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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accord	ance with the instruc	tions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report lo	dentification Information					
For calenda	ar plan year 2013 or fisc	al plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This ret	curn/report is for:			an (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	short plan year returi	n/report (less than 12 mo	onths))	
C Check b	box if filing under:		automatic extension			DFVC progra	am
D 4 II	· - · · ·	special extension (enter description	<u> </u>				
Part II		mation—enter all requested informa	tion		4.		T
1a Name BELLEFONT		STRY, PSC 401K PROFIT SHARING	PLAN		16	Three-digit plan number (PN)	001
					1c	Effective date o	
	ponsor's name and addi	ress; include room or suite number (en STRY, PSC	nployer, if for a single-	employer plan)	2b	Employer Identi	
972 DIEDRIO					2c	Sponsor's telep	
RUSSELL, K					2d		(see instructions)
3a Plan a	dministrator's name and	address Same as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
4 If the r	game and/or FIN of the	plan sponsor has changed since the la	et roturn/roport filed fo	or this plan, ontor the	4h	FIN	
	, EIN, and the plan num	ber from the last return/report.	st return/report med it	ir tilis plan, enter the	40 4c	EIN	
		t the beginning of the plan year			5a	 	8
_		t the end of the plan year			5b	-	8
c Numb	er of participants with a	count balances as of the end of the pl	an year (defined bene	fit plans do not	5c		8
6a Were	all of the plan's assets	during the plan year invested in eligible	e assets? (See instruc	tions.)			X Yes No
under	29 CFR 2520.104-46?	he annual examination and report of a (See instructions on waiver eligibility a ner line 6a or line 6b, the plan canno	nd conditions.)				X Yes No
		plan, is it covered under the PBGC ins				. – –	Not determined
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ıse is	established.	
SB or Sche		er penalties set forth in the instructions I signed by an enrolled actuary, as we ete.					
SIGN	Filed with authorized/va	alid electronic signature.	06/10/2014	JENNIFER B. HUGHE	S, D.I	M.D.	
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual siç	ıning as plan adr	ministrator
SIGN							
HERE	Signature of employ		Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address; include	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2013 Page **2**

Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year		
	Total plan assets	7a	(a) Beginning of Tea				613946		
	Total plan liabilities	7b		0			0		
	Net plan assets (subtract line 7b from line 7a)	7c	48922	0			613946		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
	Contributions received or receivable from:		, ,				(0) 1010.		
	(1) Employers	8a(1)	3696						
	(2) Participants	8a(2)	3524	.0					
	(3) Others (including rollovers)	8a(3)		0					
<u>b</u>	Other income (loss)	8b	6465	4					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					136863		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	655	5					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	558	2					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					12137		
	Net income (loss) (subtract line 8h from line 8c)	8i					124726		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а				10a		Х	74.10		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X			
					Χ		75000		
d	, ,			10c		X	75000		
	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								
	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 a	s of year e	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	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	ne required	d notice or one of the	10i					
Part		1-0		101					
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Ves " see instructions and com	nlete	Schoo	عاد ماناد	R /Form		
	5500) and line 11a below)								
	Enter the unpaid minimum required contribution for current year fr		· · · · · · · · · · · · · · · · · · ·			11a			
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•	_4:	- II	tr - 11	and at the letter william		
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and 6	enter th Day	ne date of the letter ruling Year		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	,	m 5500), and skip to line 13.		1		Г		
h	Enter the minimum required contribution for this plan year					12b			

Page	3 -	1
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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	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	l 4b Tr	ust's EIN	

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

P	art I	Annual Repor	t Identification Information	dance	with the might	ictions to the Form 550	JU-SF	·	
		dar plan year 2013 or		01/0:	L/2013	and ending		10/21/00	
Α	This n	eturn/report is for:	X a single-employer plan			plan (not multiemployer)		12/31/20	
		eturn/report is:	the first return/report	1	nal return/report			a one-partici	pant plan
		,	an amended return/report		•				
С	Check	box if filing under:	X Form 5558	1		m/report (less than 12 m	iontns	_	
•	011001	box ii fiilig araer.	special extension (enter description	,	natic extension			DFVC progra	am
Ps	ert II	Rasic Plan Inf	ormation—enter all requested inform						
		of plan	ormation—enter all requested inform	ation			1 41		
		•	cens Dentistry, PSC 401k	. D	e: L		1b	Three-digit plan number	
	Shar	ing Plan	Denoisely, FBC 4018	. Pro	TIC			(PN)	001
							1c	Effective date of	
2a	Plan	nonente name and a	delegan include a company to the					01/01/200	5
	Bell	efonte Childr	ddress; include room or suite number (e rens Dentistry, PSC	mploye	er, if for a single	-employer plan)	2b	Employer Identif	fication Number
							_	(EIN) 20-228	
							2C	Sponsor's telep (606) 833-	hone number
	972	Diedrich Blvd	.				2d	Business code (
	Russ				KY	41169		621210	see manuchons)
3a	Plan a	idministrator's name a	nd address XSame as Plan Sponsor N	lame	Same as Pla	n Sponsor Address	3b	Administrator's E	EIN
							_		
							30	Administrator's t	elephone number
4	lf tha	name and/or FIN of th						(606) 833-	-5437
•	name	, EIN, and the plan nu	e plan sponsor has changed since the lamber from the last return/report.	ast retu	m/report filed for	or this plan, enter the	4b	EIN	
		or's name					4c	DNI	
5a	Total	number of participants	at the beginning of the plan year				5a	TIN	
b	Total	number of participants	at the end of the plan year		1945 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		_ <u>5a</u> _ 5b	 	8
C	Numb	er of participants with	account balances as of the end of the p	lan vea	r (defined bene	efit plane do not	อม		8
_	comp	ete triis item)		<u></u>			5c		8
ba	Were	all of the plan's asset	s during the plan year invested in eligible	e asse	ts? (See instruc	tions)			X Yes No
	wie ar	u daiming a waiver o	rithe annual examination and report of a	an inde	nendent auglific	d cublic accountant (IC)	201		_
	lf you	answered "No" to e	? (See instructions on waiver eligibility a ither line 6a or line 6b, the plan canno	ot use	anons.) Form 5500-SF	and must instead use		EEOO	X Yes No
C I	f the p	lan is a defined benef	it plan, is it covered under the PBGC in	suranci	e program (see	FRISA section 4021)2		3300, Van Divis D	
									Not determined
Jnde	r pena	ties of periury and of	or incomplete filing of this return/rep	ort will	be assessed	unless reasonable cau	se is	established.	
			her penalties set forth in the instructions nd signed by an enrolled actuary, as we blete.	i, r deci	are that I have : e electronic ven	examined this return/repsion of this return/report	ort, in	cluding, if applica	ble, a Schedule
eliet	, it is t	rue, correct, and comp	olete.			, at the folding open,	una t	o the best of filly r	criowiedge and
SIGN						Jennifer B. Hu	ah o		
IER		Signature of plan a	dministrator	 	 .		_		
ign		-igitatare or profit a		Dat	(8)	Enter name of individu			inistrator
ERE		Cinneture of amula	and the same of th	+-		Jennifer B. Hu			
repa	rer's	Signature of emplo name (including firm n	yer/pian sponsor ame, if applicable) and address; include	Dat	e or quito pumbo.	Enter name of individu	al sig	ning as employer	or plan sponsor
		, »=g()	,pp.10am.d/ dila addices, fillique	, IUUIII	o suite numbel	(optional)	Prepa	arer's telephone n	number (optional)
						Γ			
- D-	DATE:	els Dodrostlom & st Notice							

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Pa	rt III Financial Information				_				
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End	of Yea	
a	Total plan assets	7a	489	9,22	20				613,946
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	489	9,22	20				613,946
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal	
а	Contributions received or receivable from:	0 (1)	2.6	5,96					
	(1) Employers	8a(1)		5,24					
	(2) Participants	8a(2)	33	, 2	0				
	(3) Others (including rollovers)	8a(3)	6/	1,65	: 4				
<u>b</u>		8b	0-	1,02	7 -				136,863
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							130,003
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6	5,55	55				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		5,58	32				
a	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							12,137
T	Net income (loss) (subtract line 8h from line 8c)	8i							124,726
Ť	Transfers to (from) the plan (see instructions)	8i							
Pa	rt IV Plan Characteristics	oj							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruc	ctions:	
	2A 2E 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	the instruct	ions:	
_									
Par	t V Compliance Questions								
40					V	- NI-	I	_	
10	During the plan year:	4:	Alea Airea e ania di dagonile ad in		Yes	No		Amou	int
	During the plan year: 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	Yes	No X		Amou	int
а	Was there a failure to transmit to the plan any participant contribu	uciary Corr ? (Do not i	rection Program)include transactions reported	10a 10b	Yes			Amou	nt
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 Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corr ? (Do not i	rection Program)		Yes	Х		Amou	75,000
k	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corr? (Do not i	rection Program) include transactions reported	10b		Х		Amou	
k	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other states or dishonests.	? (Do not i	include transactions reported and, that was caused by fraud as by an insurance carrier,	10b 10c		Х		Amou	
k	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	fidelity bor	nd, that was caused by fraud so by an insurance carrier, efits under the plan? (See	10b 10c 10d		Х		Amou	
k c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	fidelity boner persons	include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c 10d		X X X		Amou	
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6 G	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? (2520.101-3.)	fidelity borner persons of the benefits of year experiences.	nd, that was caused by fraud s by an insurance carrier, effits under the plan? (See	10b 10c 10d 10e 10f		x x x x x		Amou	
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f Par	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 If Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity borner persons of the benefits of year experience (See instrument required 1-3	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Adule SE			75,000
f Par	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity border persons of the benefits of year expension of the series	ection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, effits under the plan? (See and.) end.) d notice or one of the Yes," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X Autule SE			75,000
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