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

2013

This Form is Open to Public Inspection

1 011010111	Sonom Suaranty Sorporation	Complete all entries in a	eccordance with the instruc	tions to the Form 550)0-SF.		
Part I	Annual Report I	Identification Informatior	า				
For calen	dar plan year 2013 or fis	cal plan year beginning 01/0	1/2013	and ending	12/31/	2013	
A This re	eturn/report is for:	🛚 a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	pant plan
	eturn/report is:	the first return/report	the final return/report			_	
	, , , , , , , , , , , , , , , , , , ,	an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C 01 1				Proport (1033 than 12 h	ionthis		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
	_	special extension (enter desc	' '				
Part II	Basic Plan Info	rmation—enter all requested ir	nformation				
1a Name	e of plan				1b	Three-digit	
LAKE CUM	BERLAND SURGICAL	CONSULTANT S, PSC				plan number	
						(PN) •	001
					1c	Effective date of	•
0- 5	 	 				01/01/	
	sponsor's name and add IBERLAND SURGICAL	dress; include room or suite numb CONSULTANT S, PSC	ber (employer, if for a single-	employer plan)	2b	Employer Identification (EIN) 26-24	fication Number 15382
					2c	Sponsor's telep	
350 HOSP	ITAL WAY T, KY 42503				0-1	606-425	
JOWEROL	1, 11 42303				2 a	Business code (62111	(see instructions)
3a Plan	administrator's name an	d address XSame as Plan Spor	nsor Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
							·
4 If the	name and/or EIN of the	plan sponsor has changed since	e the last return/report filed fo	or this plan, enter the	4b	EIN	
		plan sponsor has changed since onber from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b	EIN	
nam			e the last return/report filed fo	or this plan, enter the	4b 4c		
nam a Spon	e, EIN, and the plan nun sor's name		·				9
a Spon 5a Total	e, EIN, and the plan nun sor's name number of participants	nber from the last return/report.			4c 5a		9 8
nam- a Spon 5a Total b Total c Num	e, EIN, and the plan nun sor's name number of participants number of participants ber of participants with a	at the beginning of the plan year at the end of the plan year	f the plan year (defined bene	fit plans do not	4c 5a		8
nama Spon 5a Total b Total c Num com	e, EIN, and the plan nun sor's name number of participants number of participants ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of	f the plan year (defined bene	fit plans do not	4c 5a 5b 5c	PN	8
name a Spon 5a Total b Total c Num com 6a Wer	e, EIN, and the plan nunsor's name number of participants number of participants ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year invested in	f the plan year (defined bene eligible assets? (See instruc	fit plans do not	4c 5a 5b 5c	PN	8
nama Spon 5a Total b Total c Num com 6a Wer b Are y unde	e, EIN, and the plan nunsor's name number of participants number of participants ber of participants with a plete this item) e all of the plan's assets you claiming a waiver of ar 29 CFR 2520.104-46?	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in the annual examination and report (See instructions on waiver eligi	f the plan year (defined bene eligible assets? (See instruc ort of an independent qualifie ibility and conditions.)	fit plans do not tions.)d public accountant (IC	4c 5a 5b 5c CPA)	PN	8
nama Spon 5a Total b Total c Num com 6a Wer b Are y unde	e, EIN, and the plan nunsor's name number of participants number of participants ber of participants with a plete this item) e all of the plan's assets you claiming a waiver of ar 29 CFR 2520.104-46?	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in the annual examination and repo	f the plan year (defined bene eligible assets? (See instruc ort of an independent qualifie ibility and conditions.)	fit plans do not tions.)d public accountant (IC	4c 5a 5b 5c CPA)	PN	8 7 No
nama Spon 5a Total b Total c Num com 6a Wer b Are y unde	e, EIN, and the plan nunsor's name number of participants number of participants ber of participants with a plete this item) e all of the plan's assets you claiming a waiver of the 29 CFR 2520.104-46? u answered "No" to eit	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in the annual examination and report (See instructions on waiver eligi	f the plan year (defined bene eligible assets? (See instruc ort of an independent qualifie ibility and conditions.)	tions.)d public accountant (IC	4c 5a 5b 5c Sc	PN	8 7 No
nama Spon 5a Total b Total c Num com 6a Wer b Are y under lf yo c If the	e, EIN, and the plan nunsor's name number of participants number of participants ber of participants with a plete this item) e all of the plan's assets you claiming a waiver of ar 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefi	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan t plan, is it covered under the PB	eligible assets? (See instructort of an independent qualifier ibility and conditions.)	tions.)d public accountant (IC	4c 5a 5b 5c PPA)	PN	7 X Yes No X Yes No
nama Spon 5a Total b Total c Num com 6a Wer b Are y unde If yo C If the	e, EIN, and the plan nunsor's name number of participants number of participants ber of participants with a plete this item) e all of the plan's assets you claiming a waiver of the 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefit A penalty for the late of	at the beginning of the plan year at the end of the plan year account balances as of the end of the account balances as of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan the plan, is it covered under the PB or incomplete filing of this return.	f the plan year (defined bene eligible assets? (See instruc port of an independent qualifie ibility and conditions.)	tions.)d public accountant (ICand must instead use ERISA section 4021)?	4c 5a 5b 5c Form	PN S500. Yes No established.	7 X Yes No X Yes No Not determined
nama a Spon 5a Total b Total c Num com 6a Wer b Are y unde If yo c If the Caution: Under per SB or Sch	e, EIN, and the plan nunsor's name number of participants number of participants ber of participants with a plete this item) e all of the plan's assets you claiming a waiver of a 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefi A penalty for the late constitutes of perjury and oth	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan the plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary,	f the plan year (defined bene eligible assets? (See instruc ort of an independent qualifie ibility and conditions.) cannot use Form 5500-SF GC insurance program (see rn/report will be assessed uctions, I declare that I have	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca	4c 5a 5b 5c Form	PN 5500. Yes No established. ncluding, if applic	7 X Yes No X Yes No Not determined
nama a Spon 5a Total b Total c Num com 6a Wer b Are y unde If yo c If the Caution: Under per SB or Sch	e, EIN, and the plan nunsor's name number of participants number of participants ber of participants with a plete this item) e all of the plan's assets you claiming a waiver of ar 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefication of perjury and other actives, correct, and comp	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan the plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary,	f the plan year (defined bene eligible assets? (See instruc ort of an independent qualifie ibility and conditions.) cannot use Form 5500-SF GC insurance program (see rn/report will be assessed uctions, I declare that I have	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca	4c 5a 5b 5c Form	PN 5500. Yes No established. ncluding, if applic	7 X Yes No X Yes No Not determined
nama Spon 5a Total b Total c Num com 6a Wer b Are y unde If yo c If the Caution: Under per SB or Sch belief, it is	e, EIN, and the plan number of participants in number of participants ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year	eligible assets? (See instructor of an independent qualifier ibility and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re sion of this return/repor	4c 5a 5b 5c Form	PN 5500. Yes No No established. ncluding, if applic to the best of my	7 X Yes No X Yes No Not determined able, a Schedule knowledge and
nama a Spon 5a Total b Total c Num com 6a Wer b Are y under lf yo c If the Caution: Under per SB or Scr belief, it is	e, EIN, and the plan nunsor's name number of participants number of participants ber of participants with a plete this item) e all of the plan's assets you claiming a waiver of ar 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefication of perjury and other actives, correct, and comp	at the beginning of the plan year at the end of the plan year	f the plan year (defined bene eligible assets? (See instruc- ort of an independent qualifier ibility and conditions.)	fit plans do not tions.)	4c 5a 5b 5c Form	PN 5500. Yes No No established. ncluding, if applic to the best of my	7 X Yes No X Yes No Not determined able, a Schedule knowledge and
nama Spon 5a Total b Total c Num com 6a Wer b Are y unde If yo c If the Caution: Under per SB or Schelief, it is	e, EIN, and the plan number of participants in number of participants ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year	eligible assets? (See instructor of an independent qualifies ibility and conditions.)cannot use Form 5500-SF and GC insurance program (see professor). I declare that I have as well as the electronic version of the professor of the plant of the plan	fit plans do not tions.) d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re sion of this return/report TOMMY SHELTON Enter name of individ	4c 5a 5b 5c 5c SPA) se Form Lase is eport, irt, and	PN 5500. Yes No No No	7 X Yes No X Yes No Not determined able, a Schedule knowledge and
nama a Spon 5a Total b Total c Num com 6a Wer b Are y under lf yo c If the Caution: Under pet SB or Sch belief, it is SIGN HERE	e, EIN, and the plan number of participants in number of participants ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan at plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instruction of the plan is it covered under the plan at plan, is it covered under the plan incomplete filing of this returner penalties set forth in the instruction of the plan is it covered under the plan incomplete.	eligible assets? (See instructor of an independent qualifies ibility and conditions.)cannot use Form 5500-SF (GC insurance program (see rn/report will be assessed fuctions, I declare that I have as well as the electronic version of the potential of the potential of the plane of the plan	fit plans do not tions.)	4c 5a 5b 5c 5c Form	PN 5500. Yes No established. No	7 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator
nama a Spon 5a Total b Total c Num com 6a Wer b Are y under lf yo c If the Caution: Under pet SB or Sch belief, it is SIGN HERE	e, EIN, and the plan number of participants in number of participants ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year	eligible assets? (See instructor of an independent qualifies ibility and conditions.)cannot use Form 5500-SF (GC insurance program (see rn/report will be assessed fuctions, I declare that I have as well as the electronic version of the potential of the potential of the plane of the plan	fit plans do not tions.)	4c 5a 5b 5c 5c Form	PN 5500. Yes No established. No	7 X Yes No X Yes No Not determined able, a Schedule knowledge and
nama a Spon 5a Total b Total c Num com 6a Wer b Are y under lf yo c If the Caution: Under pet SB or Sch belief, it is SIGN HERE	e, EIN, and the plan number of participants in number of participants ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan at plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instruction of the plan is it covered under the plan at plan, is it covered under the plan incomplete filing of this returner penalties set forth in the instruction of the plan is it covered under the plan incomplete.	eligible assets? (See instructor of an independent qualifies ibility and conditions.)cannot use Form 5500-SF (GC insurance program (see rn/report will be assessed fuctions, I declare that I have as well as the electronic version of the potential of the potential of the plane of the plan	fit plans do not tions.)	4c 5a 5b 5c 5c Form	PN 5500. Yes No established. No	7 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator
nama a Spon 5a Total b Total c Num com 6a Wer b Are y under lf yo c If the Caution: Under pet SB or Sch belief, it is SIGN HERE	e, EIN, and the plan number of participants in number of participants ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan at plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instruction of the plan is it covered under the plan at plan, is it covered under the plan incomplete filing of this returner penalties set forth in the instruction of the plan is it covered under the plan incomplete.	eligible assets? (See instructor of an independent qualifies ibility and conditions.)cannot use Form 5500-SF (GC insurance program (see rn/report will be assessed fuctions, I declare that I have as well as the electronic version of the potential of the potential of the plane of the plan	fit plans do not tions.)	4c 5a 5b 5c 5c Form	PN 5500. Yes No established. No	7 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of	Voar		
<u>'</u> a	Total plan assets	7a	(a) Beginning of Tea				(b) Liid O	79306	8	
	Total plan liabilities	7b			-					
	Net plan assets (subtract line 7b from line 7a)	7c	52029	8				79306	8	
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) Amount				(6) 10	ai .		
	(1) Employers	8a(1)	11110	3						
	(2) Participants	8a(2)	4750	5						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	11416	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						27277)	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	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							0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						27277	0	
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 3D 2E 2F 2G 2J 2K	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruction	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Δ	mount		
a				10a		X	,	ount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х				
					X				200	200
				10c					300	100
d	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									
	instructions.)		. `	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
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		X				
Part		-			<u> </u>					
11	Is this a defined benefit plan subject to minimum funding requirem							☐ Yes	×	No
110	5500) and line 11a below)								^	. 10
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDICAC	□ Va-	V	Nic
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction	302 Of	EKISA?	Yes	^	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and 4	enter th	l ne date of the	letter ri	ıling	
	granting the waiver.		Mon		, 4114	Day		ear	19	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•	•		ı	46:	1			
b	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		
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

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

2013

This Form is Open to Public Inspection

Pension B	Benefit Guaranty Corporation	Complete all entries in ac	cordance with the instruc	tions to the Form 550	0-SF.	Insp	pection
Part I	Annual Repor	t Identification Information	cordance with the made	atoris to the Form and	0 011		
		fiscal plan year beginning	01/01/2013	and ending	1	2/31/201	3
A This re	eturn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-participa	ant plan
	eturn/report is:	the first return/report	the final return/report		10.00		
	32	an amended return/report	a short plan year return	/report (less than 12 m	onths)		
C. Check	box if filing under:	☐ Form 5558	automatic extension			DFVC progran	n
o once	DOX II IIII G GIACA.	special extension (enter desc	U			0.180	
Part II	Basic Plan Inf	ormation—enter all requested in					
la Name						ree-digit	
		Surgical Consultant s	, PSC		1 2	in number	221
		(f)			-	V) ▶	001
						ective date of ./01/2009	
2n Dian	anancara sama and	address; include room or suite numb	or (amployer if for a single-	employer plan)	-		ication Number
		Surgical Consultant	er (emproyer, a for a single	employer planty		N) 26-241!	
s, E		•				onsor's teleph	
						06) 425-	
350	Hospital Way						see instructions)
Some	erset		KY	42503		1111	
-		and address XSame as Plan Spon	sor Name Same as Plan	Sponsor Address	3b Ad	ministrator's E	IN
		.	<u> </u>				
					3c Adi	ministrator's te	dephone number
4 if the		to also assess that absent disease	the last setum(sened fled for	sethic plan pates the	4b EII		
		he plan sponsor has changed since number from the last return/report.	the last return report med it	or this plan, dille the	4D EII	4	
	sor's name				4c PN	ı	
5a Total	number of participan	ts at the beginning of the plan year.		***************	5a		
b Total	number of participan	ts at the end of the plan year			5b		
		h account balances as of the end of					
					5c		
6a Wer	e all of the plan's ass	ets during the plan year invested in	eligible assets? (See instruc	tions.)			Yes No
		of the annual examination and repo					П
		6? (See instructions on waiver eligit					ĭ Yes ∐ No
1.5		either line 6a or line 6b, the plan			4000		
C If the	plan is a defined ben	efit plan, is it covered under the PBC	3C insurance program (see	ERISA section 4021)?	Ye	is No	Not determined
Caution:	A penalty for the lat	e or incomplete filing of this retur	n/report will be assessed	unless reasonable ca	use is est	ablished.	
Under per	nalties of perjury and	other penalties set forth in the instru	ctions, I declare that I have	examined this return/re	port, inclu	ding, if applica	ble, a Schedule
	nedule MB completed strue, correct, and co	and signed by an enrolled actuary,	as well as the electronic ven	sian of this return/repor	t, and to th	ne best of my	knowledge and
Jener, R is	s are, correct, and co						
SIGN		ک ا	7.8.20N	Tommy Shelton			
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing	g as plan adm	inistrator
SIGN		5	7-8-2014		*		
HERE	Signature of amo	lover/plan sponsor	Date	Enter name of individ	tual signing	n as employer	or plan sponsor
Prenarer's		name, if applicable) and address; in					number (optional)
- coherence :	a marin (mersoning mit			* * 5050 *			
					1		
							+ + + + + + + + + + + + + + + + + + + +

7	Plan Assets and Liabilities	1.00	(a) Beginning of Yea	ır			(b) End	of Ye	ar	
	Total plan assets	. 7a		0,29	8		(0) 2//0	0, 10		3,068
	Total plan liabilities	7b			+					
	Net plan assets (subtract line 7b from line 7a)	7c	521	0,29	8				79.	3,068
8	Income, Expenses, and Transfers for this Plan Year	10000	(a) Amount				(b)	Total		
а	Contributions received or receivable from:				_ 100				GUINE.	
	(1) Employers	8a(1)		7, 50	-	0.00			102.46	
	(2) Participants	8a(2)	4	7,50	Thirties			1886		
	(3) Others (including rollovers)	8a(3)	11	4,16	2 200	S CONTRACTOR			STORY OF	
	Other income (loss)	85		a v T c	2 59		Child And		27	2,77
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1000	a kardinasi		Maria.	Z / .	assinate is
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e			18%	His				CLO 1
f	Administrative service providers (salaries, fees, commissions)	8f			133					Page 1
	Other expenses	8g			ā8	le file	1338774			
102	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	ASSAUTE ENDOCEMENT	(a)(1)	rin All					
i	Net income (loss) (subtract line 8h from line 8c)	81	10040505		9		-		27:	2,77
i	Transfers to (from) the plan (see instructions)	81				23,199.0	PLANE SAN	5856		
Pai	t IV Plan Characteristics	1 9	L		1000		CONTYNECTO	100.00		
b	3D 2E 2F 2G 2J 2K If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in th	ne instruc	tions:		
SCIENTS	STATE OF THE STATE									4-1-2
10	During the plan year:				Yes	No		Amo	unt	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fide.	uciary Con	rection Program)	10a	Yes	No X		Amo	ount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	ciary Con	rection Program)include transactions reported	10a	Yes			Amo	ount	
b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidument of the plan any party-in-interest where any nonexempt transactions with any party-in-interest plans.)	ciary Con	rection Program)include transactions reported		Yes	Х		Amo		0,00
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidument on the plan any party-in-interest on line 10a.)	(Po not	rection Program)include transactions reported	10b		Х		Amo		0,00
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution 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	fidelity bo	include transactions reported and, that was caused by fraud s by an insurance carrier, offits under the plan? (See	10b 10c		х		Amo		0,00
10 a b c c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (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 organization.	fidelity bo	include transactions reported and, that was caused by fraud s by an insurance carrier, offits under the plan? (See	10b 10c 10d		X X		Amo		0,00
10 a b c c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 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.)	fidelity bo	include transactions reported ind, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f		x x x		Amo		0,00
10 a b c c d d e e	During the plan year: Was there a failure to transmit to the plan any participant contribution 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 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 lf this is an individual account plan, was there a blackout period?	fidelity bo	include transactions reported and, that was caused by fraud as by an insurance carrier, andits under the plan? (See	10b 10c 10d		x x x		Amo		0,00
10 a b c c d d	During the plan year: Was there a failure to transmit to the plan any participant contribution 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 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	fidelity bo for person for the benefits for grant of the benefits for	include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.)	10b 10c 10d 10e 10f 10g		x x x x x		Amo		0,00
10 a b c c d d e e f g h i	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 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 a lif 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	fidelity bo for person for the benefits for grant of the benefits for	include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h		x x x x x x		Amo		0,00
10 a b c c d d e e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribution 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 other 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.) 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.	fidelity bo fidelity bo firer person of the bene ficer in the person fidelity bo firer person	include transactions reported and, that was caused by fraud s by an insurance carrier, effits under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X Ule S8			3	
10 a b c c d d e e f g h i Part 11	During the plan year: Was there a failure to transmit to the plan any participant contribution 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 other 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.) 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 bo fidelity bo firer person of the bene firer so five in the person firer person fire	include transactions reported and, that was caused by fraud s by an insurance carrier, effits under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X Ule S8			3	
10 a b c c d d e e f g h i i Part 11 11a	During the plan year: Was there a failure to transmit to the plan any participant contribution 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 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 lift 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) Enter the unpaid minimum required contribution for current year from the plan is the plan in the plan in the plan in the plan in the plan the plan subject to minimum funding requirem the unpaid minimum required contribution for current year from the plan in the plan in the plan in the plan the plan in the plan the plan subject to minimum funding requirem the plan in the plan in the plan subject to minimum funding requirem the plan in the pl	fidelity bo fidelity bo fire person of the bene fine in the person fine required	include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X X X X X X X X X X X			3	⊠ No
10 a b c c d d e e f g h i i Part 11 11a	During the plan year: Was there a failure to transmit to the plan any participant contribution 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 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.) 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) Enter the unpaid minimum required contribution for current year from the plan is the plan and plan subject to the minimum funding the list has a defined contribution plan subject to the minimum funding	fidelity bo fidelity bo fire person of the bene fine required	include transactions reported and, that was caused by fraud as by an insurance carrier, affits under the plan? (See and.) actions and 29 CFR d notice or one of the area," see instructions and com alule SB (Form 5500) line 39 ants of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X X X X X X X X X X X			3 Yes	⊠ No
10 a b c c d d e e f g h i i 1111111111111111111111111111111	During the plan year: Was there a failure to transmit to the plan any participant contribution 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 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 lift 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) Enter the unpaid minimum required contribution for current year from the plan is the plan in the plan in the plan in the plan in the plan the plan subject to minimum funding requirem the unpaid minimum required contribution for current year from the plan in the plan in the plan in the plan the plan in the plan the plan subject to minimum funding requirem the plan in the plan in the plan subject to minimum funding requirem the plan in the pl	fidelity bo fidelity bo fidelity bo fire person for the bene fire so five are fidelity bo fire person for the bene fire person fire person	include transactions reported and, that was caused by fraud s by an insurance carrier, effits under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h 10i plete	X Sched	X X X X X X X X X X X X X X X X X X X	ERISA?		Yes Yes der ruli	No.
10 a b c c d d e e f g h i i Part 11 11a 112 a	During the plan year: Was there a failure to transmit to the plan any participant contribution 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 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.) 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 15500) and line 11a below) Enter the unpaid minimum required contribution for current year from 15 this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	fidelity bo fidelity bo fire person for the bene fice instruction fine requirect	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	X Sched	X X X X X X X X X III III III III III I	ERISA?	I n	Yes Yes der ruli	

	Form 5500-SF 2013 130118 Page 3 -					
	Enter the amount contributed by the employer to the plan for this plan year	120	Т			
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)	120				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No	□ N/A
Part					-	
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	XN	,	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a	T			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	contro			П Уе	s 🖾 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	the falls			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)	13c(3	3) PN(s)
200						
	VIII Trust Information (optional)				• 1	
14a i	Name of trust	14b	Trus	t's EIN		