For	m 5500-SF	Short Form Annua	of Small Emplo	oyee	DMB Nos. 1210-0110 1210-0089						
	tment of the Treasury nal Revenue Service	This form is required to be filed	etirement	2014							
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E			orm is Open to ic Inspection						
Pension Be	enefit Guaranty Corporation	ructions to the Form 55	500-SF.	Publ	ic inspection						
Part I	Annual Report lo Ar plan year 2014 or fisc	dentification Information al plan year beginning 08/01/201	4	and ending 10/	31/2014						
	Ĩ	x a single-employer plan	-	lan (not multiemployer)		kina this bo	x must attach a list				
A This ret	urn/report is for:		of participating emplo	yer information in accord	•	-					
	,	a one-participant plan	a foreign plan								
B This retu	ırn/report is	the first return/report	X the final return/report	n/ronart (laca than 12 m	optha)						
-	l I			n/report (less than 12 m			~				
C Check b	box if filing under:	Form 5558	automatic extension			FVC progra	m				
		special extension (enter descript	tion)								
Part II		mation—enter all requested infor	mation								
1a Name ROBERT J.		K PROFIT SHARING PLAN & TRU	ST		1b Thre plan	e-digit number					
					(PN)	/	005				
					IC Effe	ctive date of 08/01					
	oonsor's name and addi HOGAN, DDS, PC	ress; include room or suite number	(employer, if for a single	-employer plan)	2b Emp (EIN	-	ication Number 98303				
					2c Spo		none number				
PO BOX 187 BINGHAMTC	N, NY 13905				2d Busi	607-723-7373 siness code (see instructions)					
						62121	0				
3a Plan a	dministrator's name and	address XSame as Plan Sponsor			3b Adm	iinistrator's E	EIN				
4 If the r	name and/or EIN of the	plan sponsor has changed since the	e last return/report filed f	or this plan enter the	4b EIN		elephone number				
name,	EIN, and the plan num	ber from the last return/report.									
	or's name	t the beginning of the plan year			4c PN 5a						
		t the end of the plan year			5a 5b		3				
C Numb	er of participants with ac	ccount balances as of the end of the	e plan year (defined ben	efit plans do not	55 5c		0				
		cipants at the beginning of the plan			5d(1)		3				
d(2) Tota	al number of active parti	cipants at the end of the plan year.			5d(2)		<u> </u>				
e Numbe	r of participants that ter	minated employment during the pla	n year with accrued ben	efits that were	5e		0				
		incomplete filing of this return/r			lso is ostal	hlished					
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruction I signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	oort, includi	ng, if applica					
SIGN		alid electronic signature.									
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan adm	ninistrator				
SIGN											
HERE	Signature of employ		Date	Enter name of individ							
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional) For Paperwork Peduction Act Notice and OMB Control Numbers see the instructions for Form 5500-SE											

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
•									
	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year		
a	Total plan assets	otal plan assets					0		
b	Total plan liabilities		0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	5154	73			0		
8	Income, Expenses, and Transfers for this Plan Year				(b) Total				
а	Contributions received or receivable from:	- <i>(</i> 1)							
	(1) Employers	8a(1)							
	(2) Participants	8a(2)			_				
<u> </u>	(3) Others (including rollovers)	8a(3)	100	000	_				
-	Other income (loss)	8b	-130	103	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		-13063		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5024	10					
е	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					502410		
i	Net income (loss) (subtract line 8h from line 8c)	8i					-515473		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:		
	2E 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:		
Par	V Compliance Questions								
					Yes	Ne	• •		
<u>10</u> a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withir	the time period described in		Tes	No	Amount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		nclude transactions reported						
c				10b		х			
	Was the plan covered by a fidelity bond?			10b	~	Х	251	1000	
	1 , ,			10b 10c	x	Х	251	000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud		X	x x	251	000	
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10c	X		251	1000	
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor ner persons of the ben	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10c	X		251	1000	
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor ner persons of the ben	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10c 10d	X	Х	251	1000	
e	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor ner persons of the ben	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10c 10d 10e 10f	X	x x	251	1000	
e f g	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor ner persons of the ben n? s of year e (See instru	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR	10c 10d 10e 10f 10g	×	x x x x	251	1000	
e f g h	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor ner persons of the bench n? s of year e (See instru	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR	10c 10d 10e 10f	×	x x x	251	1000	
e f g	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor ner persons of the beno n? s of year e (See instru	nd, that was caused by fraud by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR	10c 10d 10e 10f 10g 10h	×	x x x x	251	1000	
e f g h i	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor ner persons of the beno n? s of year e (See instru	nd, that was caused by fraud by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR	10c 10d 10e 10f 10g	×	x x x x	251	1000	
e f g h	 Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 	fidelity bor ner persons of the ben n? s of year e (See instru ne required 1-3 ents? (If ")	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR I notice or one of the	10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X dule SE	3 (Form		
e f g h i Part	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor ner persons of the bench n? s of year e (See instru ne required 1-3 ents? (If ")	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X dule SE	3 (Form	No	
f g h i Part 11	 Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	fidelity bor ner persons of the bench s of year e (See instru ne required 1-3	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Schee	X X X X dule SE	3 (Form	No	
e f h i Part	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor ner persons of the bench s of year e (See instru ne required 1-3	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Schee	X X X X dule SE	3 (Form		
e f g h i 11 11a 12	 Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	fidelity bor ner persons of the bend n? s of year e (See instru ne requirec 1-3	nd, that was caused by fraud by an insurance carrier, efits under the plan? (See and.) nd.) ctions and 29 CFR I notice or one of the res," see instructions and com ule SB (Form 5500) line 39 nts of section 412 of the Code able.)	10c 10d 10e 10f 10g 10h 10i e or se	Scheo 	X X X X Jule SE Jule SE	3 (Form	No	

Page 3 - 1

If 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				
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 negative amount)	a 	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	s	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?		XY	res 🗌	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 uno of the PBGC?	der the co	ontrol			X Yes	No
C 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.)	plan(s) to	D				
13c(1) Name of plan(s):	13	c(2) El	IN(s)		13c(3)	PN(s)
Part VIII Trust Information (optional)				I		
14a Name of trust	1	4b ⊺	rust's E	IN		

Foi	 rm 5500-SF	Short Form Annu	al Return/Report	of Small Empl	ovee	OMB Nos. 1210-0110			
Department of the Treasury Internal Revenue Service			Benefit Plan	•	-				
D	epartment of Labor	This form is required to be file Income Security Act of 1974	(ERISA), and sections 605	7(b) and 6058(a) of the		2014			
	enefits Security Administration enefit Guaranty Corporation	_	Revenue Code (the Code		This Form is Op Public Inspect				
		Complete all entries in a	accordance with the instr	uctions to the Form 5	500-SF.				
For calend		Identification Information scal plan year beginning 08/01/	/2014	and ending	10/31/2014				
		A single-employer plan							
A This ret	turn/report is for:	☐ a single-employer plan		an (not multiemployer) ver information in accord		king this box must attach a list ne form instructions)			
D									
B This retu	urn/report is								
		n/report (less than 12 m	months)						
C Check	box if filing under:	Form 5558	automatic extension			FVC program			
		special extension (enter descr	iption)						
Part II	Basic Plan Info	rmation enter all requested inf	ormation						
1a Name					1b Three	e-digit			
ROBERT J.	HOGAN, DDS, PC 40	01K PROFIT SHARING PLAN & TR	RUST		plan i	number			
					(PN)	tive date of plan			
					1	1/1984			
	ponsor's name and ad HOGAN, DDS, PC	ldress; include room or suite numbe	er (employer, if for a single-	employer plan)		oyer Identification Number 16-0998303			
					2c Spon	sor's telephone number (607) 723-7373			
PO BOX 187	7				2d Business code (see instructions)				
	ON. NY 13905				621210				
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or.		3b Admi	nistrator's EIN			
					3c Admir	nistrator's telephone number			
A If the r	ame and/or EIN of the	e plan sponsor has changed since t	the last return/report filed fo	this plan enter the	4b EIN				
		mber from the last return/report.	ine last return/report liled to	i this plan, enter the					
	or's name				4c PN				
		at the beginning of the plan year			5a	3			
		at the end of the plan year			5b	0			
		account balances as of the end of t			5c	0			
d(1) Tot	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	3			
d(2) Tot	al number of active pa	irticipants at the end of the plan yea	ar		5d(2)	0			
e Numbe	r of participants that to	erminated employment during the p	lan year with accrued bene	fits that were	5e	0			
		or incomplete filing of this return			Leo ie oetab				
Under pena	alties of perjury and ot	her penalties set forth in the instruc	tions, I declare that I have	examined this return/rep	port, includin	g, if applicable, a Schedule			
	dule MB completed a rue, correct, and com	nd signed by an enrolled actuary, a plete	s well as the electronic vers	sion of this return/report	, and to the	best of my knowledge and			
SIGN	Robert O.	Hogan	4-29-15	ROBERT J. HOGAN					
						as plan administrator			
SIGN									
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual signing a	s employer or plan sponsor			
Preparer's	name (including firm r		telephone number (optional)						
1									
Eas Damanu		and OMB Control Numbers, see the	instructions for Form 5500			Form 5500-SF (2014)			

Form 5500-SF 20)14
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Page	2
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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No								
D	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section 40	21)?		Yes	No	Not d	etermined
Pa	rt III Financial Information							-	
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Yea	r
а	Total plan assets	7a	51547						0
b	Total plan liabilities	7b		0					0
с	Net plan assets (subtract line 7b from line 7a)	3			0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-1306	3					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-13	3063
d	Benefits paid (including direct rollovers and insurance premiums		50044	^					
	to provide benefits)	8d	502410	J					
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
<u> </u>	Other expenses	8g			_			5.00	2442
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2410
÷	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i						-518	5473
		8j							
-	Part IV Plan Characteristics								
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								
98		feature code	es from the List of Plan Char	acteri	stic Co	des in	the instru	ctions:	
9a b	If the plan provides pension benefits, enter the applicable pension for 2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fer								
<u> </u>	2E 2J 3D								
<u> </u>	2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fe								
b	2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fer t V Compliance Questions During the plan year:	eature code:	s from the List of Plan Chara						Int
b Par	2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fer t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribute	eature codes	s from the List of Plan Charac		ic Cod	es in th		ions:	Int
b Par 10	2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fer t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	tions within nciary Corre	s from the List of Plan Charac the time period described in ction Program)	cterist	ic Cod	es in th No		ions:	Int
b Par 10 a	2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fer t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' on line 10a.)	tions within ciary Corre ? (Do not in	s from the List of Plan Charac the time period described in ction Program) clude transactions reported	10a 10b	ic Cod	es in th No X		ions:	
b Par 10 a b	2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fer t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	tions within ciary Corre ? (Do not in	s from the List of Plan Charac the time period described in ction Program) clude transactions reported	cterist	Yes	es in th No X		ions:	251000
b Par 10 a	2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fer t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' on line 10a.) Was the plan covered by a fidelity bond?	tions within nciary Corre ? (Do not in fidelity bond	s from the List of Plan Charac the time period described in ction Program) clude transactions reported	10a 10b	Yes	es in th No X		ions:	
b Par 10 a b c c	2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fer t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of the plan the plan bar or th	tions within iciary Corre ? (Do not in fidelity bond fidelity bond of the benefit	s from the List of Plan Charac the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d	Yes	No X X		ions:	
b Par 10 a b c c c c	2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fer t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.)	tions within iciary Corre ? (Do not in fidelity bond ier persons of the benef	s from the List of Plan Charac the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d	Yes	es in the second		ions:	
b Par 10 a b c c c c c f	2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare feed t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	tions within Iciary Corre ? (Do not in fidelity bond fidelity bond fidelity bond fidelity bond fidelity bond fidelity bond	s from the List of Plan Charac the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	es in the No X X X X X X		ions:	
b Par 10 a c c c c c c c c c c c c c c c c c c	2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fer t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	tions within Inciary Corre ? (Do not in fidelity bond fidelity fideli	s from the List of Plan Charac the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d	Yes	No X X X X X		ions:	
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If 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							
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 negative amount).	12d							
e 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?	X	Yes 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 unde of the PBGC?	the control		X Yes No					
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):	13c(2) E	IN(s)	13c(3) PN(s)					
Part VIII Trust Information (optional)								
14a Name of trust	14b ⊺	rust's EIN						