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.

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		Identification Information	on						
For calend	ar plan year 2013 or f	iscal plan year beginning 01/	01/2013	and ending 1	2/31/	2013			
A This ref	turn/report is for:	X a single-employer plan	a multiple-employe	plan (not multiemployer)		a one-particip	oant plan		
B This ref	turn/report is:	the first return/report	the final return/repo	rt					
		an amended return/report	a short plan year re	urn/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extensio	1		DFVC progra	ım		
	· ·	special extension (enter de	escription)						
Part II	Basic Plan Info	ormation—enter all requested	information						
1a Name		·			1b	Three-digit			
DUNBARMO	ONROE, P.A. CASH B	ALANCE PLAN				plan number			
					10	(PN)	002		
					10	Effective date o	•		
2a Plan s	ponsor's name and a	ddress; include room or suite nun	mber (employer, if for a sing	le-employer plan)	2h	Employer Identi			
DUNBARMO			(, , , , , , , , , , , , , , , , , , ,	F - J - F - J			69181		
					2c	Sponsor's telep	hone number		
270 TRACE	COLONY PARK STE	A				607-898	8-2730		
RIDGELANI	D, MS 39157-8810				2d	Business code (,		
20.01			., По п		26	54111			
Ja Plan a	oministrator's name a	nd address XSame as Plan Spo	onsor NameSame as F	lan Sponsor Address	30	Administrator's	EIIN		
					3с	Administrator's	telephone number		
4 If the r	name and/or EIN of th	e plan sponsor has changed sind	ce the last return/report file	I for this plan, enter the	4h	EIN			
		imber from the last return/report.		,					
	or's name					PN			
5a Total	number of participants	s at the beginning of the plan yea	ar		5a		12		
b Total		s at the end of the plan year			5b		11		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not									
		account balances as of the end		•	5c				
comp	lete this item)			·			X Yes No		
6a Were b Are yo	lete this item)e all of the plan's asset ou claiming a waiver of	ts during the plan year invested in	n eligible assets? (See inst port of an independent qua	uctions.)ified public accountant (IQ	 PA)				
6a Were b Are you under	lete this item) e all of the plan's asset ou claiming a waiver of 29 CFR 2520.104-46	ts during the plan year invested in of the annual examination and rep ?? (See instructions on waiver eliq	n eligible assets? (See inst port of an independent qua gibility and conditions.)	uctions.)ified public accountant (IQ	PA)		X Yes No X Yes No		
6a Were b Are you under	lete this item) e all of the plan's asset ou claiming a waiver of 29 CFR 2520.104-46 a answered "No" to e	ts during the plan year invested in of the annual examination and rep ?? (See instructions on waiver eliq either line 6a or line 6b, the plan	n eligible assets? (See inst port of an independent qua gibility and conditions.) n cannot use Form 5500-	uctions.)ified public accountant (IQ	PA) Form	n 5500.	X Yes No		
6a Were b Are you under	lete this item) e all of the plan's asset ou claiming a waiver of 29 CFR 2520.104-46 a answered "No" to e	ts during the plan year invested in of the annual examination and rep ?? (See instructions on waiver eliq	n eligible assets? (See inst port of an independent qua gibility and conditions.) n cannot use Form 5500-	uctions.)ified public accountant (IQ	PA) Form	n 5500.			
6a Were b Are you under if you C If the p	lete this item)e all of the plan's asset ou claiming a waiver of 29 CFR 2520.104-46 a answered "No" to eplan is a defined bene	ts during the plan year invested in of the annual examination and rep ?? (See instructions on waiver eliq either line 6a or line 6b, the plan	n eligible assets? (See inst port of an independent qua gibility and conditions.) n cannot use Form 5500- PBGC insurance program (s	uctions.)ified public accountant (IQ F and must instead use the ERISA section 4021)?	PA) Form	n 5500 . Yes	X Yes No		
6a Were b Are younder If you c If the p	lete this item)	ts during the plan year invested in fifthe annual examination and report (See instructions on waiver eliquenter line 6a or line 6b, the plans of the plans, is it covered under the por incomplete filing of this retail ther penalties set forth in the instantial of the plans of the penalties set forth in the instantial of the penalties in the penalties in the penalties set forth in the instantial of the penalties in	n eligible assets? (See inst port of an independent qua gibility and conditions.) n cannot use Form 5500-9 PBGC insurance program (s urn/report will be assesse tructions, I declare that I ha	uctions.)	PA) Form	n 5500. Yes No established. ncluding, if applic	X Yes No Not determined able, a Schedule		
complete complete complete complete description complete fyou complete	lete this item)	ts during the plan year invested in fifthe annual examination and report (See instructions on waiver eligner line 6a or line 6b, the plans of the plans of the plans of the plans of the penalties set forth in the instand signed by an enrolled actuary	n eligible assets? (See inst port of an independent qua gibility and conditions.) n cannot use Form 5500-9 PBGC insurance program (s urn/report will be assesse tructions, I declare that I ha	uctions.)	PA) Form	n 5500. Yes No established. ncluding, if applic	X Yes No Not determined able, a Schedule		
complete 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is	lete this item)	ts during the plan year invested in of the annual examination and report (See instructions on waiver eligible ither line 6a or line 6b, the plans of the penalties set forth in the instand signed by an enrolled actuary aplete.	n eligible assets? (See inst port of an independent qua gibility and conditions.) n cannot use Form 5500- PBGC insurance program (s urn/report will be assessed tructions, I declare that I ha y, as well as the electronic	uctions.)	PA) Form	n 5500. Yes No established. ncluding, if applic	X Yes No Not determined able, a Schedule		
complete 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is	lete this item)	ts during the plan year invested in of the annual examination and report (See instructions on waiver eligible ither line 6a or line 6b, the plans of the penalties set forth in the instance of the penalties of the penalties set forth in the instance of the penalties	n eligible assets? (See inst port of an independent qua gibility and conditions.) n cannot use Form 5500-2 BGC insurance program (surn/report will be assessed tructions, I declare that I has by, as well as the electronic variable.	uctions.)	Form x se is cort, in, and	n 5500. Yes No sestablished. Including, if applic to the best of my	X Yes No Not determined able, a Schedule knowledge and		
complete 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is	lete this item)	ts during the plan year invested in of the annual examination and report (See instructions on waiver eligible ither line 6a or line 6b, the plans of the penalties set forth in the instance of the penalties of the penalties set forth in the instance of the penalties	n eligible assets? (See inst port of an independent qua gibility and conditions.) n cannot use Form 5500- PBGC insurance program (s urn/report will be assessed tructions, I declare that I ha y, as well as the electronic	uctions.)	Form x se is cort, in, and	n 5500. Yes No sestablished. Including, if applic to the best of my	X Yes No Not determined able, a Schedule knowledge and		
complete 6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche belief, it is	lete this item)	ts during the plan year invested in of the annual examination and report (See instructions on waiver eligible ither line 6a or line 6b, the plans of the penalties set forth in the instance of the penalties of the penalties set forth in the instance of the penalties	n eligible assets? (See inst port of an independent qua gibility and conditions.) n cannot use Form 5500-2 BGC insurance program (surn/report will be assessed tructions, I declare that I has by, as well as the electronic variable.	uctions.)	Form x se is cort, in, and	n 5500. Yes No sestablished. Including, if applic to the best of my	X Yes No Not determined able, a Schedule knowledge and		
comp 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	lete this item)	ts during the plan year invested in of the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plans of the plans, is it covered under the Por incomplete filing of this return the penalties set forth in the instant signed by an enrolled actuary applete. Invalid electronic signature.	n eligible assets? (See inst port of an independent qua gibility and conditions.) n cannot use Form 5500-1 PBGC insurance program (surn/report will be assessed tructions, I declare that I hay, as well as the electronic value of the port of t	uctions.) Frand must instead use the ERISA section 4021)? Industrial unless reasonable cause the examined this return/reportersion of this return/reportersion of this return/reportersion of this return/reportersion unless reasonable cause the examined this return/reportersion of this return/reportersion of this return/reportersion unless that the example of	Form Form see is use is, and	n 5500. Yes No sestablished. Including, if applic to the best of my gning as plan adragning as employed	X Yes No Not determined able, a Schedule knowledge and ninistrator		
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comp 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	lete this item)	ts during the plan year invested in of the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plans of the plans, is it covered under the Por incomplete filing of this return the penalties set forth in the instant signed by an enrolled actuary applete. Invalid electronic signature.	n eligible assets? (See inst port of an independent qua gibility and conditions.) n cannot use Form 5500-1 PBGC insurance program (surn/report will be assessed tructions, I declare that I hay, as well as the electronic value of the port of t	uctions.) Frand must instead use the ERISA section 4021)? Industrial unless reasonable cause the examined this return/reportersion of this return/reportersion of this return/reportersion of this return/reportersion unless reasonable cause the examined this return/reportersion of this return/reportersion of this return/reportersion unless that the example of	Form Form see is use is, and	n 5500. Yes No sestablished. Including, if applic to the best of my gning as plan adragning as employed	X Yes No Not determined able, a Schedule knowledge and ninistrator		
comp 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	lete this item)	ts during the plan year invested in of the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plans of the plans, is it covered under the Por incomplete filing of this return the penalties set forth in the instant signed by an enrolled actuary applete. Invalid electronic signature.	n eligible assets? (See inst port of an independent qua gibility and conditions.) n cannot use Form 5500-1 PBGC insurance program (surn/report will be assessed tructions, I declare that I hay, as well as the electronic value of the port of t	uctions.) Frand must instead use the ERISA section 4021)? Industrial unless reasonable cause the examined this return/reportersion of this return/reportersion of this return/reportersion of this return/reportersion unless reasonable cause the examined this return/reportersion of this return/reportersion of this return/reportersion unless that the example of	Form Form see is use is, and	n 5500. Yes No sestablished. Including, if applic to the best of my gning as plan adragning as employed	X Yes No Not determined able, a Schedule knowledge and ninistrator		

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Reginning of Ves				(b) End of Voor	
_ <u>'</u> _a	Total plan assets	7a	(a) Beginning of Yea		+		(b) End of Year 596348	
 b	Total plan liabilities	7a 7b	11000				000040	
	Net plan assets (subtract line 7b from line 7a)	76 7c	44333	6		596348		
8	, ,	76						
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
и	(1) Employers	8a(1)	14473	5				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	1160	3				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					156338	
d	Benefits paid (including direct rollovers and insurance premiums			_				
	to provide benefits)	8d	332	6				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					3326	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					153012	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 1C 3D	feature co	des from the List of Plan Chara	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 Charac	cterist	ic Cod	les in t	he instructions:	
_								
Par	t V Compliance Questions						T	
10	During the plan year:				Yes	No	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	rection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X		
С				10c	Χ		90000	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud					
	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				10f		Χ		
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	ne required	d notice or one of the					
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				
Part							<u> </u>	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year fr					11a	0	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
_ a 	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
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 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):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

				F File as	an allacinne	iit to Foiiii	3300 01 3	ж.			
For	calendar	plan year 2013	3 or fiscal plan	year beginning	01/01/2013			and end	ling 12/31/	2013	
		ff amounts to									
	Caution:	A penalty of \$	1,000 will be a	ssessed for late filing	of this report u	ınless reaso	onable cau	se is establish	ned.	1	
	Name of p	olan ONROE, P.A. C	ASH BALANC	E PLAN				B Three-d plan nur	igit nber (PN)	•	002
С	Plan spon	sor's name as	shown on line	2a of Form 5500 or 5	500-SF		I	D Employe	· Identification	n Number (EIN)	
DUI	NBARMO	NROE, PA							26-19691	31	
E 1	ype of pla	n: X Single	Multiple-A	Multiple-B	FF	Prior year pla	an size: X	100 or fewer	101-500	More than 5	500
Pá	art I	Basic Inform	mation								
1		ne valuation dat		Month12	Day31	Year _	2013				
2	Assets:				·						
	a Marke	et value							2a		451613
	b Actua	arial value							2b		451613
3	Funding	g target/particip	ant count brea	ıkdown:			(1) Nu	mber of partic	ipants	(2) Fund	ing Target
	a For re	etired participar	nts and benefic	ciaries receiving payn	nent	3a			0		C
	b For te	erminated veste	ed participants			3b			0		C
	C For a	ctive participan	its:								
	(1)	Non-vested	benefits			3c(1)					3714
	(2)	Vested bene	efits			3c(2)					412684
	(3)	Total active.				3c(3)			11		416398
	d Total					3d			11		416398
4	If the pl	an is in at-risk	status, check t	he box and complete	lines (a) and (I	b)					
	a Fundi	ing target disre	garding presci	ribed at-risk assumpti	ons				4a		
				sumptions, but disreg					4b		
5	Effective	e interest rate .							5		6.18 %
6	Target i	normal cost							6		142882
Stat	ement by	y Enrolled Act	uary								
	accordance v	with applicable law a	and regulations. In	ied in this schedule and accomy opinion, each other assu experience under the plan.							
S	SIGN										
Н	ERE									06/19/2014	
			Sigr	nature of actuary						Date	
JEF	FREY JA	CKSON								14-06627	
			Type or	print name of actuary					Most rec	ent enrollment n	umber
C/O	CORNER	RSTONE RETI	REMENT PLA	N ADM						800-678-17	00
004	ILLEED.	CON DOUBLEY	ADD	Firm name				٦	elephone nu	mber (including	area code)
SUI	TE 3001	SON BOULEV	AKU								
WA	RWICK, F	RI 02886									
			Ac	dress of the firm							
If the	actuary F	nas not fully ref	lected any red	ulation or ruling prom	ulgated under	the statute	in completi	na this sched	ule, check th	e box and see	П
inate	intiona	ias not rully let	loolog ally 169	alation of ruling prom	angatou unuel	o otatute	oompieti		alo, officer th	S SON WING SOE	Ш

Page 2	2 -
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Pa	art II	Begir	ning of Year	Carryov	er and Prefunding B	alances						
							(a) C	Carryover balance	;	(b)	Prefundi	ng balance
7		•			cable adjustments (line 13	•			0			14020
8			•	-	unding requirement (line 35				0			0
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)					0			14020
10	Interest	t on line 9	9 using prior year's	s actual ret	urn of <u>2.43</u> %				0			341
11	Prior ye	ear's exce	ess contributions t	o be added	to prefunding balance:							
	a Prese	ent value	of excess contribu	utions (line	38a from prior year)							0
					nterest rate of6.89 %							0
	c Total available at beginning of current plan year to add to prefunding balance											0
	d Porti	on of (c)	to be added to pre	efunding ba	lance							0
12	Other re	eductions	s in balances due	to elections	or deemed elections				0	14361		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)					2)			0			0
P	art III	Fun	ding Percenta	ages								
14	Fundin	g target a	attainment percent	age							14	108.45 %
15	15 Adjusted funding target attainment percentage										15	106.31 %
16	Prior year's funding percentage for purposes of determining whether carry current year's funding requirement) 	16	115.55 %
17	If the cu	urrent val	ue of the assets o	f the plan is	s less than 70 percent of th	e funding ta	rget, enter s	uch percentage			17	%
P	art IV	Con	tributions and	d Liquidi	ity Shortfalls							
18	Contrib				ear by employer(s) and em	ployees:						
	(a) Dat		(b) Amount p		(c) Amount paid by		Date (b) Amount paid by employer(s)			(nt paid by
	IM-DD-Y		employer		employees	(MM-DD	P-YYY)	employer	(S)	employees		
03	3/15/2014	+		144735	0							
						Totals ▶	18(b)		144735	18(c)		0
19	Discour	nted emn	lover contributions	s _ see inst	ructions for small plan with	a valuation	` , ,	e heainning of th		15(5)	1	
			-		mum required contributions				19a			0
	_				justed to valuation date				19b			0
					ired contribution for current				19c			142986
20			outions and liquidit			year adjustee	1 to valuation	uate	130			142300
_0		-		-	· he prior year?						Г	Yes X No
			_		installments for the curren						<u> </u>	Yes No
			•		mplete the following table a	•	•		Γ			100 100
	O II III IE	20013	res, see instructi	ons and co	Liquidity shortfall as of e			n year				
		(1) 19	st		(2) 2nd	4		3rd			(4) 4th	1
		<u> </u>										

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discou	nt rate:								
	a Segr	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, fu	ll yield	curve	e used
	b Appli	icable month (enter code)			21b				0
22	Weight	ed average ret	tirement age			22				62
23	Mortalit	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI I	Miscellane	ous Items							
24				cuarial assumptions for the current	plan year? If "Yes." see	instructions	regarding re	auired		
		_							Yes	X No
25	Has a r	method change	e been made for the current pla	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No
27	If the pl	lan is subject to	o alternative funding rules, ent	ter applicable code and see instruc	ctions regarding	27				
	attachn	nent				21				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid	minimum requ	uired contributions for all prior	years		28				0
29			utions from prior years	29				0		
30	(line 19a) Remaining amount of unpaid minimum required contributions (line 28 minus line 29)									0
			Required Contribution							
31		1	nd excess assets (see instruct							
			*			31a				142882
	_		· · · · · ·			31b				35215
32	b Excess assets, if applicable, but not greater than line 31a						Installment			
02						0	<u>"</u>	Iotaliiii	OTIL	0
	_					0				0
33				ter the date of the ruling letter gran	ating the approval					0
55) and the waived amount		33				
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				107667
				Carryover balance	Prefunding bala	nce	То	tal bala	ance	
35	Balance	es elected for	use to offset funding							0
	require	ment								0
36						36				107667
37	Contrib (line 19	outions allocate (c)	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				142986
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)						
	a Total	(excess, if any	y, of line 37 over line 36)			38a				35319
	b Portion	on included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0
39	Unpaid	minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39				0
40	Unpaid	minimum requ	uired contributions for all years	S		40				0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an ele		de to use PRA 2010 funding re							
	a Sche	dule elected					2 plus 7 yea	rs	15 y	years
	b Eligib	ole plan year(s) for which the election in line	41a was made		200	8 2009	2010		2011
42			,			42			<u> </u>	
				d over to future plan years		43				

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

Dunbar Monroe, P.A. Cash Balance Plan 26-1969181 / 002

For the plan year 1/1/2013 through 12/31/2013

Valuation Date: 12/31/2013

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.28
Segment 2	6 - 20	4.05
Segment 3	> 20	5.07

Segment rates as of September 30, 2012 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %
Segment 1	0 - 5	4.94
Segment 2	6 - 20	6.15
Segment 3	> 20	6.76

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None Interest Credit Rate -5.00 Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -13C - 2013 Funding Target - Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -8.5% 8.5% Post-Retirement - Interest -

> Mortality Table -183F - 1983 Individual Annuity (female)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

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

Pension Benefit Guaranty Corporation Complete all entries i	n accordance with the instructio	ns to the Form 5500-5	Inspection SF.	
Part I Annual Report Identification Informat				
For calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/2013	
A This return/report is for:	a multiple-employer plan	(not multiemployer)	a one-participant plan	
B This return/report is:	the final return/report			
an amended return/report	t a short plan year return/re	port (less than 12 mont	hs)	
C Check box if filing under: Form 5558	automatic extension		☐ DFVC program	
special extension (enter o	description)		t and	
Part II Basic Plan Information—enter all requeste	d information	***************************************	<u></u>	
1a Name of plan		1	b Three-digit	*************
Dunbarmonroe, P.A. Cash Balance Plan		***	plan number 002	
		<u> </u>	(PIN) P	
		1	C Effective date of plan 01/01/2010	
2a Plan sponsor's name and address; include room or suite nu	ımber (employer, if for a single-em	plover plan) 2	2b Employer Identification Numb	ner
DUNBARMONROE, PA			(EIN) 26-1969181	
		2	c Sponsor's telephone number	
270 TRACE COLONY PARK STE A			607-898-2730	
DIDGELLIND MG 2015F	2010	2	d Business code (see instruction	ns)
RIDGELAND MS 39157-8		anner Address 3	541110 b Administrator's EIN	
3a Plan administrator's name and address Same as Plan Sp	ponsor Name Kloame as Plan Sp	onsoi Address	Auministrator 5 Em	
		. 3	C Administrator's telephone nui	mber
4 If the name and/or EIN of the plan sponsor has changed sin	nce the last return/report filed for th	nis plan, enter the	lb EIN	
name, EIN, and the plan number from the last return/report				
a Sponsor's name			C PN	
5a Total number of participants at the beginning of the plan ye		<u></u>	ia	12
b Total number of participants at the end of the plan year		 	ib	11
C Number of participants with account balances as of the encomplete this item)			ic	
6a Were all of the plan's assets during the plan year invested			X Yes [No
b Are you claiming a waiver of the annual examination and re				_ _ N_
under 29 CFR 2520.104-46? (See instructions on waiver el If you answered "No" to either line 6a or line 6b, the pla	• •			_ No
C If the plan is a defined benefit plan, is it covered under the l				nad
The plant is a defined benefit plan, is it covered under the i	- BOO insulance program (see EN	10A Section 402 I)?	M Les Tivo Tivot determin	IIcu
Caution: A penalty for the late or incomplete filing of this re				
Under penalties of perjury and other penalties set forth in the ins SB or Schedule MB completed and signed by an enrolled actual				
belief, it is true, correct, and complete.	ry, as well as the electronic version	or the return eport, a	id to the best of my knowledge a	IIQ
nthre I stelle During	WT. L. 14 Pr	RIDGET PURVIS		
SIGN WAY WWW HERE		CIDGEL LOKATO		
bignature of plan administrator	5001917 B			
pignature orginal augministrator	Date E		signing as plan administrator	
SIGN Michelling	- Porty		signing as plan administrator	
SIGN Aufthor Signature of employer/plan sponsor	Date E	nter name of individual	signing as employer or plan spor	
SIGN Michelling	Date E	nter name of individual		
SIGN Aufthor Signature of employer/plan sponsor	Date E	nter name of individual	signing as employer or plan spor	
SIGN Aufthor Signature of employer/plan sponsor	Date E	nter name of individual	signing as employer or plan spor	
SIGN Aufthor Signature of employer/plan sponsor	Date E	nter name of individual	signing as employer or plan spor	

Pa	rt III Financial Information							
7	Plan Assets and Liabilities	314213	(a) Beginning of Yea	ar			(b) End of Year	
а	Total plan assets	7a	4	4333	36		59634	8
b	Total plan liabilities	. 7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	4	4333	36		59634	8
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	1	4473	35			
	(2) Participants	8a(2)			18.3 20.43			T.
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		1160	03			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					15633	8
d	Benefits paid (including direct rollovers and insurance premiums			226	100 mg			S
	to provide benefits)	8d		332	40			
	Certain deemed and/or corrective distributions (see instructions)	8e						_
f	Administrative service providers (salaries, fees, commissions)	8f						
<u>g</u>	Other expenses	8g		Calderia (Gra				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	200				332	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					15301	2
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						Š.
Pai	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 1C 3D	feature co	des from the List of Plan Char	acteri	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 Co	les in t	he instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х		
C	Was the plan covered by a fidelity bond?			10c	х		9000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		
е		er persons of the ben	s by an insurance carrier, efits under the plan? (See	10e		х		_
f	Has the plan failed to provide any benefit when due under the plan			10f		Х		
g				10g		х		_
h		See instru	ictions and 29 CFR	10g 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 2520.101	ne required	I notice or one of the	10ii				
Part	ra Cartiforna			L	L	(
11	ls this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)							<u> </u>
							0	
11a	Enter the unpaid minimum required contribution for current year from		ule SB (Form 5500) line 39			11a	U	
11a 12	Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding	om Sched						
	Is this a defined contribution plan subject to the minimum funding	om Sched requireme	ents of section 412 of the Code)
12		om Sched requireme as applica ng amortize	ents of section 412 of the Code able.) ed in this plan year, see instruc	or se	ection	302 of	ERISA? Yes X No	<u>-</u>
12 a	Is this a defined contribution plan subject to the minimum funding (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 bein	om Sched requireme as applica ng amortize	ents of section 412 of the Code able.) ed in this plan year, see instrue Mon	or se	ection	302 of enter th	ERISA? Yes X No	
12 a lf	Is this a defined contribution plan subject to the minimum funding (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 bein granting the waiver.	om Sched requireme as applica g amortize MB (For	ents of section 412 of the Code able.) ed in this plan year, see instrue Mon m 5500), and skip to line 13.	or se	and e	302 of enter th	ERISA? Yes X No	

	Form 5500-SF 2013		Page 3 -						
С	Enter the amount contributed by the employer to the	plan for this plan year				12c			
d	Subtract the amount in line 12c from the amount in line negative amount)	ne 12b. Enter the result	(enter a minus s	ign to the le	ft of a	12d			
е	Will the minimum funding amount reported on line 12						Yes	No [N/A
Part	VII Plan Terminations and Transfers o	f Assets							
13a	Has a resolution to terminate the plan been adopted in an	ny plan year?					es X No)	
	If "Yes," enter the amount of any plan assets that reve	erted to the employer th	nis year			13a			
b	Were all the plan assets distributed to participants or of the PBGC?							Yes	X No
С	If during this plan year, any assets or liabilities were t which assets or liabilities were transferred. (See instr		n to another plar	n(s), identify	the plan(s) t	io			
1	3c(1) Name of plan(s):				1:	3c(2) El	N(s)	13c(3) PN(s)	
-									
Part	VIII Trust Information (optional)								
	Name of trust			***		14b Trust's EIN			

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2013

	, , , , , , , , , , , , , , , , , , , ,	▶ File as	an attach	ıment	to Form	5500 or	5500-SF.				
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending									12/31/	2013	
•	Round off amounts to nearest do	llar.									
<u></u>	Caution: A penalty of \$1,000 will be	assessed for late filing	of this repo	ort unle	ess reas	onable ca	use is es	tablished.			
	A Name of plan Dunbarmonroe, P.A. Cash Balance Plan							nree-digit an numbe	r (PN))	002
C F	Plan sponsor's name as shown on lir	ne 2a of Form 5500 or 55	500-SF				D Em	ployer Ide	ntificati	on Number	(EIN)
I	DUNBARMONROE, PA						26-19	969181			
ET	ype of plan: X Single Multiple	-A Multiple-B		F Prio	or year pla	n size: X	100 or	fewer	101-50	0 More	than 500
Ps	ert I Basic Information				·····		J				
1	Enter the valuation date:	Month 12	Day 3	31	Voor	2013					
· 2	Assets:	(MO(IRI)	<u>_</u>						-		
	a Market value							Γ	2a		45161
	b Actuarial value								2b		45161
3	Funding target/participant count br							f participar		(2)	Funding Target
_	a For retired participants and bene		ent		3a	(1) (4)	uniber o	рансіра	0	(4-)	r unung ranger
	b For terminated vested participan				3b	***			0		
	C For active participants:										
	(1) Non-vested benefits				3c(1)				Ì		371
	(2) Vested benefits								Ì		41268
	(3) Total active								11		41639
	d Total			-	3d				11		41639
4	If the plan is in at-risk status, check	the box and complete i	ines (a) ar	nd (b)			П				
	a Funding target disregarding pres						_	Γ	4a		
	b Funding target reflecting at-risk a	•							4b		
	at-risk status for fewer than fiv								40		
5	Effective interest rate				**********	***********	************		5		6.189
6	Target normal cost					•••••	• • • • • • • • • • • • • • • • • • • •		6		1428
T a C	ement by Enrolled Actuary o the best of my knowledge, the information sup- coordance with applicable law and regulations. I ombination, offer my best estimate of anticipates	in my opinion, each other assum									
	IGN Creffug	Jackson					.			06/19/2	2014
Jeffrey Jackson							Date 1406627				
c/o	Type o Cornerstone Retiremen	r print name of actuary								cent enrolln 300-678-	nent number -1700
		Firm name						Tele	ohone i	number (incl	uding area code)
Suit	Jefferson Boulevard										
Warv		886 Address of the firm					-				
If the instruc	actuary has not fully reflected any rections	gulation or ruling promu	lgated und	der the	e statute	in comple	ting this	schedule,	check	the box and	see []

Part II Begi		Begi	ginning of Year Carryover Prefunding Balances										
							(a) Carryover balance			(b) Prefunding balance			
7 Balance at beginning of prior year after ap year)					· · · · · · · · · · · · · · · · · · ·	•	<u> </u>		0			14020	
Portion elected for use to offset prior year's funding requirement (line 35 from prior year)									o			0	
9	Amoun	t remaini	ng (line 7 minus line	e 8)					0			14020	
10	Interes	t on line	9 using prior year's	actual ret	urn of <u>2.43</u> %			···	0			341	
11	Prior ye	ear's exc	ess contributions to	be added	I to prefunding balance:								
	a Pres	ent value	of excess contribu	tions (line	38a from prior year)		1			0			
					nterest rate of 6.89%				***************************************			0	
	c Total	available	at beginning of curre	ent plan ye	ear to add to prefunding balar	nce						0	
	d Porti	on of (c)	to be added to pref	unding ba	lance							0	
12	Other r	eduction	s in balances due to	elections	s or deemed elections		1		0			14361	
13	Balance	e at begi	nning of current yea	ır (line 9 +	line 10 + line 11d – line 12	2)	-		0			0	
Pa	art III	Fun	ding Percentag	ges									
14	Funding	g target a	attainment percenta	ge		*******	*************	*************************	***********		14	108.45%	
			g target attainment								15	106.31%	
	Prior ye	ear's fund	ling percentage for	purposes	of determining whether car					,	16	115.55%	
17					s less than 70 percent of th						17	%	
	art IV		tributions and										
	-	-1			ear by employer(s) and em	plovees:							
	(a) Dat	e	(b) Amount pai		(c) Amount paid by	(a)	Date	(b) Amount pa	aid by	(6	c) Amou	int paid by	
	M-DD-Y		employer(s	·	employees	-	D-YYYY)	employer(s)		empl	oyees	
0.3	/15/2	2014	1	44735	0								
		·····											
~~~~~													
			***************************************				<b></b>						
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					- /			***					
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	****		***************************************		***************************************								

			***************************************							ļ			
					 	T-4-I- N	40%		1 4 4 7 7 5	40/->			
						Totals ▶		<u> </u>	144735	18(0)		0	
					ructions for small plan with								
	a Contributions allocated toward unpaid minimum required contributions from prior years										0		
	b Contributions made to avoid restrictions adjusted to valuation date							****	142086				
						/ear adjuste	u to valuatio	on date	19c			142986	
		-	utions and liquidity						L			7 Vac (2) 11.	
					he prior year?						_	Yes X No	
				-	allments for the current yea		a timely ma	inner?				∫ Yes	
*****	C If 20a	is "Yes,"	see instructions ar	nd comple	ete the following table as ap		or of this -1	00.000					
		(1) 1s	t		Liquidity shortfall as of e (2) 2nd	no or quarte	er of this pl (3)				(4) 4t		
		(1) 10			(-) <u>-() -</u>		(0)	514			3.7 70	-	

P	art V Assumptio	ons Used to Determine	Funding Target and Targ	et Normal Cost							
2'	Discount rate:	man .									
	a Segment rates:	1st segment: 4.94%	2nd segment: 6 . 15%	3rd segment: 6.76%		N/A, full yield curve used					
	b Applicable month ((enter code)		****	21b	0					
22	Weighted average re	tirement age		22	62						
23	Mortality table(s) (se	te									
P	art VI Miscellane	ous Items									
24			Jarial assumptions for the curren								
25	Has a method change	e been made for the current pla	n year? If "Yes," see instruction	s regarding required attac	hment						
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachment						
27			er applicable code and see instru		27						
_P	art VII Reconcilia	ation of Unpaid Minimu	m Required Contribution	ns For Prior Years							
28	Unpaid minimum requ	uired contributions for all prior y	/ears		28	0 0 0 142882 35215 Installment					
29			unpaid minimum required contril		29	0					
_30	Remaining amount of	f unpaid minimum required con	tributions (line 28 minus line 29)	•••••	30	0					
Pa	art VIII Minimum	Required Contribution	For Current Year								
31	Target normal cost a	nd excess assets (see instructi	ons):								
	a Target normal cost	(line 6)			31a	142882					
	b Excess assets, if ap	oplicable, but not greater than I	ine 31a	******************************	31b	35215					
32	Amortization installme	ents:		Outstanding Bala	ince						
	a Net shortfall amortiz	zation installment	***************************************		0	0					
	b Waiver amortization	0	0								
33			er the date of the ruling letter gra) and the waived amount .		33						
34	Total funding requiren	ment before reflecting carryove	r/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34	107667					
			Carryover balance	Prefunding bala	псе	Total balance					
35	Balances elected for t	use to offset funding									
	requirement	***************************************				0					
36	Additional cash requir	ement (line 34 minus line 35)	***************************************		36	107667					
37			ntribution for current year adjuste		37	142986					
38	Present value of exce	ss contributions for current yea	r (see instructions)								
	a Total (excess, if any	, of line 37 over line 36)	\$\$PP\$PP\$\$	***************************************	38a	35319					
	b Portion included in I	ine 38a attributable to use of p	refunding and funding standard	carryover balances	38b	0					
39	Unpaid minimum requ	ired contribution for current ye	ar (excess, if any, of line 36 over	line 37)	39	0					
40					40	0					
Pa	rt IX Pension F	unding Relief Under P	ension Relief Act of 2010) (See Instructions))						
41	If an election was mad	le to use PRA 2010 funding rel	ief for this plan:								
						2 plus 7 years 15 years					
	b Eligible plan year(s)	for which the election in line 4	1a was made	******************************	hama						
42			***************************************	······································	42						
					43						
	43 Excess installment acceleration amount to be carried over to future plan years										

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Dunbar Monroe, P.A. Cash Balance Plan 26-1969181 / 002 For the plan year 1/1/2013 through 12/31/2013

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 - Discounted Employer Contributions

Dunbar Monroe, P.A. Cash Balance Plan 26-1969181 / 002

For the plan year 1/1/2013 through 12/31/2013 Valuation Date: 12/31/2013

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	3/15/2014	\$144,735					
Applied to Additional Contribution	12/31/2013	35,751	35,319	0	0	6.18	0
Applied to MRC	12/31/2013	108,984	107,667	0	0	6.18	0
Totals for Deposited Contribution		\$144,735	\$142,986	\$0	\$0		

Schedule SB, Part V Summary of Plan Provisions

Dunbar Monroe, P.A. Cash Balance Plan 26-1969181 / 002

For the plan year 1/1/2013 through 12/31/2013

Employer: Dunbar Monroe, P.A.

Type of Entity - C-Corporation

EIN: 26-1969181 TIN: Plan #: 002 Plan Type: Cash Balance

Dates: Effective - 1/1/2010 Year end - 12/31/2013 Valuation - 12/31/2013

Top Heavy Years - 2013

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - Date on which eligibility satisfied

Retirement: Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits.

Pay Credits - Classification Pay Credit Formula

A 53% of compensation
B 2.5% of compensation

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) plan actuarial equivalence interest and mortality

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$205,000

Maximum 401(a)(17) compensation - \$255,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Joint with 50% or 100% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.

Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the Hypothetical Account Balance.

Schedule SB, Part V Summary of Plan Provisions

Dunbar Monroe, P.A. Cash Balance Plan 26-1969181 / 002

For the plan year 1/1/2013 through 12/31/2013

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)