Form 5500-SF		Short Form Annual	•	of Small Emplo	OMB Nos. 1210 1210						
	rtment of the Treasury nal Revenue Service	This form is required to be filed un	Benefit Plan der sections 104 and 4	065 of the Employee R	2014						
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ER Re	ISA), and sections 605 venue Code (the Code		Internal		orm is Open to c Inspection				
Pension Be	enefit Guaranty Corporation	Complete all entries in acco	ordance with the instr	uctions to the Form 55	00-SF.	Fubir	cinspection				
Part I		Ientification Information			04/0044						
For calenda	ar plan year 2014 or fisc N			<u>v</u>	31/2014	Liss data has					
	urn/report is for: 	a one-participant plan		an (not multiemployer) (yer information in accord	•	-					
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths)						
C Check	box if filing under:	Form 5558	automatic extension		D	FVC prograr	n				
		special extension (enter description	n)								
Part II	Basic Plan Inform	mation—enter all requested information	ation								
1a Name WILLIAM C.	•				1b Threplan (PN)	number	001				
					1c Effect	ctive date of 01/01/2					
	ponsor's name and addr EARLY, MD, PA	ess; include room or suite number (e	mployer, if for a single-	employer plan)	2b Emp (EIN	-	cation Number				
8386 WEST	OAKLAND PARK BOUL	EVARD			2c Spor	nsor's teleph 954-741	one number -7577				
	INRISE, FL 33351					2d Business code (see instructions) 621111					
3a Plan a	dministrator's name and	address Same as Plan Sponsor.			3b Adm	inistrator's E	IN				
4 If the r	name and/or EIN of the r	plan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b EIN		elephone number				
name		per from the last return/report.			4c PN						
		the beginning of the plan year			5a		7				
b Total i	number of participants at	the end of the plan year			5b		6				
		count balances as of the end of the p			5c		6				
d(1) Tota	al number of active partie	cipants at the beginning of the plan ye	ear		5d(1)		7				
d(2) Tot	al number of active parti	cipants at the end of the plan year			5d(2)		6				
		ninated employment during the plan			5e		1				
Under pena SB or Sche	alties of perjury and othe edule MB completed and	incomplete filing of this return/rep or penalties set forth in the instructions signed by an enrolled actuary, as we	s, I declare that I have	examined this return/rep	ort, includi	ng, if applica					
SIGN	true, correct, and comple Filed with authorized/va										
HERE	Signature of plan adr		Date	Enter name of individ	ual signing	as plan adm	inistrator				
SIGN HERE											
	Signature of employed name (including firm nar	er/plan sponsor me, if applicable) and address (includ	Date e room or suite numbe	Enter name of individ r) (optional)			or plan sponsor number (optional)				
L	ante Da duratione Ant Mating	and OMB Control Numbers, see the ins		05			orm 5500-SE (2014)				

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public accountations.)	nt (IC	PA)		X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in				_		
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	14307				1619146
	Total plan liabilities	7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	14307	' 06			1619146
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)	765		_		
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	1130	006	_		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					189511
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10)71			
	Certain deemed and/or corrective distributions (see instructions)			0			
f		8e		0			
	Administrative service providers (salaries, fees, commissions)	8f		0			
<u> </u>	Other expenses	8g					1071
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)						188440
÷	Net income (loss) (subtract line 8h from line 8c)						100440
	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	8j		0			
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 3D If the plan provides welfare benefits, enter the applicable welfare fer t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	0
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		Х	0
С	Was the plan covered by a fidelity bond?			10c	х		265000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	0
e	· · · · · · · · · · · · · · · · · · ·	ner person of the ben	s by an insurance carrier, efits under the plan? (See	10e		х	0
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	0
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end)	10g	Х		14444
	If this is an individual account plan, was there a blackout period?	,	,	1 0g	^		14444
<u> </u>	2520.101-3.) If 10h was answered "Yes," check the box if you either provided th			10h		X	
1	exceptions to providing the notice applied under 29 CFR 2520.10			10i		X	
Part							
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	om Schec	lule SB (Form 5500) line 39			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.)				

Page 3 - 1

lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year	12b		0
С	Enter the amount contributed by the employer to the plan for this plan year	12c		0
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		0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X N/A
Part	VII Plan Terminations and Transfers of Assets			
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		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	he control		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to		
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a I	Name of trust	14b ⊺	rust's EIN	

Department of the Treasury Internal Revenue Service	1	ual Return/Report o	i Sman Empi	oyee	OMB Nos, 1210-0110 1210-0089			
Department of Labor Employee Benefits Security Administration) and 6058(a) of the		This Form is Open to					
Pension Benefit Guaranty Corporation	Complete all entries ir	accordance with the instruc	tions to the Form 5	500-SF.	Public Inspection			
Part Annual Repor	t Identification Information	n						
For calendar plan year 2014 or	fiscal plan year beginning	1/1/2014	and ending	12/31/2	2014			
A This return/report is for:	🖌 a single-employer plan	🗌 a multiple-employer plan	(not multiemployer)					
	a one-participant plan	a foreign plan	,					
D This action for a set is	the first return/report	the final return/report						
B This return/report is	an amended return/report	a short plan year return/re	eport (less than 12 m	ionths)				
					_			
C Check box if filing under:	Form 5558	automatic extension			C program			
	special extension (enter des	cription)						
Part II Basic Plan Inf	ormation—enter all requested i	nformation						
1a Name of plan				1b Three-d	mbor			
William C. Early, MD,	, PA Profit Sharing Plan			plan nui (PN) ▶	1 1111			
					e date of plan			
<u> </u>					1/1/2000			
2a Plan sponsor's name and a William C. Early, MD, Pl	address; include room or suite num A	ber (employer, if for a single-en	nptoyer plan)	2b Employe (EIN)	er Identification Number 650878586			
8386 West Oakland Par					r's telephone number			
					9547417577			
Sunrise 33351	FL			2d Business code (see instructions)				
	and address Asame as Plan Spo	nsor.		621111 3b Administrator's E!N				
4 If the name and/or EIN of t	he plan sponsor has changed sinc	e the last return/report filed for	his plan, enter the	4b EIN				
name, EIN, and the plan n	the plan sponsor has changed sinc number from the last return/report.	e the last return/report filed for	this plan, enter the	4b EIN				
name, EIN, and the plan n a Sponsor's name	number from the last return/report.	· · ·		4 c PN	7			
name, EIN, and the plan n a Sponsor's name 5a Total number of participan	number from the last return/report.	r		4c PN . 5a	7 6			
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants with c Number of participants with	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year	r of the plan year (defined benefit	plans do not	4c PN 5a 5b 5c				
 name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participan c Number of participants wit complete this item) 	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year	r of the plan year (defined benefit	plans do not	4c PN 5a 5b 5c	6 6			
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants c Number of participants wit complete this item)	number from the last return/report. Its at the beginning of the plan year its at the end of the plan year in account balances as of the end of participants at the beginning of the	r of the plan year (defined benefit plan year	plans do not	4c PN 5a 5b 5c 5d(1)	6 6 7			
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants wit complete this item)	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year In account balances as of the end of participants at the beginning of the participants at the end of the plan y	r of the plan year (defined benefit plan year	plans do not	4c PN 5a 5b 5c 5d(1) 5d(2)	6 6 7 6			
 name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that 	number from the last return/report. Its at the beginning of the plan year its at the end of the plan year in account balances as of the end of participants at the beginning of the	r of the plan year (defined benefit plan year e plan year with accrued benefit	plans do not	4c PN 5a 5b 5c 5d(1)	6 6 7			
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested Caution: A penalty for the lat	number from the last return/report. Its at the beginning of the plan year its at the end of the plan year th account balances as of the end of participants at the beginning of the participants at the end of the plan y t terminated employment during the to or incomplete filing of this retu	r of the plan year (defined benefit plan year e plan year with accrued benefit urn/report will be assessed u	plans do not s that were nless reasonable ca	4c PN 5a 5b 5c 5c 5d(1) 5d(2) 5e 5e	6 6 7 6 1 shed.			
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed	number from the last return/report. Its at the beginning of the plan year its at the end of the plan year th account balances as of the end of participants at the beginning of the participants at the end of the plan y t terminated employment during the e or incomplete filing of this retu- other penalties set forth in the instri- and signed by an enrolled actuary	r of the plan year (defined benefit plan year e plan year with accrued benefit urn/report will be assessed ur ructions, I declare that i have ex	plans do not s that were iless reasonable ca camined this return/ro	4c PN 5a 5b 5c 5c 5d(1) 5d(2) 5e 5e	6 6 7 6 1 shed. if applicable, a Schedule			
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants wit complete this item)	number from the last return/report. Its at the beginning of the plan year its at the end of the plan year th account balances as of the end of participants at the beginning of the participants at the end of the plan y t terminated employment during the e or incomplete filing of this retu- other penalties set forth in the instri- and signed by an enrolled actuary	r of the plan year (defined benefit plan year e plan year with accrued benefit urn/report will be assessed ur ructions, I declare that i have ex	plans do not is that were iless reasonable ca amined this return/repo	4c PN 5a 5b 5c 5c 5d(1) 5d(2) 5e 5e	6 6 7 6 1 shed. if applicable, a Schedule			
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and con SIGN	number from the last return/report. Its at the beginning of the plan year its at the end of the plan year in account balances as of the end of participants at the beginning of the participants at the end of the plan y it terminated employment during the other penalties set forth in the instr- and signed by an enrolled actuary implete.	r of the plan year (defined benefit plan year e plan year with accrued benefit unr/report will be assessed un ructions, I declare that i have ex r, as well as the electronic version 2/12/15	plans do not is that were liess reasonable ca camined this return/repo on of this return/repo	4C PN 5a 5b 5c 5d(1) 5d(2) 5e 5e 5e 5e 5e 5e 5e 5e 5e 5e 5e 5e 5e	6 6 7 6 1 shed. if applicable, a Schedule est of my knowledge and A R L Y			
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and coo SIGN HERE Signature of plan	number from the last return/report. Its at the beginning of the plan year its at the end of the plan year in account balances as of the end of participants at the beginning of the participants at the end of the plan y it terminated employment during the other penalties set forth in the instr- and signed by an enrolled actuary implete.	r of the plan year (defined benefit plan year e plan year with accrued benefit urn/report will be assessed ur ructions, I declare that i have ex	plans do not s that were alless reasonable ca camined this return/repo on of this return/repo WILLIAM Enter name of indivi	4C PN 5a 5b 5c 5d(1) 5d(2) 5e suse is establis eport, including, rt, and to the be	6 6 7 6 1 shed. if applicable, a Schedule est of my knowledge and ARLY			
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co SIGN HERE Signature of plan SIGN	number from the last return/report. Its at the beginning of the plan year its at the end of the plan year th account balances as of the end of participants at the beginning of the participants at the end of the plan y t terminated employment during the other penalties set forth in the instr- and signed by an enrolled actuary mplete.	of the plan year (defined benefit plan year e plan year with accrued benefit unr/report will be assessed un ructions, I declare that I have ex , as well as the electronic version 2/12/05 Date MMMG	plans do not s that were ness reasonable ca camined this return/repo on of this return/repo WILLIAM Enter name of indivi WILLIA	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is establis eport, including, rt, and to the be <u>C</u> <u>E</u> dual signing as	6 6 7 6 1 shed. If applicable, a Schedule ast of my knowledge and ARLY plan administrator EAR(Y			
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and com SIGN HERE Signature of plan Signuture of plan	number from the last return/report. Its at the beginning of the plan year its at the end of the plan year th account balances as of the end of participants at the beginning of the participants at the end of the plan y therminated employment during the other penalties set forth in the instr- and signed by an enrolled actuary mplete.	of the plan year (defined benefit plan year e plan year with accrued benefit unr/report will be assessed un ructions, I declare that I have ex , as well as the electronic version 2/12/05 Date MMMG	plans do not s that were anined this return/repo $MILL(A_{\mathcal{M}})$ Enter name of indivi $MLL(A_{\mathcal{M}})$ Enter name of indivi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e muse is establiseeport, including,rt, and to the be $C = k fdual signing asM = C$	6 6 7 6 1 shed. if applicable, a Schedule ast of my knowledge and ARLY plan administrator EAR(Y employer or plan sponso			
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and com SIGN HERE Signature of plan Signuture of plan	number from the last return/report. Its at the beginning of the plan year its at the end of the plan year th account balances as of the end of participants at the beginning of the participants at the end of the plan y t terminated employment during the other penalties set forth in the instr- and signed by an enrolled actuary mplete.	of the plan year (defined benefit plan year e plan year with accrued benefit unr/report will be assessed un ructions, I declare that I have ex , as well as the electronic version 2/12/05 Date MMMG	plans do not s that were anined this return/repo $MILL(A_{\mathcal{M}})$ Enter name of indivi $MLL(A_{\mathcal{M}})$ Enter name of indivi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e muse is establiseeport, including,rt, and to the be $C = k fdual signing asM = C$	6 6 7 6 1 shed. If applicable, a Schedule ast of my knowledge and ARLY plan administrator EAR(S) employer or plan sponsor			
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants c Number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and completed true, correct, and completed belief, it is true, correct, and completed belief, it is true, correct, and completed true, correct, and completed true, correct, and completed true, correct, and completed true, correct	number from the last return/report. Its at the beginning of the plan year its at the end of the plan year th account balances as of the end of participants at the beginning of the participants at the end of the plan y therminated employment during the other penalties set forth in the instr- and signed by an enrolled actuary mplete.	of the plan year (defined benefit plan year e plan year with accrued benefit unr/report will be assessed un ructions, I declare that I have ex , as well as the electronic version 2/12/05 Date MMMG	plans do not s that were anined this return/repo $MILL(A_{\mathcal{M}})$ Enter name of indivi $MLL(A_{\mathcal{M}})$ Enter name of indivi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e muse is establiseeport, including,rt, and to the be $C = k fdual signing asM = C$	6 6 7 6 1 shed. if applicable, a Schedule est of my knowledge and ARLY			

•

:

Page	2

	Form 5500-SF 2014		Page 2						
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and condition and use For	dent qualified public accounta ons.) m 5500-SF and must instead	nt (IC d use	PA) Form	5500.			Yes 🗌 No Yes 🗍 No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA section 40	21)?	[]	Yes	□ No □] Not d	etermined
Pa	n III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Yea	r
	Total plan assets	7a	143	3070	6			16	<u> 819146</u>
b	Total plan liabilities	7b			0				0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c	143	3070	6			16	519146
8	Income, Expenses, and Transfers for this Plan Year	1. C. Budert J. Barry C. C. Barry C.	(a) Amount	·			(b) ไ	otal	
а	Contributions received or receivable from: (1) Employers	. 8a(1)	-	Z650	E				
•••	(2) Participants	. 8a(2)		2020	0				
	(3) Others (including rollovers)	1	······································		n N				
b	Other income (loss)	8b	1	300					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			4 .	1921		-	89511
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		107	1				
e	Certain deemed and/or corrective distributions (see instructions)	80			0				
f	Administrative service providers (salaries, fees, commissions)	. 8f			0				
<u> </u>	Other expenses	. 8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							1071
<u> i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8ì						1	88440
j	Transfers to (from) the plan (see instructions)	8j		1	0				
.9a b	If the plan provides pension benefits, enter the applicable pension 2E 3D If the plan provides welfare benefits, enter the applicable welfare f								
and a subject of	ty Compliance Questions				_		-		
_10	During the plan year:				Yes	No		Amou	nt
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Corre	ection Program)	10a		1			0
	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		✓			0
C				10c	\checkmark				265000
C	or dishonesty?	•••••••••••••••••••		10d		1			0
	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	l of the bene	fits under the plan? (See	10e		4			0
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		1			0
ç	Did the plan have any participant loans? (If "Yes," enter amount a	as of year er	nd.)	10g	\checkmark				14444
ł	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		1			
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10 i					
Par	VI Pension Funding Compliance				•	L		and the second	
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If "Y	es," see instructions and com	plete	Scheo	lule St	3 (Form		Yes 🔽 No
11;	Enter the unpaid minimum required contribution for current year f					11a			

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. 🗌 Yes 🕅 No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling Day_ Year

Form 5500-SF 2014

Page 3 -

lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	1	2b						
		—							
C	Enter the amount contributed by the employer to the plan for this plan year	1	2c						
	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)	1	2d						
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		10 [N/	4
Part V	II Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?][Yes	X	lo			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 1	3a						
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						Yes	×	٩V
	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):	13c(13c(2) EIN(s)				13c(3) PN(s)		
Part	VIII Trust Information (optional)								
	Name of trust	14	lb :	ſ rus ť	s EIN				