## 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

	enefit Guaranty Corporation	Complete all entries in a	accordance with the instruc	tions to the Form 5500	O-SF.			
Part I	Annual Report I	dentification Information	n					
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013								
A This re	turn/report is for:	a single-employer plan	a manapa employer plan (not manaemployer)					
B This return/report is:  the first return/report the final return/report								
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am	
	<u> </u>	special extension (enter des	· ,					
Part II		mation—enter all requested i	nformation				1	
1a Name FREEMAN F	•	PSC 401(K) PROFIT SHARING	PLAN		1b	Three-digit plan number (PN)	001	
					1c	Effective date o	f plan	
	ponsor's name and add FAMILY DENTISTRY P	dress; include room or suite num	ber (employer, if for a single-	employer plan)	2b	Employer Identi		
P.O. BOX 19	927				2c	Sponsor's telep		
CADIZ, KY					2d	Business code (	(see instructions)	
3a Plan a	dministrator's name and	d address XSame as Plan Spo	nsor Name Same as Plan	Sponsor Address	3b	Administrator's	EIN	
					3с	Administrator's	telephone number	
name		plan sponsor has changed sinc ber from the last return/report.	e the last return/report filed fo	r this plan, enter the	4b 4c	EIN PN		
		at the beginning of the plan year			5a		4	
_		at the end of the plan year			5b			
					30			
		ccount balances as of the end of		•	5c		7	
comp	lete this item)				5c		5	
6a Were b Are you under	lete this item) all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46?	during the plan year invested in the annual examination and rep (See instructions on waiver elig	eligible assets? (See instruct ort of an independent qualifier ibility and conditions.)	iions.)d public accountant (IQI	PA)			
6a Were b Are you under If you	lete this item)e all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46?	during the plan year invested in the annual examination and rep	eligible assets? (See instruct ort of an independent qualifier ibility and conditions.)	ions.)d public accountant (IQI	PA) Form	5500.	X Yes No	
6a Were b Are younder If you C If the p	lete this item)e all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? I answered "No" to eit plan is a defined benefit	during the plan year invested in the annual examination and rep (See instructions on waiver elig ther line 6a or line 6b, the plan	eligible assets? (See instruct ort of an independent qualifier ibility and conditions.)	d public accountant (IQI and must instead use ERISA section 4021)?	PA) Form	5500. Yes No	X Yes No X Yes No	
comp 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche	lete this item)	during the plan year invested in the annual examination and rep (See instructions on waiver elig ther line 6a or line 6b, the plant plan, is it covered under the PE or incomplete filing of this retuer penalties set forth in the instruction of the plant of the plant of the penalties of the plant of the penalties of the plant of t	eligible assets? (See instruct ort of an independent qualifier ibility and conditions.)	d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	Form se is	5500.  Yes No established.  Including, if applic	X Yes No X Yes No Not determined	
comp 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche	lete this item)	during the plan year invested in the annual examination and rep (See instructions on waiver elig ther line 6a or line 6b, the plant plan, is it covered under the PE or incomplete filing of this retuer penalties set forth in the instruction of the plant of the plant of the penalties of the plant of the penalties of the plant of t	eligible assets? (See instruct ort of an independent qualifier ibility and conditions.)	d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	Form se is	5500.  Yes No established.  Including, if applic	X Yes No X Yes No Not determined	
comp 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is	lete this item)	during the plan year invested in the annual examination and rep (See instructions on waiver elig ther line 6a or line 6b, the plant plan, is it covered under the PE or incomplete filing of this retuer penalties set forth in the instruction of the plant distinct of signed by an enrolled actuary lete.	eligible assets? (See instruct ort of an independent qualifier ibility and conditions.)	d public accountant (IQI and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report	Form se is oort, in, and	5500.  Yes No established.  Including, if applicate the best of my	Yes No  Yes No  Not determined  Sable, a Schedule knowledge and	
comp 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is  SIGN HERE SIGN	lete this item)	during the plan year invested in the annual examination and rep (See instructions on waiver elig ther line 6a or line 6b, the plant plan, is it covered under the PE or incomplete filing of this retuer penalties set forth in the instruction of the plant distinct of signed by an enrolled actuary lete.	eligible assets? (See instruct ort of an independent qualifier ibility and conditions.)	d public accountant (IQI and must instead use ERISA section 4021)?	Form se is oort, in, and	5500.  Yes No established.  Including, if applicate the best of my	Yes No  Yes No  Not determined  Sable, a Schedule knowledge and	
comp 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is  SIGN HERE	lete this item)	during the plan year invested in the annual examination and rep (See instructions on waiver elig ther line 6a or line 6b, the plant plan, is it covered under the PE or incomplete filing of this retuer penalties set forth in the instruction of the plant dispendent by an enrolled actuary, lete.  Identifying the plan year invested in the plant of the plant	eligible assets? (See instruct ort of an independent qualifier ibility and conditions.)	d public accountant (IQI and must instead use ERISA section 4021)?  unless reasonable cau examined this return/report  KARLA FREEMAN Enter name of individu	Form se is out, in, and the	5500.  Yes No established. Including, if applicate to the best of my	Yes No  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)	during the plan year invested in the annual examination and rep (See instructions on waiver elig ther line 6a or line 6b, the plant plan, is it covered under the PE or incomplete filing of this retuer penalties set forth in the instruction of the plant dispendent by an enrolled actuary, lete.  Identifying the plan year invested in the plant of the plant	eligible assets? (See instruct ort of an independent qualifier ibility and conditions.)	d public accountant (IQI and must instead use ERISA section 4021)?  unless reasonable cau examined this return/report  KARLA FREEMAN Enter name of individu KARLA FREEMAN Enter name of individu	Form se is oort, in , and t	yes No established. Including, if applicate to the best of my	Yes No Yes No Not determined  able, a Schedule knowledge and	

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Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	l of Y	ear	
a	Total plan assets	7a	605		4544					5
	Total plan liabilities	7b	0						(	)
	Net plan assets (subtract line 7b from line 7a)	7c	6053				45445			5
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b)	Total		
	Contributions received or receivable from:		(w) / unio uni				(2)			
	(1) Employers	8a(1)	922	6						
	(2) Participants	8a(2)	2934	2						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	82	4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							39392	!
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d								
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							39392	2
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 2E 2H 2J 2A 2F	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	<b>S</b> :	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
	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		7		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
						X				
				10c						
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 plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i						
Part		. •								
11	Is this a defined benefit plan subject to minimum funding requirem							T	Yes	П No
44-	5500) and line 11a below)							·	168	INO
	Enter the unpaid minimum required contribution for current year fr					11a		<del></del>	1	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding			or se	ection (	302 of	ERISA?.		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			ati a :	0:2-1	nt== /'	o d=4- · '	th - '		line
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and 6	Day	e date of	tne ie Yea		iing ——
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•	•		T	10k				
b	Enter the minimum required contribution for this plan year				[	12b	1			

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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## \_Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Refirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Parti Annual Report Identification Information			
	and a	ending	
For calendar plan year 2013 or fiscal plan year beginning	multiple-employer pla		a one-participant plan
A This retain report to Jon		(not masternate) ary	
b this feathful points.	ne final return/report	report (less than 12 month	ne)
the state of the s		report (less than 12 month	DFVC program
C Check box if ming dilber.	utomatic extension		Dr ve program
special extension (enter description)			
Part II Basic Plan Information—enter all requested inform	ation		1b Three-digit plan
1a Name of plan			
Freeman Family Dentistry, PSC 401(k) Pro	ofit		
Sharing Plan			1c Effective date of plan
			01/01/2012
2a Plan sponsor's name and address; include room or suite number (en	mployer, if for a single	employer plan)	2b Employer Identification No.
Freeman Family Dentistry PSC			(EIN) 20-1308671
•			2C Sponsor's telephone number
P.O. Box 1927			270-522-5100
			2d Business code (see instr.)
Cadiz KY 42211			
Cault			621210
3a Plan administrator's name and address X Same as Plan Spons	or Name Same	as Plan Sponsor Address	3b Administrator's EIN
Sa Fight administrator's manie and address [2]			
			3c Administrator's
			telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/	report filed for this plan, 6	nter the name, EIN,	4b EIN
4 If the name and/or EIN of the plan sponsor has changed since the last return/ and the plan number from the last return/report. a Sponsor's name	,		4c PN
			5a <u>4</u>
	i i		1 5 5 7
the and of the plan year	defined benefit plans do i	not complete this item)	5c 5
	e accets? (See instruc	tions.)	X Yes No
	an independent dualifi	ed public accountant (IQPA	4)
b Are you claiming a waiver of the annual examination and report of	and conditions )	,	X Yes No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan ca	and conditions.	SF and must instead us	alteration of the property of the second sec
If you answered "No" to either line ba or line ob, the plan ca	nnot use i Onii ssoo	ion 4021)? Yes	No Not determined
c If the plan is a defined benefit plan, is it covered under the PBGC insurance	program (see Liston see	d unless reasonable ca	
Caution: A penalty for the late or incomplete filing of this return/re	I dealers that I have	evamined this return/report	r including if applicable, a
Under penalties of perjury and other penalties set forth in the instructions	on as well as the also	tronic version of this return	/report, and to the best of my
Schedule SB or Schedule MB completed and signed by an enrolled actual	ary, as were as the elec	COINC VEISION OF THE TOTAL	,, up u
knowledge and belief it is true, correct, and complete.	2060 2041	Karla Freeman	
SIGN ACAULO TROOMS	28 ply 2014		signing as plan administrator
HERE Sonature of plan administrator	Date /	Karla Freeman	319.11.19
SIGN XXIII FRIEMA	Copression		signing as employer or plan sponsor
HERE /Signature of employer/plan sponsor	Date /		reparer's telephone number (optional)
Preparer's name (including firm name, if applicable) and address; include	e room or suite numbe	r (optional)	reparer's telephone number (optional)
			•
T. Control of the Con		\$33388	

20-1308671

Freeman Family Dentistry PSC Form 5500-SF 2013

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Parti	<del></del>		/a/ Raginnin	n nf V	/earl	(b) End of Ye	ar
	Plan Assets and Liabilifiles		(a) Doynim	(a) Beginning of Year		053 454	
	Total plan assets	7a 7b		0.0	0		0
b .	Total plan liabilities			£1	)53	4	<u> </u>
С	Net plan assets (subtract line 7b from line 7a)	7c	(a) Am			(b) Total	
8	Income, Expenses, and Transfers for this Plan Year		(a) Am	Juill	18	(5) (524)	
	Contributions received or receivable from:	8a(1)		9,2	226		
(1)	Employers .	8a(2)		29,3	342		
(2)	Participants	8a(3)					
(3)	Others (including followers)	8b			824		
<u>b</u>	Other income (loss)	8c				39	,392
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						
	Benefits paid (including direct rollovers and insurance premiums	8d					
	to provide benefits)	8e					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8f	<u> </u>				
<u>f</u> .	Administrative service providers (salaries, fees, commissions)	8g					
g	Other expenses	8h	1		<b>***</b>		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	81				3.0	,392
	Net income (loss) (subtract line 8h from line 8c)	8j		******		3) -	
j	Transfers to (from) the plan (see instructions)	J 0)	<u> </u>				<u></u>
Part	N Plan Characteristics					inaka jahana:	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of F	Plan Ch	naracteristic C	odes i	n the I	Instructions.	
	○면 ○면 ○대 ○A ○문						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Pl	an Cha	aracteristic Co	oes in	the in	istructions:	
Part	V Compliance Questions				Γ	I	
10	During the plan year:			Yes	No	Amoun	
a	Was there a failure to transmit to the plan any participant contributions within the time period desc	cribed	in l				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		108		X	<b> </b>	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions r	eporte	:0				
	on line 10a.)		100		X	<u> </u>	
С	Was the plan covered by a fidelity bond?		10c		X	<u> </u>	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused to	oy frau	d				
_	or dishonesty?			ļ	X		
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance ca	rrier,					
•	insurance service, or other organization that provides some or all of the benefits under the plan?	(See				344AH	
	instructions.)		10e	ļ	X		
f	Has the plan falled to provide any benefit when due under the plan?		. 10f	ļ	X	<u> </u>	
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		X	-	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR						
11	2520.101-3.)		10h	-	X	1	
<u> </u>	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	•					
ı	exceptions to providing the notice applied under 29 CFR 2520.101-3	· · • • • • • • • • • • • • • • • • • •	10i	<u> </u>			
D-1	#3## Pansion Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction	s and	complete Sch	edule (	SB	T Yes	□ No
	Form 5500) and line 11a helow)			<u> </u>	4	<u></u>	
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500)	iine 39	t	<u> </u>	11a	, , , , , , , , , , , , , , , , , , ,	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s	ection 3	SUZ OI ERISA?			i     res	[EF] 140
	William I american line 125 or lines 12h 12c 12d and 12e helow as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year,	see in	structions, and	d enter	r the d	late of the letter h	ning .
	granting the waiver.		<u>, Nonth</u>		Day	Year	
ŧf ·	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski	p to li	ne 13.		Т		
b	the first factor was a				121	D ]	

	07/03/2014 11:13 AM  eman Family Dentistry PSC 20-1308671  Form 5500-SF 2013 Pag	e <b>3-</b>				
	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	fa	12d			
e	negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	CARLOW COMPANY					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	inder the contr	ol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s) to				
	(3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

which assets or liabilities were transferred. (See instructions.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
- Linkowski - Landon		
Part VIII Trust Information (optional)		
14a Name of trust	14b Trust's El	N