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

		Complete all entries in acco	radiloc with the motivat	tiono to the form occ	0		
Part I	Annual Report	Identification Information					
For caler	ndar plan year 2013 or fis	scal plan year beginning 01/01/20	13	and ending	12/31/2	2013	
A This	return/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This	return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths))	
C Chec	k box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descript	tion)				
Part II	Basic Plan Info	rmation—enter all requested inform	mation				
1a Nam	ne of plan				1b	Three-digit	
STEPHEN	R. MARANO, MD, PC D	DEFINED BENEFIT PLAN				plan number	002
					10	(PN) ▶ Effective date of	002
					10	01/01/	
	sponsor's name and ad	ldress; include room or suite number ((employer, if for a single-	employer plan)	2b	Employer Identif	fication Number
					2c	Sponsor's telep	hone number
1975 MAR	RTHA AVE., STE. A					208-522	
	ALLS, ID 83404				2d	Business code (
3a Plan	administrator's name ar	nd address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
						, aministrator o	elephone number
4			· · · · · · · · · · · · · · · · · · ·		<u> </u>		
		e plan sponsor has changed since the mber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b	EIN	
	nsor's name	Tiber from the last return report.			4c	PN	
5a Tota	number of participants	at the beginning of the plan year			5a		7
b Tota	al number of participants	at the end of the plan year			5b		2
		account balances as of the end of the		•	5c		
	,	s during the plan year invested in eligi					X Yes No
		f the annual examination and report o					
		? (See instructions on waiver eligibility					X Yes No
		ither line 6a or line 6b, the plan can					1
C If the	e plan is a defined benef	fit plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?		Yes X No	Not determined
Caution:	: A penalty for the late	or incomplete filing of this return/re	eport will be assessed	unless reasonable ca	use is	established.	
		her penalties set forth in the instructio					
SB or Sc	chedule MB completed ar is true, correct, and comp	nd signed by an enrolled actuary, as volete	well as the electronic ver	sion of this return/repor	t, and	to the best of my	knowledge and
	' '	p. 6.6.					
belief, it i		valid electronic signature.	09/18/2014	RUSSELL J. SNOW,	EA, CI	PC, MSPA	
belief, it i		/valid electronic signature.	09/18/2014 Date	RUSSELL J. SNOW, Enter name of individ			ninistrator
belief, it i	Filed with authorized/	/valid electronic signature.					ninistrator
SIGN HERE	Filed with authorized/ Signature of plan a	/valid electronic signature.	Date	Enter name of individ	ual sig	gning as plan adn	
SIGN HERE SIGN HERE	Filed with authorized/ Signature of plan a Signature of emplo	/valid electronic signature.	Date Date	Enter name of individ	ual sig	gning as plan adn	
SIGN HERE SIGN HERE	Filed with authorized/ Signature of plan a Signature of emplo	/valid electronic signature. dministrator byer/plan sponsor	Date Date	Enter name of individ	ual sig	gning as plan adn	r or plan sponsor
SIGN HERE SIGN HERE	Filed with authorized/ Signature of plan a Signature of emplo	/valid electronic signature. dministrator byer/plan sponsor	Date Date	Enter name of individ	ual sig	gning as plan adn	r or plan sponsor
SIGN HERE SIGN HERE	Filed with authorized/ Signature of plan a Signature of emplo	/valid electronic signature. dministrator byer/plan sponsor	Date Date	Enter name of individ	ual sig	gning as plan adn	r or plan sponsor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Ves				(h) End of Voca
_ <u>'</u> _a	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year 2016253
<u>a</u>	Total plan liabilities	7a 7b		0			2010200
	Net plan assets (subtract line 7b from line 7a)	76 7c	200083				2016253
8	, ,	76					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
и	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	9582	6			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					95826
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d	8040				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					80403
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					15423
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0			
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 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					1		T
10	During the plan year:			1	Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
	,				X		
C				10c			200000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X	
h	· · · · · · · · · · · · · · · · · · ·	•		J			
	2520.101-3.)			10h			
	exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
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,	as applic	able.)				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day	1 001
	Enter the minimum required contribution for this plan year	(- 3.	,			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).

This Form is Open to Public Inspection

2013

OMB No. 1210-0110

File as an attachment to Form 5500 or 5500-SE

							File as a	n attacnme	nt to Form	5500 or	5500-	SF.							
Fo	r calendar	plar	year 2013	3 or fi	scal plan y	ear beginn	ning 01	/01/2013				and end	ding	12/31/2	2013				
Þ	Round of	f an	ounts to	near	est dollar.														
•	Caution:	Аре	enalty of \$1	1,000	will be ass	essed for	late filing of	this report u	ınless reas	onable ca	ause is	establisl	hed.			1			
	Name of p		DANO M	D DC	DEEMED	DENEELT	DLAN				В	Three-d	ligit				0	02	
51	EPHEN K	IVIA	RANO, MI	D, PC	DEFINED	BENEFII	PLAN					plan nur	mber	(PN)	<u> </u>			02	
C	Plan enone	or's	name as i	chow	n on line 2	a of Form !	5500 or 550	0-SE			D	Employe	r Idor	tification	Nun	nher (l	=1N1)		
			RANO. ME			a 01 1 01111 v	3300 01 330	0-01				Lilipioye				iibei (i	_111)		
			-,	, -									82	2-052787	5				
F ·	Гуре of pla	n:	Single	П	Multiple-A	Multiple	e-B	F	Prior year pla	an size	100	or fewer	П	101-500	П	More th	nan 500		
					•	Widiapi		- ·	nor your pic	oizo. <u>/</u>	.00	0. 101101		101 000	Ш.		1011 000		
			ic Inforr																
1		e va	luation dat	te:		Month12	D	ay <u>31</u>	Year _	2013	_								
2	Assets:												_	_					
														2a					2016253
	b Actua	rial v	/alue	•••••										2b					2016253
3	_	•			ount break			I		(1) N	lumbe	r of partic	cipant	ts		(2) F	unding	Target	
	a For re	tired	l participar	nts an	d beneficia	aries receiv	ving paymer	nt	3a					0					0
	b For te	rmir	ated veste	ed pa	rticipants				3b					0					0
	C For a	ctive	participan	its:				ı											
	(1)								3c(1)										0
	(2)	V	ested bene	efits					3c(2)										2025222
	(3)	To	otal active.						3c(3)					2					2025222
	d Total								3d					2					2025222
4	If the pla	an is	in at-risk s	status	s, check the	box and	complete lin	es (a) and (l	b)		.П								
	a Fundi	ng ta	arget disre	gardii	ng prescrib	ed at-risk	assumption	3						4a					
	b Fundi	ng t	arget reflec	cting a	at-risk assı	umptions, b	out disregar	ding transition	on rule for p	lans that	have	been in		4b					
	at-	isk	status for f	ewer	than five c	onsecutive	years and	disregarding	loading fa	ctor				40					
5	Effective	inte	erest rate .											5					6.76 %
6	Target r	orm	al cost											6					0
Sta	tement by	En	rolled Act	uary															
	accordance v	ith a	plicable law a	and reg	ulations. In my	opinion, each	n other assumpt	anying schedule ion is reasonable											
	combination,	offer	my best estim	ate of a	anticipated exp	erience under	r the plan.												
9	SIGN																		
H	IERE														09	9/09/2	014		
					Signa	ture of act	uary									Date			
RUS	SSELL J. S	SNO	W												1	14-071	99		
					Type or pr	int name o	of actuary				_		N	lost rece	ent er	nrollme	ent num	ber	
MG	KS														6	02-94	4-1515		
					F	irm name					_		Telep	hone nur				a code)	
	0 N. 16TH												•			`	J	,	
PH	OENIX, AZ	_ 85	J16-1306																
					ادليد ۸	1000 cf 1b -	firm				_								
					Add	ress of the	ıırm												
	e actuary h	as r	ot fully ref	lecte	d any regul	ation or ru	ling promulo	gated under	the statute	in comple	eting t	his sched	dule, d	check the	e box	k and s	see		

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Schedule SB (Form 5500) 2013

Pa	rt II	Begin	ning of Year	Carryov	er and I	Prefunding Ba	alances								
									(a) C	arryover balanc	е	(b)	Prefund	ing balai	nce
7		-	nning of prior year		-	•					0				107174
8			or use to offset pr	-	-						0				0
9			ng (line 7 minus lir								0				107174
10	Interest	on line 9	using prior year's	actual ref	turn of	<u>-3.06</u> %					0				-3280
11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefun	ding balance:									
	a Prese	a Present value of excess contributions (line 38a from prior year)													48865
	b Interest on (a) using prior year's effective interest rate of												0		
	C Total available at beginning of current plan year to add to prefunding balance												48865		
d Portion of (c) to be added to prefunding balance													0		
12	Other re	eductions	s in balances due	to election	s or deem	ed elections					0				0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)												103894		
Part III Funding Percentages															
14	Funding	g target a	ttainment percent	age									14	9	4.08 %
15	Adjuste	d funding	g target attainmen	t percenta	ge								15	9	5.46 %
16			ling percentage fo nding requirement									e	16	9	2.31 %
17	If the cu	urrent val	ue of the assets o	f the plan	is less thai	n 70 percent of the	e funding tar	get, ei	nter su	uch percentage.			17		%
P	art IV	Con	tributions and	d Liquid	lity Sho	rtfalls									
18			ade to the plan for		ear by em	ployer(s) and emp	oloyees:								
(N	(a) Dat IM-DD-Y		(b) Amount pa employer(nount paid by mployees	(a) D (MM-DD		()	(b) Amount employe		(c) Amou emp	ınt paid oyees	ру
							Totals ►	-	8(b)		0	18(c)			0
19			loyer contributions												
	_		allocated toward u								19a				0
			made to avoid res		-										0
			allocated toward mi			bution for current y	ear adjusted	to valu	uation	date	19с				0
20		-	outions and liquidit	-		0							<u> </u>	7	П ы-
		•	ave a "funding sh										L	Yes	∐ No
			Yes," were require		-		-		nely n	nanner?	Γ			Yes	× No
	C If line	e 20a is "	Yes," see instructi	ons and co		e following table a ty shortfall as of e			s nlan	ı vear					
		(1) 19	st			2nd	ina or quarte	. 0		3rd			(4) 4t	n	
		*													

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	used		
	b Appli	icable month (enter code)			21b						
22	Weight	ed average ret	irement age			22				58		
23	Mortalit	ty table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitut	te					
Pa	rt VI	Miscellane	ous Items									
24				uarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	guired				
		-							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		•	o alternative funding rules, ent	er applicable code and see instruc	ctions regarding	27						
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years							
28	Unpaid			years		28				0		
29			•	unpaid minimum required contrib		29						
	(line 19	9a)								0		
30	Remair	ning amount of	unpaid minimum required cor		30				0			
Pa	rt VIII	Minimum	Required Contribution	For Current Year								
31	Target	normal cost a	nd excess assets (see instruct	ions):								
	a Targe	et normal cost	(line 6)			31a				0		
	b Exce	ss assets, if ap	oplicable, but not greater than	line 31a		31b				0		
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	Ir	nstallm	ent			
	a Net s	shortfall amortiz	zation installment			119886				25685		
	b Waiv	er amortization	n installment			0				0		
33				ter the date of the ruling letter gran) and the waived amount		33						
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				25685		
-				Carryover balance	Prefunding bala	nce	To	tal bala	ance			
35			use to offset funding	C		25685				25685		
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				0		
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				0		
38	•		ess contributions for current ye									
						38a				0		
				orefunding and funding standard o		38b				0		
39				ear (excess, if any, of line 36 over		39				0		
40		-			•	40				0		
Pa	t IX			ension Relief Act of 2010)						
			de to use PRA 2010 funding re		(000	,						
	a Sche	dule elected					2 plus 7 yea	rs	15 y	/ears		
	b Eligib	ole plan vear(s) for which the election in line	11a was made				2010	_	2011		
42			•			42	<u> </u>		<u> </u>			
				d over to future plan years		<u> </u>						

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

	For Funding Min Max	For 417(e)	For Actuarial Equiv.
Interest Rates	Seg 1 4.94% 1.39%	Seg 1 1.00%	Pre-Retirement 5.00%
	Seg 2 6.15% 4.05%	Seg 2 3.57%	Post-Retirement 5.00%
	Seg 3 6.76% 5.08%	Seg 3 4.77%	
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
Assumed Ret Age	Normal retirement age 58 and 5 years of participation	Normal retirement age 58 and 5 years of participation	Normal retirement age 58 and 5 years of participation
Post-Retirement			
Mortality	2013 Applicable Mortality Table from Rev Rul 2006-67	2013 Applicable Mortality Table from Rev Rul 2006-67	GAR 94 Unisex Table projected to 2002
Assumed Benefit Form I	For Funding	Lump Sum	
Calculated Effective Into	erest Rate	6.76%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

OMB Nos, 1210-0110

1210-0089

Short Form Annual Return/Report of Small Employee Form 5500-SF Benefit Plan Department of the Treasury Internal Revenue Service

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).

This Form is Open to Public Inspection

2013

Dapartin	nent of Labor	the Inte	tual Keleure Core (rue coco).		Inspection
Employee Benefits	Security Administration Guaranty Corporation	On animal of animal in act	pordance with the instructions	to the Form 5500-SF.	· · · · · · · · · · · · · · · · · · ·
Pension Bensiit	Gografity Corporation	tertification Information			1.2/31/2013
Parti	nnual Report I	dentification Information	01/01/2013	and ending	
		X a single-employer plan	a multiple-employer plan (n	iot multlemployer)	a one-participant plan
A This return/	report is for:		the final return/report		
B This return	report is:	the first return/report	a short plan year return/rep	ort (less than 12 months	5)
		an amended return/report			DFVC program
C Check box	If filing under:	X Form 5558	automatic extension		
Ollegy Doy		special extension (enter desc	iption)		Manage and the second s
Part II E	Pagic Plan Infor	mation—onter all requested in	formation	11	b Three-digit
Charles of the Control of the Contro				1	plan number
1a Name of	pan R. Marano, N	ND, PC Defined Benef	it Plan		(PN) • 002
2.cebireiv	ICI Piece on a p	,		11	c Effective date of plan
					01/01/2003
			istan a single ami	olover plan) 2	b Employer Identification Number
2a Plan spor	nsor's name and ad-	dress; include room or suite numb	er (employer, il lor a single-crit	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(EIN) 82-0527875
stephen	R. Marano, N	MD, PC		2	C Sponsor's telephone number
		_			208-522-6930
1975 Mar	tha Ave., St	tė. A		2	d Business code (see instructions)
		0.0404		}	621111
Idaho Fa	ills	ID 83404	Vegras as Plan St	onsor Address 3	Bb Administrator's EIN
3a Plan adm	ninistrator's name at	nd address XSame as Plan Spor	1801 Marie Marie as Flori of	,011,00	
				3	C Administrator's telephone number
	5114	e plan aponsor has changed sinc	e the last return/report filed for to	his plan, enter the	4b ein
4 If the na	ime and/of EIN of th	imbor from the last return/report.	2 1110		40. 80
	4			Line Line	4c PN
Fa Total ne	umber of participants	s at the beginning of the plan year			5a
the Total III	united of participant	s at the end of the plan year			5b
D Total ne	umber of participant	s at the end of the plan year	of the plan year (defined benefit	plans do not	
c Numbe	r of participants with	account balances as of the end	A tile bigg year, (seemed to be		5c X Yes N
-		a control is a second by	oliaine secato / (300 mailucuo	713.7	
6a Were a	all of the plan's asse	of the annual examination and re-	nort of an independent qualified	public accountant (IQP)	A) X Yes N
b Are you	u claiming a walver	of the annual examination and rep 6? (See instructions on waiver elig	lbility and conditions.)		5000
under 2	anguared "No" to	6? (See instructions on waiver elig either line 6a or line 6b, the plai	n cannot use Form 5500-SF at	nd must Instead use F	orm abov.
ii you	ton in a defined hom	efft plan is it covered under the P	BGC insurance program (see E	RISA section 4021)?	Yes X No Not determined
The second secon				where waarananie caus	Se is established.
Caution: A	penalty for the late	e or incomplete filling of this ret	urn/report will be assessed di	varningd this return/repo	ort, including, if applicable, a Schedule and to the best of my knowledge and
Under pena	lities of perjury and	other penalties set forth in the inst	ructions, I declare that I have ex	on of this return/report.	and to the best of my knowledge and
SE of Sche	QUIE IND COMBIGIAN	SHICK SIGNED BY WITH THE COLOR	/1 23 4011 40 410 010		
belier, it is t	rue, correct, and cor	TIPLE TO THE TOTAL THE TANK TH	5/2/1/	Mala	
SIGN		X	9/9/14	SMan	
HERE	Signature of plan	administrator	Date		ual signing as plan administrator
2010 CF 1/1 CF 1/1	orgnature of plan	700	9/9/14		ano
SIGN		\		Enter name of individu	ual signing as employer or plan sponso
HERE	Signature of emp	Sloyer/sian sponsor	Date Date number	(optional)	Preparer's telephone number (options
Preparer's	namo (including fim	n name, if applicable) and address	Invidue Ident of State Herries		
1					
				\	an and Superior by Especial state the Article Manager and Superior
					Sereces elegants area fire respectively.
				I	Carlo de la Carlo de la Carlo de la Carlo de Car
1					Form 5500-SF (20

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year		
a	Total plan assets	7a		0083	0		(b) Liid		2016	6253
b	Total plan liabilities	7b			0					
	Net plan assets (subtract line 7b from line 7a)	7c	20	0083	0				2016	6253
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		+		(b) T			
a	Contributions received or receivable from:		(a) Amount				(D) 1	Otal		
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		9582	6					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9!	5826
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8040	3					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8(0403
Ŧ	Net income (loss) (subtract line 8h from line 8c)	8i							15	5423
j	Transfers to (from) the plan (see instructions)	8j			0					
Pai	t 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	odes in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instructi	ons:		
Par										
10	During the plan year:				Yes	No		Amoun	t	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cori	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	Х				200	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
е				100			<u> </u>			
·	insurance service, or other organization that provides some or all		•			Х				
	instructions.)			10e		Λ				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h						
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			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirement							χΥ	es	No
11-	5500) and line 11a below)							0		1 .40
	Enter the unpaid minimum required contribution for current year from		,			11a] N.
12	Is this a defined contribution plan subject to the minimum funding			e or se	ction	302 of	ERISA?	∐ Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			oti e e e	n :1	nnt=:: 11	00 4-451	ha latta		
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon		and	enter th Day	ie date of t	he letter Year_	ruling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b				

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?	🔲 `	res 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		
•	13c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Dout	VIII Touch Information (antique)			
	VIII Trust Information (optional)	441 =		
14a	Name of trust	140 T	rust's EIN	

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Form 5500-SF 2013

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2013

OMB No. 1210-0110

This Form is Open to Public Inspection

File as an attachme	ent to Form	5500 or 5500-SF.		hodri.	
For calendar plan year 2013 or fiscal plan year beginning 01/01/	2013	and ending	1	12/31/201	.3
Round off amounts to nearest dollar.					
Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reaso	nable cause is established			
A Name of plan Stephen R. Marano, MD, PC Defined Benefit Pl	.an	B Three-digit plan number		•	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Id	entification	n Number (EIN	<u> </u>
Stephen R. Marano, MD, PC		82-0527875		rivanioer (Eliv	
E Type of plan: X Single Multiple-A Multiple-B	Prior year plar	size: X 100 or fewer	101-500	More than	500
Part I Basic Information					
1 Enter the valuation date: Month 12 Day 31	Year	2013			
2 Assets:					
a Market value			2a		2016253
b Actuarial value			2b		2016253
3 Funding target/participant count breakdown:		(1) Number of participa	ints	(2) Fun	ding Target
a For retired participants and beneficiaries receiving payment	. 3a		0		0
b For terminated vested participants	. 3b		0		0
C For active participants:	V-10-10-10-10-10-10-10-10-10-10-10-10-10-				
(1) Non-vested benefits	3c(1)				0
(2) Vested benefits	3c(2)				2025222
(3) Total active	3c(3)		2		2025222
d Total	. 3d		2		2025222
4 If the plan is in at-risk status, check the box and complete lines (a) and	(b)				
a Funding target disregarding prescribed at-risk assumptions			4a		
b Funding target reflecting at-risk assumptions, but disregarding transiti at-risk status for fewer than five consecutive years and disregardin			4b		
5 Effective interest rate			5		6.76%
6 Target normal cost			6		0
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedu accordance with applicable law and regulations. In my opinion, each other assumption is reasonal combination, offer my best-estimate of anticipated experience under the plan.	iles, statements a ble (taking into ac	nd attachments, if any, is complete count the experience of the plan ar	and accurate nd reasonable	e. Each prescribed expectations) and	assumption was applied in such other assumptions, in
HERE Currell for				1/9/20	14
Signature of actuary Russell J. Snow				Date 1407199	
And the state of t		<u> </u>	20 0	160	- i
Type or print name of actuary MGKS			NIAMED BUT THE	ent enrollment 02-944-15	
Firm name 6530 N. 16th St.		Tel	ephone nu	ımber (includin	g area code)
Phoenix AZ 85016-1306					
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated unde	r the statute i	n completing this schedule	e, check th	ie box and see	П

SUPPLEMENTAL STATEMENT OF ENROLLED ACTUARY Attached to Schedule SB (Form 5500) 2013

for

Stephen R. Marano, M.D., P.C. Defined Benefit Plan

EIN: <u>82-0527875</u> PN: <u>002</u>

To the best of my present knowledge, the information contained in the certificate supplemented by this statement is complete and without material error. Although I am not aware of any material inadequacies in the data upon which such certificate is based, such data were furnished by the trustee(s) and the plan administrator (and/or by their respective employees, agents, and/or representatives); and, aside from gross tests for overall reasonableness, I have relied on such data in making my valuation; but I do not accept responsibility for the accuracy or inclusiveness of such data.

In addition, I have relied on plan sponsor's legal counsel and the plan administrator with respect to the plan's compliance in form and operation with applicable laws and regulations.

Any material change in the foregoing may result in the need to amend the certificate supplemented by this statement.

Russell I Snow

Date

Most Recent Enrollment Number: 14-07199

MGKS 6530 North 16th Street Phoenix, AZ 85016 (602) 944-1515

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Schedule SB (Form 5500) 2013

Pa	art II	Begir	nning of Year	Carryov	er Prefunding Baland	es						
							(a)	Carryover balance		(b) l	Prefundi	ng balance
7		-			cable adjustments (line 13 f				0			107174
8			•	-	funding requirement (line 35				0			0
9	photycary									107174		
10	Interest	on line 9	9 using prior year's	s actual re	turn of3.06%				0			-3280
11	Prior ye	ar's exc	ess contributions t	o be adde	d to prefunding balance:							
	a Prese	nt value	of excess contrib	utions (line	38a from prior year)							48865
					interest rate of 5.45%							0
	C Total a	available	at beginning of cur	rent plan y	ear to add to prefunding balan	ice						48865
	d Portio	on of (c)	to be added to pre	efunding ba	alance							0
12	Other re	eductions	s in balances due	to election	s or deemed elections				0			0
13	Balance	at begii	nning of current ye	ear (line 9	+ line 10 + line 11d – line 12)			0			103894
Р	art III	Fun	ding Percenta	ages		•			•			
14											14	94.08%
15			g target attainmen								15	95.46%
16	Prior ye	ar's fund	ling percentage fo	r purposes	s of determining whether can						16	92.31%
17					is less than 70 percent of the						17	%
P	art IV	Con	tributions an	d liauidi	tv shortfalls							
					rear by employer(s) and emp	olovees:						
	(a) Date	е	(b) Amount p	aid by	(c) Amount paid by	(a) Da		(b) Amount pa	-	(0	•	nt paid by
(N	1M-DD-Y	YYY)	employer	(s)	employees	(MM-DD-	·YYYY)	employer(s	s)		empl	oyees
						Totals ▶	18(b)		C	18(c)		0
10	Diagous	tod open	lover contribution		tructions for small plan with		, ,	ha haginning of the		10(0)		
19					tructions for small plan with nimum required contributions				19a			0
	_				·			F	19b			0
	b Contributions made to avoid restrictions adjusted to valuation date						0					
20			outions and liquidit		•	ear aujusted	ıo vaiuali0i	1 uale	196			0
20			•	•					L		R	Yes No
								i				
							umely mar	IIIer?				Yes X No
	C If 20a	ıs "Yes,	see instructions	and comp	ete the following table as ap Liquidity shortfall as of e	·	of this pla	an vear				
		(1) 1:	st		(2) 2nd	na or quarter	(3)	an year 3rd			(4) 4tl	า
		\., \.			, ,		(0)	-	+		` ,	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targ	jet Normal Cost					
21	Disco	unt rate:								
	a Se	gment rates:	:	N/A, full yield curve used						
	b Applicable month (enter code)									4
22	Weigh	nted average ret	tirement age			. 22			5	8
23	Morta	lity table(s) (see	e instructions) X Pro	escribed - combined P	rescribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24		-	·	tuarial assumptions for the currer			· · -	7	X No	
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instruction	ns regarding required atta	chment		Yes	X No	
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instru	uctions regarding required	l attachment		Yes	X No	
27				ter applicable code and see instr		27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contributio	ns For Prior Years					
28	Unpai	d minimum requ	uired contributions for all prior	years		. 28				0
29				d unpaid minimum required contr		29				0
30	Rema	ining amount of	f unpaid minimum required cor	ntributions (line 28 minus line 29)		. 30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	et normal cost a	nd excess assets (see instruc	tions):						
	a Targ	get normal cost	(line 6)			. 31a				0
	b Exc	ess assets, if ap	pplicable, but not greater than	line 31a		. 31b	0			
32	Amort	tization installme	ents:		Outstanding Bala	ance	Installr	nent		
	a Net	shortfall amortiz	zation installment			119886			2568	5
	b Wa	iver amortization	n installment			0				0
33				iter the date of the ruling letter gr) and the waived amount		33				
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	. 34			25685	
				Carryover balance	Prefunding bala	nce	Total ba	lance		
35			use to offset funding		0	25685			2568	5
36	Additi	onal cash requi	rement (line 34 minus line 35).			36	0			
37				ontribution for current year adjus		37				0
38	Prese	nt value of exce	ess contributions for current ye	ear (see instructions)						
	a Tota	al (excess, if any	y, of line 37 over line 36)			. 38a				0
	b Port	tion included in	line 38a attributable to use of	prefunding and funding standard	carryover balances	. 38b				0
39	Unpai	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	r line 37)	. 39				0
40	Unpai	d minimum requ	uired contributions for all years	3		40				0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 201	0 (See Instructions	5)				
41	If an e	lection was mad	de to use PRA 2010 funding re	elief for this plan:						_
	a Sch	edule elected .					2 plus 7 years	15 \	/ears	
	b Elig	ible plan year(s	s) for which the election in line	41a was made		200	8 2009 201	0	2011	_
42	Amou	nt of acceleratio	on adjustment			. 42				_
43	Fxces	s installment ac	celeration amount to be carrie	d over to future plan years		43				_

Weighted Average Retirement Age Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 58 Completion of 5 years of participation from entry date

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 58

Summary of Plan Provisions Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Plan Effective Date January 1, 2003

Plan Year From January 1 to December 31

Eligibility All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion of

the following requirements:

1 year of service Minimum age 21

Normal Retirement Age All participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 58

Completion of 5 years of participation from entry date

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a benefit

payable in the normal form equal to the following:

Maximum benefit is \$12,937 per month Maximum percent of salary is 100%

Benefit is based on average salary during the highest 3 consecutive

years of participation

A benefit payable for the life of the participant **Normal Form of Benefit**

Accrued Benefit A fraction of the normal retirement benefit, calculated based on

average salary on the calculation date. The numerator of the fraction is equal to the participant's credited years earned on the calculation date, and the denominator is equal to the participant's total projected

credited years at normal retirement.

Credited years are years commencing with the date of entry and

ending with the retirement year excluding the following:

Years before the effective date Years with less than 1,000 hours

Termination Benefit Upon termination for any reason other than death, disability or

retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following

vesting schedule:

Credited Years Vested Percent 1 0

Summary of Plan Provisions Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Credited Years	Vested Percent
2	20
3	40
4	60
5	80
6	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years before the effective date Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Shortfall Amortization Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

		Value of		
	Amortization	Future		Future
Valuation Date	Method	<u>Installments</u>	Installment	Installments
12/31/2011	7-year	5	\$21,212	\$96,532
12/31/2012	7-year	6	\$4,936	\$26,128
12/31/2013	7-year	7	<u>\$(463)</u>	\$(2,774)
Total			\$25,685	\$119,886