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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

| Pension Be | enefit Guaranty Corporation | ➤ Complete all entries in accor | dance with the instru | ctions to the Form 550 | 0-SF. | Ins | spection | | |
|--|---------------------------------------|---|----------------------------|-----------------------------------|-------------------------------|--------------------------------|--------------------|--|--|
| Part I | Annual Report | Identification Information | | | | · I | | | |
| For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014 | | | | | | | | | |
| A This ret | urn/report is for: | a single-employer plan | a multiple-employer p | olan (not multiemployer) | loyer) a one-participant plan | | | | |
| B This ret | urn/report is: | the first return/report | the final return/report | | | | | | |
| | | an amended return/report | a short plan year retur | n/report (less than 12 m | onths) | | | | |
| C Check I | box if filing under: | X Form 5558 | automatic extension | | DFVC program | | | | |
| | | special extension (enter description | on) | | | _ | | | |
| Part II | Basic Plan Info | rmation—enter all requested inform | ation | | | | | | |
| 1a Name | • | · | | | 1b | Three-digit | | | |
| NORSWORTHY MEDICAL ASSOCIATES PSC 401(K) PLAN | | | | | plan number | | | | |
| | | | | | 4 - | (PN) • | 002 | | |
| | | | 1C | Effective date of plan 07/01/1976 | | | | | |
| 2a Plan s | noneor's name and ad | dress; include room or suite number (e | amployer if for a single | -employer plan) | 2h | | | | |
| | THY MEDICAL ASSO | | employer, ir for a single | -employer plan) | 20 | Employer Identi (EIN) 61-09 | 01982 | | |
| | | | | | 2c | Sponsor's telep | hone number | | |
| | H MAIN STREET | | | | | 270-27 | 4-0867 | | |
| BEAVER DA | AM, KY 42320-8955 | | | | 2d | Business code 6211 | (see instructions) | | |
| 3a Plan a | dministrator's name ar | nd address XSame as Plan Sponsor N | Name Same as Pla | n Sponsor Address | 3b | Administrator's | | | |
| | | | | | 20 | Λ -lu-si-si-st-s-t-s-u's | talambana ni maban | | |
| | | | | | 30 | Administrators | telephone number | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | e plan sponsor has changed since the | last return/report filed f | or this plan, enter the | 4b | EIN | | | |
| | • | mber from the last return/report. | | | 4.0 | DNI | | | |
| | or's name | at the charging of the color of | | | 4c | PN T | | | |
| _ | | at the beginning of the plan year | | | 5a | | 4 | | |
| | • | at the end of the plan year | | | 5b | | 4 | | |
| | | account balances as of the end of the | . , , | • | 5c | | 0 | | |
| _ | · | s during the plan year invested in eligib | • | • | | | X Yes No | | |
| | | f the annual examination and report of | | | PA) | | X Yes No | | |
| | | ? (See instructions on waiver eligibility ither line 6a or line 6b, the plan cann | | | Form | 5500 | N Tes No | | |
| • | | fit plan, is it covered under the PBGC in | | | _ | | Not determined | | |
| C ii tiie j | Diair is a delined bener | in plant, is it covered under the FBGC if | isulance program (see | ENISA SECTION 4021)! | Ц | Tes LINO L | | | |
| | | or incomplete filing of this return/re | | | | | | | |
| | , , , | her penalties set forth in the instruction | * | | | O, 11 | , | | |
| | true, correct, and com | nd signed by an enrolled actuary, as w plete. | ell as the electronic ve | rsion of this return/report | i, and | to the best of my | knowledge and | | |
| , | , , , , , , , , , , , , , , , , , , , | | | 1 | | | | | |
| SIGN HERE | Filed with authorized/ | valid electronic signature. | 04/07/2015 | ERIC A. NORSWORT | WORTHY | | | | |
| TILICE | Signature of plan a | dministrator | Date | Enter name of individ | ual sig | ıning as plan adr | ministrator | | |
| SIGN | | | | | | | | | |
| HERE | Signature of emplo | Signature of employer/plan sponsor Date Enter name of individual | | | ual sig | ning as employe | er or plan sponsor | | |
| Preparer's | name (including firm r | name, if applicable) and address; includ | de room or suite numbe | er (optional) | Prep | arer's telephone | number (optional) | | |
| | | | | | | | | | |
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| | | | | | | | | | |

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| Pa | rt III Financial Information | | | | | | | | | | |
|------|--|-------------|----------------------------------|---------|---------|----------|-----------------|----------|----------|----|-----|
| 7 | an Assets and Liabilities (a) Beginning of Ye | | | ar | | | (b) End of Year | | | | |
| | tal plan assets | | | | | | (b) Ella 0 | | 991 | | |
| | otal plan liabilities | | | | | | | | - | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 7445 | 9 | + | | | 72 | 991 | | |
| | Income, Expenses, and Transfers for this Plan Year | 70 | | | | | (b) Total | | | | |
| | Contributions received or receivable from: | | (a) Amount | | | | (0) 10 | tai | | | |
| | (1) Employers | 8a(1) | | | | | | | | | |
| | (2) Participants | 8a(2) | | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | | |
| b | Other income (loss) | 8b | -56 | 5 | | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | -(| 565 | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 90 | 3 | | | | | | | |
| g | Other expenses | 8g | | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 903 | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -1 | 468 | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| Pai | t IV Plan Characteristics | -, | | | | | | | | | |
| 9a | | feature co | des from the List of Plan Char | acteris | stic Co | odes in | the instructi | ons: | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cterist | ic Cod | des in t | he instructio | ns: | | | |
| Par | t V Compliance Questions | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | mour | | | |
| a | | tions withi | n the time period described in | l | 103 | 110 | ' | anour | <u> </u> | | |
| | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | ıciary Corr | rection Program) | 10a | | X | | | | | |
| ~ | on line 10a.) | , | | 10b | | X | | | | | |
| | Was the plan covered by a fidelity bond? | | | 10c | | X | | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's | fidelity bo | nd, that was caused by fraud | 10d | | X | | | | | |
| | or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth | | | 100 | | | | | | | |
| C | insurance service, or other organization that provides some or all | | | | X | | | | | | |
| | instructions.) | | | 10e | ^ | | | | | 9 | 903 |
| 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 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 | | Х | | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | | _ | _ |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | Пү | es | X | No |
| 11: | Enter the unpaid minimum required contribution for current year fr | | | | | 11a | | <u> </u> | | | _ |
| 12 | · · · · · · · · · · · · · · · · · · · | | , | | | | EDISAS | \Box | es | X | No |
| 12 | Is this a defined contribution plan subject to the minimum funding | - | | UI SE | CUUN | JUZ Uſ | LRISA! | Ц | -00 | ^ | 140 |
| a | (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 being the standard for a prior year. | ng amortiz | ed in this plan year, see instru | | , and | _ | | | rulir | ng | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | ıtn | | Day | | ear _ | | | |
| | Enter the minimum required contribution for this plan year | • | | | | 12b | | | | | |
| | Line ine minimum reduired contribution for this dian year | | | | I | ~ | | | | | |

| Page | 3 | - [| 1 |
|------|---|-----|---|
| гаус | J | - 1 | |

| | | | 1 | | | | | |
|--|---|-----|-----------------|--------|-------|--|--|--|
| С | Enter the amount contributed by the employer to the plan for this plan year | 12c | | | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | | | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No | N/A | | | |
| Part | Part VII Plan Terminations and Transfers of Assets | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | X | es No |) | | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | 0 | | | |
| 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 | C 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.) | | | | | | | |
| 13c(1) Name of plan(s): | | | N(s) | 13c(3) | PN(s) | | | |
| | | | | | | | | |
| | | | | | | | | |
| Part | VIII Trust Information (optional) | | | • | | | | |
| 14a Name of trust | | | 14b Trust's EIN | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Date: 4/6/2015 Time: 11:13 AM Page: 002

Norsworthy Medical To: Eric Norsworthy

@ 81-270-274-5600

Apr 6 2015 12:25pm P002/007

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

OMB Nos. 1210-0110 1210-0089

2013

| | mployee Benefits Security Administration | the inte | ernal Revenue Code (the C | , | This Form is Open to Pu | | | |
|---|---|---|---|---|--|--|--|--|
| | art M Annual Report Identi | Complete all entries in acc | cordance with the Instru | tions to the Form 550 | 0-SF. | | * | |
| | calendar plan year 2013 or fiscal pla | | 07/01/2013 | and ending | | 06/30/201 | 1 4 | |
| | · 🔻 | single-employer plan | | an (not multiemployer) | | | | |
| | | e first return/report | 블 ' ' ' ' | an (not maintemployer) | | a one-partici | para piari | |
| D | <u> </u> | • | the final return/report | - for an and 11- and 15- and 40 and | 17. 3 | | | |
| _ | H | amended return/report | | n/report (less than 12 m | | _ | | |
| C | | rm 5558 | automatic extension | | | DFVC progra | arn | |
| *************************************** | | ecial extension (enter descri | • • | | | | | |
| | irt II Basic Plan Informatio | On—enter all requested info | ormation | | F | | | |
| 1a | Name of plan | | | | 1b | Three-digit | | |
| | NORSWORTHY MEDICAL ASS | SOCIATES PSC 401(| K) PLAN | | | plan number (PN) ▶ | 002 | |
| | | | | | 1c | Effective date of | 002 f nlan | |
| | | | | | | 07/01/197 | | |
| 2a | Plan sponsor's name and address; is | nclude room or suite numbe | er (employer, if for a single- | employer plan) | 2b | | fication Number | |
| | NORSWORTHY MEDICAL ASS | SOCIATES, PSC | | | | (EIN) 61-090 | | |
| | | | | | 2c | Sponsor's telep | hone number | |
| | 1219 NORTH MAIN STREET | n | | | | (270) 274- | -0867 | |
| | 1219 NORTH MAIN BIREET | • | | | 2d | Business code (| (see instructions) | |
| 20 | BEAVER DAM | | | 42320-8955 | 26 | 621111 | -15. | |
| અવ | Plan administrator's name and addre | ss ixidame as Plan Sponso | or Name USame as Plan | Sponsor Address | 30 | Administrator's | EIN | |
| | | | | | 3c | Administrator's t | telephone number | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4 | If the prime and/or E161 of the pion of | nancar baa mbanuari ainaa il | ha last vaturalism art filad fa | ب خالم مراسم مرساله مراسم | 41- | | | |
| иф | If the name and/or EIN of the plan sy name, EIN, and the plan number fro | | ne last return/report filed to | ir this plan, enter the | 4b | EIN | | |
| a Sponsor's name | | | 4c | PN | | | | |
| 5 a | Total number of participants at the b | eginning of the plan year | | | 5a | I | | |
| b | | | | | | Λ | | |
| | | | | | | 1 | 4 | |
| | | end of the plan year | ****************************** | | 5b | | | |
| | Total number of participants at the e Number of participants with account complete this item) | end of the plan yearbalances as of the end of the | he plan year (defined bene | fit plans do not | | | | |
| 6a | Number of participants with account complete this item) | balances as of the end of the | ne plan year (defined bene | fit plans do not | 5b 5c | | 4 | |
| 6a | Number of participants with account complete this item) | balances as of the end of the the plan year invested in elinual examination and report | ne plan year (defined bene igible assets? (See instruct of an independent qualifie | fit plans do not tions.)d public accountant (IQ | 5b 5c | | 4 0 X Yes No | |
| 6a | Number of participants with account complete this item) | balances as of the end of the the plan year invested in elinual examination and report | ne plan year (defined bene igible assets? (See instruction of an independent qualified ity and conditions.) | fit plans do not tions.)d public accountant (IQ | 5b 5c PA) | ************************************** | 4 0 | |
| 6a b | Number of participants with account complete this item) | balances as of the end of the balances as of the end of the the plan year invested in elinual examination and report astructions on waiver eligibile 6a or line 6b, the plan ca | ne plan year (defined bene igible assets? (See instruct of an independent qualifie ity and conditions.) | fit plans do not tions.)d public accountant (IQ | 5b 5c PA) Form | 5 500. | 4 0 Yes No Yes No | |
| 6a b | Number of participants with account complete this item) | balances as of the end of the balances as of the end of the the plan year invested in elinual examination and report astructions on waiver eligibile 6a or line 6b, the plan ca | ne plan year (defined bene igible assets? (See instruct of an independent qualifie ity and conditions.) | fit plans do not tions.)d public accountant (IQ | 5b 5c PA) Form | 5 500. | 4 0 X Yes No | |
| 6a b c | Number of participants with account complete this item) | balances as of the end of the the plan year invested in eliminal examination and report instructions on waiver eligibile 6a or line 6b, the plan cast it covered under the PBGC | ne plan year (defined bene igible assets? (See instruct of an independent qualifie ity and conditions.) | fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau | 5c PA) Form | 5 500. Yes No Destablished. | . 4 0 | |
| 6a b c Cau | Number of participants with account complete this item) | balances as of the end of the the plan year invested in eliminal examination and report instructions on waiver eligibilie 6a or line 6b, the plan cas it covered under the PBGC in the plan of this return/alties set forth in the instructions. | ine plan year (defined bene igible assets? (See instruct of an independent qualifie ity and conditions.) | fit plans do not tions.) | 5c Form se is cort, in | 5500. Yes No satablished. | 4 Q X Yes No X Yes No Not determined | |
| 6a b c C Cau | Number of participants with account complete this item) | balances as of the end of the the plan year invested in eliminal examination and report instructions on waiver eligibilie 6a or line 6b, the plan cas it covered under the PBGC in the plan of this return/alties set forth in the instructions. | ine plan year (defined bene igible assets? (See instruct of an independent qualifie ity and conditions.) | fit plans do not tions.) | 5c Form se is cort, in | 5500. Yes No satablished. | 4 Q X Yes No X Yes No Not determined | |
| 6a b c Cau Und SB (| Number of participants with account complete this item) | balances as of the end of the the plan year invested in eliminal examination and report instructions on waiver eligibilie 6a or line 6b, the plan cas it covered under the PBGC in the plan of this return/alties set forth in the instructions. | ine plan year (defined bene igible assets? (See instruc- of an independent qualifie ity and conditions.) | fit plans do not tions.) | 5c Form se is cort, in | 5500. Yes No satablished. | 4 Q X Yes No X Yes No Not determined | |
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| 6a b C C Cau Und SB / belie | Number of participants with account complete this item) | balances as of the end of the plan year invested in eliminal examination and report astructions on waiver eligibilities are lined to the plan cast it covered under the PBGC implete filling of this return alties set forth in the instruction by an enrolled actuary, as | ine plan year (defined bene igible assets? (See instruc- of an independent qualifie ity and conditions.) | fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)?. Inless reasonable cau examined this return/report | 5c Form se is cort, inc., and the exthuse the second terms of the extension of the extens | 5500. Yes No satablished. Cluding, if application the best of my | 4 Q X Yes No X Yes No Not determined Able, a Schedule knowledge and | |
| C 6a b C Cau Und SB c believed | Number of participants with account complete this item) | balances as of the end of the plan year invested in eliminal examination and report astructions on waiver eligibilities are lined to the plan cast it covered under the PBGC implete filling of this return alties set forth in the instruction by an enrolled actuary, as | ne plan year (defined bene igible assets? (See instruc- of an independent qualifie ity and conditions.) | fit plans do not tions.) | 5c Form se is cort, inc., and the exthuse the second terms of the extension of the extens | 5500. Yes No satablished. Cluding, if application the best of my | 4 Q X Yes No X Yes No Not determined Able, a Schedule knowledge and | |
| C 6a b C Cau Und SB c belo | Number of participants with account complete this item) | balances as of the end of the the plan year invested in eliminal examination and report instructions on waiver eligibile 6a or line 6b, the plan cast it covered under the PBGC in the plan of the plan of the return alties set forth in the instruction by an enrolled actuary, as traffer | ne plan year (defined bene igible assets? (See instruc- of an independent qualifie ity and conditions.) | fit plans do not tions.) | 5b 5c PA) Form see is a coort, in, and the rethy | 5500. Yes No stablished. Cluding, if applice the best of my | 4 O Yes No Yes No Not determined able, a Schedule knowledge and | |
| C Gau | Number of participants with account complete this item) | balances as of the end of the the plan year invested in eliminal examination and report instructions on waiver eligibilie 6a or line 6b, the plan cas it covered under the PBGC in the plan of the plan of the filling of this return/laties set forth in the instruction by an enrolled actuary, as trater | igible assets? (See instruction of an independent qualifier ity and conditions.) | fit plans do not fit plans do not fit plans do not d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Eric A. Norswo Enter name of individu | 5b 5c PA) Form se is a coort, in, and t | 5500. Yes No stablished. Cluding, if applice the best of my | 4 0 X Yes No X Yes No Not determined able, a Schedule knowledge and | |
| C Gau | Number of participants with account complete this item) | balances as of the end of the the plan year invested in eliminal examination and report instructions on waiver eligibilie 6a or line 6b, the plan cas it covered under the PBGC in the plan of the plan of the filling of this return/laties set forth in the instruction by an enrolled actuary, as trater | igible assets? (See instruction of an independent qualifier ity and conditions.) | fit plans do not fit plans do not fit plans do not d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Eric A. Norswo Enter name of individu | 5b 5c PA) Form se is a coort, in, and t | 5500. Yes No stablished. Cluding, if applice the best of my | 4 Q X Yes No X Yes No Not determined able, a Schedule knowledge and | |
| C Gau | Number of participants with account complete this item) | balances as of the end of the the plan year invested in eliminal examination and report instructions on waiver eligibilie 6a or line 6b, the plan cas it covered under the PBGC in the plan of the plan of the filling of this return/laties set forth in the instruction by an enrolled actuary, as trater | igible assets? (See instruction of an independent qualifier ity and conditions.) | fit plans do not fit plans do not fit plans do not d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Eric A. Norswo Enter name of individu | 5b 5c PA) Form se is a coort, in, and t | 5500. Yes No stablished. Cluding, if applice the best of my | 4 Q X Yes No X Yes No Not determined able, a Schedule knowledge and | |
| C Gau | Number of participants with account complete this item) | balances as of the end of the the plan year invested in eliminal examination and report instructions on waiver eligibilie 6a or line 6b, the plan cas it covered under the PBGC in the plan of the plan of the filling of this return/laties set forth in the instruction by an enrolled actuary, as trater | igible assets? (See instruction of an independent qualifier ity and conditions.) | fit plans do not fit plans do not fit plans do not d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Eric A. Norswo Enter name of individu | 5b 5c PA) Form se is in and the arthy in a sign Prepare | 5500. Yes No stablished. Cluding, if applice the best of my | 4 O X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator r or plan sponsor number (optional) | |

Norsworthy Medical Date: 4/6/2015 Time: 11:13 AM To: Eric Norsworthy @ 81-270-274-5600

7a

7b

7c

8a(1)

8a(2)

8a(3)

8b

8c

8d

8e

8f

8g

8h

8i

81

Page: 003

Form 5500-SF 2013 130118

a Total plan assets.....

C Net plan assets (subtract line 7b from line 7a)...

Contributions received or receivable from:

(3) Others (including rollovers).....

Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....

Benefits paid (including direct rollovers and insurance premiums

e Certain deemed and/or corrective distributions (see instructions)

g Other expenses.....

Plan Characteristics

Part V Compliance Questions

During the plan year:

Administrative service providers (salaries, fees, commissions)...

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions).....

b Total plan liabilities

Income, Expenses, and Transfers for this Plan Year

Part III Financial Information Plan Assets and Liabilities

(1) Employers.

(2) Participants..

b Other income (loss).....

to provide benefits).

f

j

9a

10

Part IV

Apr 6 2015 12:26pm P003/007 Page 2 (a) Beginning of Year (b) End of Year 74,459 72,991 74,459 72,991 (a) Amount (b) Total (565)(565) 903 (1,468)If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)........... Х 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 10b X Was the plan covered by a fidelity bond? X 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See 10e Х 903 Has the plan failed to provide any benefit when due under the plan? Χ 10f

| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | Х | | | | | _ |
|-----|--|------------|-------------------|---------|----------------|-----|-----|---------------|
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | Х | | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | | _ |
| art | VI Pension Funding Compliance | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below) | nplete Sch | edule SE | 3 (Form | П | Yes | N N | ۔۔ |
| 11a | a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 | | | | | | | _ |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | | | ERISA? | П | Yes | X | 10 |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. | ctions, an | d enter th Day | | e leti Year | | ing | _ |
| lfy | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13, | | Day | | 1 Gai | - | | _ |
| | Enter the minimum required contribution for this plan year. | | 12b | | | | | |
| | | | • | | | | | _ |

Date: 4/6/2015 Time: 11:13 AM Norsworthy Medical Apr 6 2015 12:27pm To: Eric Norsworthy @ 81-270-274-5600

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Form 5500-SF 2013 130118 Page 3 -C 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 12d 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? X Yes No If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?. Yes No 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information (optional) 14a Name of trust 14b Trust's EIN

P004/007