For	m 5500-SF	Short Form Annua	I Return/Repor Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089	
	tment of the Treasury nal Revenue Service		led under sections 104 and 4065 of the Employee Retirement			2014	
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (	ERISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to Public Inspection	
Pension Be	enefit Guaranty Corporation	Complete all entries in activity	ccordance with the inst	ructions to the Form 55	00-SF.	T ublic inspection	
Part I		dentification Information	4	and anding 10/	24/2044		
For calenda	ar plan year 2014 or fisc	al plan year beginning $01/01/201$		U	31/2014	Ling this have must attach a list	
<ul><li>A This ret</li><li>B This ret</li></ul>	urn/report is for: ırn/report is	a one-participant plan the first return/report		plan (not multiemployer) ( byer information in accord		king this box must attach a list the form instructions)	
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension		D	FVC program	
		special extension (enter descrip	otion)				
Part II	Basic Plan Infor	mation—enter all requested info	rmation				
1a Name	of plan	PROFIT SHARING RETIREMEN			(PN)	number	
2a Plan s SUSAN HOL	oonsor's name and add LINSWORTH DDS, PS	ress; include room or suite number	(employer, if for a single	e-employer plan)	2b Emp (EIN	loyer Identification Number	
	40TH STREET, SUITE	B-3				nsor's telephone number 206-631-8286	
KENT, WA 9	5042				2d Busi	ness code (see instructions) 621210	
3a Plan a	dministrator's name and	l address XSame as Plan Sponso	r.		<b>3b</b> Adm	inistrator's EIN	
		plan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b EIN	inistrator's telephone number	
name <b>a</b> Spons		ber from the last return/report.			<b>4c</b> PN		
5a Total ı	number of participants a	t the beginning of the plan year			5a	5	
<b>b</b> Total i	number of participants a	t the end of the plan year			5b	5	
		ccount balances as of the end of th			5c	5	
<b>d(1)</b> Tota	al number of active parti	cipants at the beginning of the plan	n year		5d(1)	5	
		cipants at the end of the plan year			5d(2)	2	
e Numbe less th	r of participants that term an 100% vested	minated employment during the pla	an year with accrued ben	efits that were	5e	0	
Under pena SB or Sche belief, it is t	alties of perjury and othe dule MB completed and rue, correct, and compl	r incomplete filing of this return/ er penalties set forth in the instructi d signed by an enrolled actuary, as ete. alid electronic signature.	ons, I declare that I have	e examined this return/rep	ort, includi	ng, if applicable, a Schedule	
SIGN HERE			ieuronie signature.				
	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan administrator	
SIGN HERE							
	Signature of employ name (including firm na	er/plan sponsor me, if applicable) and address (inc	Date lude room or suite numb			as employer or plan sponsor s telephone number (optional)	
		and OMP Control Numbers, one the				Earm 5500 SE (2014)	

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No								0	
b	Are you claiming a waiver of the annual examination and report of a							XX	es 🗌 N	
	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							<u> </u>		0
С	If the plan is a defined benefit plan, is it covered under the PBGC in					-		Not det	ermined	
	rt III Financial Information	iourarioo p		,.						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End (	f Voor		
<u>′</u>		. 7a	r 79			(b) End o		3734		
	Total plan assets Total plan liabilities	7a 7b								
	Net plan assets (subtract line 7b from line 7a)	70 70	12181	79			1293734			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:						(6) 13	Jui		
	(1) Employers	. 8a(1)	544	94						
	(2) Participants	. 8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	. 8b	367	'49						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						9	1243	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	60	31						
e	Certain deemed and/or corrective distributions (see instructions)	8e								_
f	Administrative service providers (salaries, fees, commissions)	8f	96	57						_
	Other expenses	8g								_
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	5688	_
	Net income (loss) (subtract line 8h from line 8c)							7	5555	
j	Transfers to (from) the plan (see instructions)									
Par	t IV Plan Characteristics	8j								_
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
	3D 2E 2A									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Charac	cterist	tic Coc	des in t	he instructio	ons:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amoun		
	Was there a failure to transmit to the plan any participant contribu	itions with	n the time period described in		103		, ,	Amoun		
	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.)		-	10b		x				
С	Was the plan covered by a fidelity bond?			10c	х				10500	0
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud							
	or dishonesty?			10d		Х				
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		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					х				
<del>.</del>	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h		~				
I	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)	•		•				Y	es 🗙 N	0
<u>11</u> a	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a							_		
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Y	es X N	0
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
-			11 AL 1					1		

Page 3 - 1

lf	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	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	۱ ا	res X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0			
1	3c(1) Name of plan(s):   13	3 <b>c(2)</b> El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)		1		
	Name of trust AN HOLLINSWORTH DDS, PS PROFIT SHARING RETIREMENT PLAN		rust's EIN 11275824		

SUSAN HOLLONSWORTH

Form 5500-SF	Short Form Annua	al Return/Report of Small Emplo Benefit Plan	oyee	CMB Nos. 1210-0110 1210-0080
Department of the Treasury Internet Mevenue Service	This form is required to i	be filed under sections 104 and 4065 of the Emoty	vena	2014
Department of Labor	Retirement Income Security	/ Act of 1974 (ERISA), and section 6057(b) and 60	58(a) of 👘	· · · · · · · · · · · · · · · · · · ·
Employee Banetic Security Administration Persion Sensitic Guaranty Corporation		Internal Revenue Code (the Code).		This Form is Open to Public Inspection
	Complete all entries in a	accordance with the instructions to the Form 5	500-8F.	Eleperatori i
Annual Report	Identification Informatio			
For calendar plan year 2014 or fisc		01/01/2014 and ending		1/2014
A This return/report is for:	x a single-employer plan	a multipla-amployer plan (not multiemployer	) (Filers chec	king this box must attach a list
	n one-participant plan	<ul> <li>of participating employer information in according to the second s</li></ul>	indance with	(anoitsuntani moi an
B This return/report is:	the first roturn/report	a toneign plan		
	H	the final return/report		
i	an amended return/report	a short plan year return/report (less than 12	months)	
C Check box if filing under:	Form 5558	automatic extension	n.	
••••	🖵 *pecial extension (enter dest			FVC program
18 Neme of plan	mation enter all requester	1 information		
			1b The	
SUSAN HOLLINSWORTH	DD9, P9 PROFIT SHARIN	G RETIREMENT PLAN	(PN	)number )► 001
		•		ctive date of plan
~				01/1983
23 Plan sponsor's name and add BUSAN HOLLINSWORTH 1	iress; include room or suite num!	ber (employer, if for a single-smployer plan)	2b Em	Nover Identification Number
Perint Invinitionaria (				) 91-1177814
		* .	2c Spo	nsor's telephone number
13210 S.R. 2407H STREET,	SVITE 8-3			6) 631-8286
		· · ·	2d Bus	ness code (see Instructions)
os kierz va saosz 3a Plan administratorie name and			621	.210
If the name and/or EIN of the	Dien eponeor has phanoed since	the last return/report filed for this plan, enter the	4b ein	
name, EIN, and the plan numb	our from the last return/report.	are werteren and on the one plant enter the		
a Sponsor's name			4c PN	
5a Total number of participants a	t the beginning of the plan year		. 5a	5
D Total number of participants at	t the end of the plan year		5b	5
C Number of participants with ac	count balances as of the and of	the plan year (defined benefit plans do not	5c	
	••••••••••••••••••••••••••••••••••••••		' <b> </b>	
d(1) Total number of active partic	•		5d(1)	5
d(2) Total number of active partic	spants at the end of the plan yea			
			. 5d(2)	2
e Number of participants that ter	minated employment during the	plen year with accrued benefits that were	5d(2)	2
Hele than 100% vested		plen year with accrued benefits that were	5e	0
Hele than 100% vested		plen year with accrued benefits that were	5e	0
Caution: A penalty for the late of	r Incomplete filing of this retur	plen year with socrued benefits that were m/report will be assessed unless reasonable co	5e	0 Hished.
Caution: A penalty for the late of GB or Schedule MB completed and	r Incomplete filling of this retur d skined by an enrolfed actuary.	plen year with accrued benefits that were	5e	0 Hished.
Caution: A penalty for the late of Gaution: A penalty for the late of SB or Schedule MB completed and befilt, it is true, correct, and completed	r Incomplete filling of this retur d skined by an enrolfed actuary.	plen year with socrued benefits that were m/report will be assessed unless reasonable co	5e	0 Hished.
Caution: A penalty for the late of GB or Schedule MB completed and beflut, it is true, correct, and completed	r Incomplete filing of this return d signed by an enrolled actuary, etc.	plen year with socrued benefits that were m/report will be assessed unless reasonable ca as well as the electronic version of this return/repo	5e tuse is estat	0 Hished. best of my knowledge and
Caution: A penalty for the late of GB or Schedule MB completed and beflut, it is true, correct, and completed	r Incomplete filling of this retur d skined by an enrolfed actuary.	plen year with socrued benefits that were m/report will be assessed unless reasonable co	5e tuse is estat	0 Hished. best of my knowledge and
Caution: A penalty for the late of SB or Schedure MB completed and beflut, it is true, correct, and completed	r Incomplete filing of this return d signed by an enrolled actuary, etc.	plen year with socrued benefits that were m/report will be assessed unless reasonable ca as well as the electronic version of this return/repo	5e tuse is estat	0 Hished. best of my knowledge and
Caution: A penalty for the late of Caution: A penalty for the late of SB or Schedule MB completed and beful, it is true, correct, and completed of the schedule of the schedul	r Incomplete filling of this return d signed by an enrolled actuary, etc.	plen year with socrued benefits that were m/report will be assessed unless reasonable ca as well as the electronic version of this return/repo Date $\Delta S 0 \delta f (S$ Enter name of individu Date ( $X f \Delta S f (S$ Enter name of individu	5e muse is estat rt, and to the nal signing as	0 Hished. Dest of my knowledge and plan administrator
SB or Schedule MB completed and befield, it is true, correct, and completed	r Incomplete filling of this return d signed by an enrolled actuary, etc.	plen year with socrued benefits that were m/report will be assessed unless reasonable or as well as the electronic version of this return/repo Date <u>05</u> 06/(5 Enter name of individu	t, and to the	0 Hished. Dest of my knowledge and plan administrator
SB or Schedule MB completed and befield, it is true, correct, and completed	r Incomplete filling of this return d signed by an enrolled actuary, etc.	plen year with socrued benefits that were m/report will be assessed unless reasonable ca as well as the electronic version of this return/repo Date $\Delta S 0 \delta f (S$ Enter name of individu Date ( $X f \Delta S f (S$ Enter name of individu	t, and to the	0 Hished. best of my knowledge and plan administrator employer or plan aponsor
SB or Schedule MB completed and befield, it is true, correct, and completed	r Incomplete filling of this return d signed by an enrolled actuary, etc.	plen year with socrued benefits that were m/report will be assessed unless reasonable ca as well as the electronic version of this return/repo Date $\Delta S 0 \delta f (S$ Enter name of individu Date ( $X f \Delta S f (S$ Enter name of individu	t, and to the	0 Hished. best of my knowledge and plan administrator employer or plan aponsor

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5509-SF.

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Form 5500-SF (2014) v.140124

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	Form 5500-SF 2014		Page 2	<u> </u>			
	Were all of the plan's assets during the plan year invested in aligib	la sesets?	See Instructions )		·		
Ь	Are you claiming a visiver of the annual examination and report of	an indepen	dent qualified numble accounts				XYes No
	Inder 29 CFH 2520,104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 9b, the plan care	and conditi	0ns.)				
5	If the plan is a defined benefit plan, is it covered under the PBGC I	hillitaincip pi	ogram (see ERISA section 40	1059 12112	PDIM	5500.	
	Financial Information			12 I J I	******	+ <u> </u>	es No Not determine
7	Plan Assets and Liabilities						
a	Total plan ansets		(a) Beginning of Ye				(b) End of Year
b	Total plan listelities	- 78	1,218,	179	_		1.293,734
C	Not plan assets (subtract line 7b from line 7a)	- <u>7</u> b					
8	income, Expenses, and Transfers for this Plan Year	- 7o	1,218,	179			1,293,734
a	Contributions received or receiveble from:	2 A-1	(B) Amount			-	(b) Total
_	(1) Employers	. 8a(1)	54,	494			
	(2) Participanta	- 8a(2)					
	(3) Others (including rollovers)	. 8 <b>a</b> (3)				er ( else es	
<u> </u>	and a second (1993)		36,	749		¥	
- <del>°</del>	Total income (add lines 5a(1), 5a(2), 8a(3), and 8b)	. Bc	And the set of the	107		3	and the second
u	Benefits paid (lickliding direct rollovers and insurance premiums to provide benefits)	1	and a second				91,243
e	Certain deamed and/or corrective distributions (see instructions)	- 8d	5,1	331			
f	Administrative service providers (salaries, fees, commissions)	. <u>8</u> e					
ġ		. <u>8f</u>	9,6	557			
h		8g					
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		á re			15,688
1	Net income (loss) (subtract line 8h from line 8o)	Bi					75,555
<b>Mari</b>	Transfers to (from) the plan (see instructions)						der a state de la
0.							
	If the plan provides pension banefits, enter the applicable pension fe SD 2E 2A	vature code	s from the List of Plan Charac	laristi	Code	s⊧n tt	e Instructions:
Þ	If the plan provides welfare benefits, onter the applicable welfare fea						
		ure codes	from the List of Plan Characte	ristic	Coder	in the	
10 Gel		lune codes	from the List of Plan Characte	ristic	Codec	in the	instructions:
4.0	Compliance Questions	lure codes	from the List of Plan Characte	ristic	Codec	in the	instructions:
<u>10</u>	During the plan year:			ristic	······		
10	During the plan year:		-	ristic	Coder Yes	in the No <sup>1</sup>	instructions:
<u>10</u> a	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-1027 (See Instructions and DOI 's Voluntary Educ	ore within t	he lime period described in	nistic 10a	······		
<u>10</u> a	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduce Ware there any porgrammat transactions with any onder is used.)	oras within t	he lime period described in ion Program)	10a	······	No <sup>,</sup>	
<u>10</u> a b	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fidue Ware there any nonexempt transactions with any party-in-interest? on fine 10a.)	oras within t any Correct (Do not inc	he lime period described in ion Program)	10a 10b	Yes	No	
<u>10</u> a b	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduce Ware there any nonexempt transactions with any party-in-interest? on fine 10a.) Was the plan covered by a fidelity bond?	cres within i imy Correct (Do not inc	he lime period described in ion Program)	10a	······	No <sup>,</sup>	
10 a b c d	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduce Ware there any nonexempt transactions with any party-in-interest? on fine 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fi	ions within t iony Correct (Do not inc delity bond	he lime period described in ion Program) kurle transactions reported	10a 10b 10c	Yes	No <sup>1</sup> X	Amount
10 a b c d	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduce Ware there any nonexempt transactions with any party-in-Interest? on fine 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fi or diatonesty? Were any free or commissions paid to any bratem analysis.	cras within i iary Correct (Do not inc delity bond	he lime period described in ion Program)	10a 10b	Yes	No <sup>,</sup>	Amount
10 a b c d	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 Fiduc Ware there any nonexempt transactions with any party-in-interest? on fine 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fl or diatonesty? Were any free or commissions paid to any brokers, egenie, or other insurance service, or other organization that provides some or all or instructions.	cras within ( iary Correct (Do not inc (Do not inc delity bond r persons t f the benefit	the time period described in ion Program) dude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, is under the plan? (See	10a 10b 10c	Yes	No <sup>1</sup> X	Amount
10 a b c d e	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 Fiduce Ware there any nonexempt transactions with any party-in-interest? on fine 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbureed by the plan's fi or distonestly? Ware any free or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all o instructions.)	cros within ( iury Correct (Do not ind delity bond or persons t f the benefit	he lime period described in ion Program)	10a 10b 10c	Yes	No <sup>1</sup> X	Amount
10 a b c d e f	Compliance Questions           During the plan year:         Was there a failure to transmit to the plan any participant contribution           29 CFR 2510.3-02? (See instructions and DOL's Voluntary Fiduce           Ware there any nonexempt transactions with any party-in-interest?           on fine 10a.)           Was the plan covered by a fidelity bond?           Did the plan have a loss, whether or not resimbursed by the planters of a relationsation?           Ware any free or commissions paid to any brokers, agents, or other instructions.)           Has the plan failed to provide any benefit when due under the planter	cras within ( itary Correct (Do not inc (Do not inc delity bond r persons t f the berrefi ?	the time period described in ion Program) durie transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See	10a 10b 10c	Yes	No <sup>1</sup> X X	Amount
10 a b c d e f g	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 Fiduc Ware there any nonexempt transactions with any perty-in-interest? on fine 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fl or diatonesty? Ware any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant losne? (If "Yes," enter emount as	cras within ( itry Correct (Do not inc (Do not inc delity bond r persons t f the barrefi ?	the time period described in ion Program) durie transactions reported that was caused by fraud y an insummee carrier, is under the plan? (See	10a 10b 10c 10d 10c	Yes	No <sup>1</sup> X X X	Amount
10 a b c d e f	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 Fiduc Ware there any nonexempt transactions with any party-in-interest? on fine 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fl or diatonesty? Were any fees or commissions paid to any brokers, agents, or othe instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant logna? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (S 2520.101-3.)	cras within ( itry Correct (Do not inc (Do not inc delity bond r persons b f the benefit f the benefit of yeer end rec instruct	the time period described in ion Program) durie transactions reported that was caused by fraud y an insummee carrier, is under the plan? (See	10a 10b 10c 10d 10f 10g	Yes	No <sup>.</sup> X X X X	Amount
10 a b c d e f g	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 Fiduc Ware there any nonexempt transactions with any party-in-interest? on fine 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fl or diatonesty? Ware any fees or commissions paid to any brokers, agents, or othe instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant losna? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (S 2520.101-3.)	cras within ( itry Correct (Do not inc (Do not inc delity bond r persons b f the barrein of year end ee instruct	the time period described in ion Program) durie transactions reported that was caused by fraud y an insummee carrier, is under the plan? (See	10a 10b 10c 10d 10g 10h	Yes	No <sup>1</sup> X X X	Amount
10 a b c d d e f f s h	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 Fiduc Ware there any nonexempt transactions with any party-in-interest? on fine 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fl or diatonesty? Were any fees or commissions paid to any brokers, agents, or othe instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant logna? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (S 2520.101-3.)	cras within ( itry Correct (Do not inc (Do not inc delity bond r persons b f the barrein of year end ee instruct	the time period described in ion Program) durie transactions reported that was caused by fraud y an insummee carrier, is under the plan? (See	10a 10b 10c 10d 10f 10g	Yes	No <sup>.</sup> X X X X	Amount
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You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.     Enter the minimum required contribution for this plan year     C Enter the amount contributed by the amployer to the plan for this plan year     Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a     regative amount)     Will the minimum funding amount reported on line 12d be met by the funding deadline 2	Form 5500-SF 2014			Pao	a 3			•	
2 Eiter the annount neuroid comploation for this plan year  C Eiter the annount is her 326 from the annount in the 126. Even the result (derive a minus sign to the for d 122  Souther the annount is her 326 from the annount in the 126. Even the result (derive a minus sign to the for d 122  With a priorium function annount you that in the 126 form the plan form that plan year  With a priorium function annount is her 326 from the annount in the 126. Even the result (derive a minus sign to the ford of a 122  With a priorium function annount is the 126 form the plan form that plan year  With a priorium function and transferse of Asset6  A Heat a resolution to termptate the plan been adouted in any plan year?  Yeas an annount is her 326 from the annound of any plan year?  Yeas an the annound of any plan assets that reverse to the annother plan, or brought under the control  Yeas and the plan sets that reverse to the form this plan to another plan of built whether an other plan (b), identify the plan(s) to termptate the plan interaction on the state the termster down this plan to another plan(b), identify the plan(s) to the state of the annound (be maturations.)  13e(1) Mame at plan(s):  13e(2) EIN(s)  13e(2	If you completed line 12a, compl	lete lines 3, 9, and 10	of Schedule MB (Fo	m 5500) and (	skip to line 13.				
Conter the amount contributed by the angloyer to the plan for the plan year     Subtract the amount in in 12 to from the amount in line 12b. Briter the result (tenter a mirus sign to the left of a     12d     verify the minimum fording amount reported on line 12b. Briter the result (tenter a mirus sign to the left of a     verify the minimum fording amount reported on line 12b. Briter the result (tenter a mirus sign to the left of a     verify the minimum fording amount reported on line 12b. Briter the result (tenter a mirus sign to the left of a     verify the minimum fording amount reported on line 12b. Briter the result (tenter a mirus sign to the left of a     verify the amount of any plan sasts that reverted to the employer the year     verify the amount of any plan sasts that reverted to the employer the year     verify the amount of any plan sasts that reverted to the employer the year     verify the amount of any plan sasts that reverted to the employer the year     verify the amount of any plan sasts that reverted to the employer the year     verify the amount of any plan sasts that reverted to the employer the year     verify the amount of any plan sasts that reverted to the employer the year     verify the amount of any plan sasts that reverted to the employer the year     verify the same distributed to anticher on the plane, transferred to another plane, or bought under the control     verify the transferred to anticher one transferred to another plane, or bought under the control     verify the transferred to anticher one transferred to another plane, or bought under the control     verify the transferred to another plane, or bought under the control     verify the transferred to another plane, or bought under the control     verify the transferred to another plane, or bought under the plane, built the transferred to another plane, buil	D Enter the minimum required co	intribution for this plan	year				126		
Subtract the encurt in the 12b from the amount in the 12b. Entry the result (entry a mixes sign to the left of 12d will be neithing anount reported on line 12d be met by the funding deadline? Vee © No © Vee © No © Marked Plant Terminations and Transfers of Assects  Mile a resolution to terminate the data been adopted by the funding deadline?  Press of the amount of any plan asset of industry the service of the endoyrar this year  The article ansets distributed to participants or beendicateds, transferred to another plan (b) from the amount of any plan asset of industry the plant (b)							120	I	<u></u>
Control of the Minute function         124           Will be information amount reported on line (220 bernet by the funding detailine)         124           Will be information amount reported on line (220 bernet by the funding detailine)         124           Will be information and Transfers of Assots         128           Heat eventation to terminations and Transfers of Assots         128           Heat eventation to terminations and Transfers of Assots         128           Mill be another of any plan seets that reverted to the employer that year         13a           Were all the plan based additioned to pardipulate to benchicking, terminered to another plan, or brought under the control         124           which assets are including to pardepulate to benchicking, terminered to another plan, or brought under the control         126           Which assets or liabilities were transferred from the plan to another plan(b). Identify the plan(b) to the transferred on the plan to another plan(b). Identify the plan(b) to the transferred on the plan to another plan(b). Identify the plan(b) to the transferred on the plan to another plan(b). Identify the plan(b) to the transferred on the plan to another plan to another plan (b). Identify the plan (b) that the transferred on the plan to another plan (b). Identify the plan (b) to the transferred on the plan (b). Identify the plan (b) to the transferred on the plan (b). Identify the plan	Enter the amount contributed b	ly the amployer to the	plan for this plan year		*****		12c		
Will the prioring manufing appoint reported on line 122 be mult by the functing deadline?       122         Image: Plan Terminations and Transfers of Assets       Image: Vers.       Vers.       Vers.       No.       Image: Plan Terminations and Transfers of Assets         If Yes. "entor the amount of any plan sasts that dreved to be employer this year       13a       13a       Image: Plan assets that dreved to be employer this year       13a         If Yes." entor the amount of any plan sasts that dreved to be employer this year       13a       Image: Plan assets that dreved to be employer this year       13a         If or PBSC?       If a classifie were transferred. (Bee instructions.)       13a       Image: Plan year, any assets of tabilities were transferred to the employer this year plan(e), identify the plan(s) to drive that the plan of plun(o):       13c(2) ElN(c)       13c(3)         If or PBSC?       13c(2) ElN(c)       13c(3)       13c(3)       13c(3)         If or PBSC?       13c(2) ElN(c)       13c(3)       13c(3)         If or PBSC?       13c(3) Flan of plun(o):       13c(3) Flan of plun(o):       13c(3) Flan of plun(o):         If or PBSC?       13c(2) ElN(c)       13c(3) Flan of plun(o):       13c(3) Flan of plun(o):       13c(3) Flan of plun(o):         None of thus!       If the Trust's ElN       91-1375624       91-1375624	<ul> <li>Subtract the amount in line 12c</li> <li>negative amount)</li> </ul>	; from the amount in li	ne 12b. Enter (he resul	lt (enter a minus	sign to the left	ofa	1		
Base a rest down to termske the dam been adopted in my plen year         IV res         <							12d		
He is resolution to terminate the plan bear adopted in any plan yea?       11         If Yes, "and the anound of any plan basets that reverted to the employer hay year       13         Vere all the plan assets distributed to participants that reverted to the employer hay year       13         If the plan assets distributed to participants that reverted to the employer hay year       13         If the plan assets distributed to participants that reverted to the employer hay present another plan (b), identify the plan(s) is       14         If during this plan year, any assets or liabilities were transferred to another plan (c), identify the plan(s) is       14         which assets or liabilities were transferred to another plan (c), identify the plan(s) is       13c(2) ElN(s)       13c(3)         When of trust       14       13c(2) ElN(s)       13c(3)       14b         Trust information (optional)       Name of insit       14b       Trust a ElN         BUBAN HOLLINSFORTH DDS.       PS PROFIT SHARING RETIRISHENT PLAN       91-1275624	Plan Termination	s and Transform	of Accele	g deadline?		******		Yes	
Were all the plan assets districted to participants or beneficiaries, transferred to another plan, or brought under the central of the PEGG7.         13a           If during the join year, any assets or liabilities were transferred from the plan to another plan, or brought under the central which assets or liabilities were transferred from the plan to another plan (s), klontfly the plan(s) is which assets or liabilities were transferred. (See instructions.)         13c(2) EIN(s)         13c(2)           If during the join year, any assets or liabilities were transferred from the plan to another plan(s), klontfly the plan(s) is which assets or liabilities were transferred. (See instructions.)         13c(2) EIN(s)         13c(2) EIN(s)           If a plan to another plan (b).         13c(2) EIN(s)         13c(2) EIN(s)         13c(2) EIN(s)           If a plan to another plan (b).         13c(2) EIN(s)         13c(2) EIN(s)         13c(2) EIN(s)           If a plan to another plan (b).         13c(2) EIN(s)         13c(2) EIN(s)         13c(2) EIN(s)           If a plan to another plan (b).         13c(2) EIN(s)         13c(2) EIN(s)         13c(2) EIN(s)           If a plan to another plan (b).         13c(2) EIN(s)         13c(2) EIN(s)         13c(2) EIN(s)           If a plan (b).         13c(1) EIN(s)         13c(1) EIN(s)         13c(1) EIN(s)         13c(1) EIN(s)	Has a resolution to terminate th	e plan been adopted	UI Masels				1		
Were all the plan assets duribuded to participants or beneficiants, transferred to another plan, or brought under the critical         102           If doring this plan year, any assets or labilities were transferred from this plan to another plan(s), identify the plan(s) to write the asset or labilities were transferred to match another plan(s), identify the plan(s) to 13c(2) ElN(s)         13c(2), 13c(2)           13c(1) Name of plan(s);         13c(2) ElN(s)         13c(2), 13c(3), 13c(3	If "Yes," enter the amount of an	y plan assets that rev	erted to the employer t	his year	****	******		as XN	0
which assess or inhullies were transformed. (See instructions.)       13c(1) Name of plan(s):     13c(2) EIN(c)     13c(3)       13c(1) Name of plan(s):     13c(2) EIN(c)     13c(3)	Were all the plan assets distribution of the PBGC?	uted to participants or	beneficiaries, transferr	ed to another p	ian, or brought	under the c	ontrol		
13c(2) EN(c)     13c(3)       Name of hugi     14b Tousta EIN       SUEAN HOLLINSWORTH DDS. PS PROFIT SEARING RETIREMENT PLAN     91-1275824	which assets or liabilities were t			an to another pl	an(a), identify ti	ne plan(s) to			Yes X
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