E 3 2 H 2 J 2 F) c 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 ne 90 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 have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X d Did the plan failed to provide any banefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X f Has the plan failed to provide any benefit when due under the plan?	64,85									•		
j Transfers to (from) the plan (see instructions)	1,115,970	1 1						l I				
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 instruction 2E 3D 2H 2J 2F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2E 3D 2H 2J 2F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2E 3D 2H 2J 2F Part V Compliance Questions 10 During the plan year: Yes No 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)	1,11J,37	⊥,⊥ 1	(maile)				<u>Alexandre i Antonio de Contra de Cara de Con</u>					
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2E 3D 2H 2J 2F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2E 3D 2H 2J 2F Part V Compliance Questions 10 During the plan year: Yes No 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)	inite Ministri i ta di 1970. Rigingrafia di Kalingra							8j		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
10 During the plan year: Yes No 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)	ns:	ne instructions:	in th	odes ir	tic Co	cterist	es from the List of Plan Chara	eature code	pplicable welfare fo	97117-714		
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)	Amount	Amount	10	s No	Yes					-		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		74110411				10a				Was there a failure to transmit to the plan any part		
c Was the plan covered by a fidelity bond? 10c X 10c X 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 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 X f Has the plan failed to provide any benefit when due under the plan? 10f X X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X 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. 10i X X Part VI Pension Funding Compliance 10i 10i X X X 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39. 11a 11a		· · ·	ζ	X		10b	nclude transactions reported	? (Do not ir	y party-in-interest	Were there any nonexempt transactions with any		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	500,00	. Ľ			X	10c				Was the plan covered by a fidelity bond?		
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instructions.) 10e 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.). 10g X 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. 10i X Part VI Pension Funding Compliance 10i Image: Compliance Stocol and line 11a below). 11a I1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39. 11a							s by an insurance carrier,	er persons	ers, agents, or oth	Were any fees or commissions paid to any broker		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			X	Х		10e						
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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 10h X Pension Funding Compliance 10i 10i 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) 11a			C	Х		10f		n?	due under the pla	Has the plan failed to provide any benefit when du		
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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) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39			-				I notice or one of the	ne required	either provided th	If 10h was answered "Yes," check the box if you e		
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11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a	Yes 🕅 No					nlete				Is this a defined benefit plan subject to minimum fu		
to ano a control control control control and the minimum function requirements of social 412 of the Code of social 602 of LIGA?	Yes X No						ule SB (Form 5500) line 39	oni Scheut				
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			of F	1 302 4					minimum funding	Is this a defined contribution plan subject to the m		
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		RISA? Ye	of E	n 302 (nts of section 412 of the Code	requiremen				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		e date of the letter r	er the	l enter	ection	or se	nts of section 412 of the Code able.) ed in this plan year, see instruc	requiremer , as applica ng amortize	d, and 12e below, a prior year is beir	(If "Yes," complete line 12a or lines 12b, 12c, 12d, If a waiver of the minimum funding standard for a p		
b Enter the minimum required contribution for this plan year		I	er the	l enter	ection	or se	nts of section 412 of the Code able.) ed in this plan year, see instruc 	requiremen , as applica ng amortize	d, and 12e below, a prior year is beir	(If "Yes," complete line 12a or lines 12b, 12c, 12d, If a waiver of the minimum funding standard for a p granting the waiver.		

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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		V/A	
Part	VI 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?			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.)					
1	13c(1) Name of plan(s):	3c(2) E	lN(s)	13c(3) PN	l(s)	
Part	VIII Trust Information (optional)					
14a Name of trust				14b Trust's EIN		
				,		