## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

For colon		t Identification Informatio	11						
FOI Calerio	dar plan year 2014 or	fiscal plan year beginning 01/01/	/2014	and ending 12/3	1/2014				
A This re	eturn/report is for:	a single-employer plan		plan (not multiemployer) (Foloyer information in accorda	_				
	·	a one-participant plan	a foreign plan	•		,			
<b>B</b> This re	turn/report is	the first return/report	the final return/report	t					
		an amended return/report							
C Check	box if filing under:	Form 5558	automatic extension	١	DFVC prog	ıram			
		special extension (enter des	cription)						
Part II	Rasic Plan Inf	ormation—enter all requested i	nformation						
1a Name	•	ormation onto an requested i	momation		<b>1b</b> Three-digit				
	RSMO & HENRY RET	TREMENT PLAN			plan number				
				_	(PN) •	002			
					1c Effective date 01/0	of plan 01/1992			
2a Plan : DENT, KOR	sponsor's name and a	ddress; include room or suite num.S., P.S.	ber (employer, if for a sing	le-employer plan)	<b>2b</b> Employer Ider (EIN) 91-2	ntification Number 2149169			
	FAMILY DENTISTRY	(			2c Sponsor's tele	ephone number			
12165 PACI TACOMA, V				_	253-686-1606				
					<b>2d</b> Business code (see instructions) 621210				
3a Plan	administrator's name	and address XSame as Plan Spo	nsor.		<b>3b</b> Administrator's	s EIN			
					3c Administrator's	s telephone number			
					Administrator.	s telephone number			
		he plan sponsor has changed sinc	e the last return/report filed	I for this plan, enter the	<b>4b</b> EIN				
name	e, EIN, and the plan n	he plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed						
name <b>a</b> Spon	e, EIN, and the plan n sor's name	umber from the last return/report.	· 		4c PN	20			
a Spon	e, EIN, and the plan n sor's name I number of participan	umber from the last return/report.	·		4c PN 5a	20			
a Spon 5a Total b Total	e, EIN, and the plan n sor's name number of participant number of participant	umber from the last return/report.  Is at the beginning of the plan year  Is at the end of the plan year			<b>4c</b> PN <b>5a 5b</b>	20			
a Spon 5a Total b Total c Num	e, EIN, and the plan n sor's name number of participant number of participant ber of participants with	umber from the last return/report.	of the plan year (defined be	enefit plans do not	4c PN 5a				
a Spon 5a Total b Total c Num comp	e, EIN, and the plan n sor's name number of participant number of participant ber of participants with lete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of	of the plan year (defined be	enefit plans do not	<b>4c</b> PN <b>5a 5b</b>	17			
a Spon 5a Total b Total c Num comp d(1) To	e, EIN, and the plan n sor's name I number of participant I number of participant ber of participants with lete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of	of the plan year (defined be	enefit plans do not	4c PN 5a 5b 5c	17 13			
name a Spon 5a Total b Total c Num comp d(1) To d(2) To e Numb	e, EIN, and the plan n sor's name number of participant number of participants ber of participants with plete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the beginning of the plan year articipants at the end of the plan year terminated employment during the	of the plan year (defined be	enefit plans do not	4c PN 5a 5b 5c 5d(1)	17 13 16			
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name a Spon 5a Total b Total c Num comp d(1) To d(2) To e Numb less t Caution: Under per SB or Sch belief, it is	e, EIN, and the plan n sor's name I number of participant of active potal number of participants that han 100% vested  A penalty for the later palties of perjury and of pedule MB completed is true, correct, and correct.	ts at the beginning of the plan year is at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the plan year incomplete filling of this return the period of the plan year incomplete filling of this return the period of the plan year incomplete filling of this return the penalties set forth in the instrand signed by an enrolled actuary inplete.	plan year (defined be plan year	enefit plans do not enefits that were ed unless reasonable caus we examined this return/report, a	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if appland to the best of m	17 13 16 12 2 licable, a Schedule			
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name a Spon 5a Total b Total c Num comp d(1) To d(2) To e Numb less t Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan n sor's name I number of participant to participant that the particip	ts at the beginning of the plan year is at the end of the plan year	plan year (defined be eare plan year with accrued be uctions, I declare that I have, as well as the electronic value of the plan year with accrued be uctions, I declare that I have, as well as the electronic value of the plane of the	enefit plans do not  enefits that were  enefits that were  enefits that were  enefits that were  DARILYN SUSIE HENR  Enter name of individua  Enter name of individua	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if appliand to the best of m RY all signing as plan actual signing as employed.	17 13 16 12 2 licable, a Schedule hy knowledge and			
name a Spon 5a Total b Total c Num comp d(1) To d(2) To e Numb less t Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan n sor's name I number of participant to participant that the particip	ts at the beginning of the plan year is at the end of the plan year	plan year (defined be eare plan year with accrued be uctions, I declare that I have, as well as the electronic value of the plan year with accrued be uctions, I declare that I have, as well as the electronic value of the plane of the	enefit plans do not  enefits that were  enefits that were  enefits that were  enefits that were  DARILYN SUSIE HENR  Enter name of individua  Enter name of individua	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if appliand to the best of m RY all signing as plan actual signing as employed.	17 13 16 12 2 licable, a Schedule by knowledge and dministrator			
name a Spon 5a Total b Total c Num comp d(1) To d(2) To e Numb less t Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan n sor's name I number of participant to participant that the particip	ts at the beginning of the plan year is at the end of the plan year	plan year (defined be eare plan year with accrued be uctions, I declare that I have, as well as the electronic value of the plan year with accrued be uctions, I declare that I have, as well as the electronic value of the plane of the	enefit plans do not  enefits that were  enefits that were  enefits that were  enefits that were  DARILYN SUSIE HENR  Enter name of individua  Enter name of individua	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if appliand to the best of m RY all signing as plan actual signing as employed.	17 13 16 12 2 licable, a Schedule by knowledge and dministrator			

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<b>b</b> .	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure answered "No" to either line 6a or line 6b, the plan cannot the contraction of the plan cannot waited th	an indepe and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.	X Yes [	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	121)?		Yes	No Not determin	ed
Par					-			
7	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year	
	Fotal plan assets	7a	8999	962	-		1012939	
	Fotal plan liabilities	7b	9000	160			1012939	
	Net plan assets (subtract line 7b from line 7a)	7c	8999	102				
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from:  1) Employers	8a(1)						
	2) Participants	8a(2)	792	213				
	3) Others (including rollovers)	8a(3)						
-	Other income (loss)	8b	632	293				
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					142506	
d I	Benefits paid (including direct rollovers and insurance premiums		005	.04				
	o provide benefits)	8d	295	01				
	Certain deemed and/or corrective distributions (see instructions)	8e						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f						
<u>g</u> (	Other expenses	8g		28				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					29529	
	Net income (loss) (subtract line 8h from line 8c)	8i					112977	
_ J	Fransfers to (from) the plan (see instructions)	8j						
b Part	2A 2E 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Coc	les in t	he instructions:	
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X		
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	X		100	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10q		X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	10h	X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i	X			
Part								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							No
11a	Enter the unpaid minimum required contribution for current year from					11a		
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			50		01		
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day		,

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

**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).

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

Short Form Annual Return/Report of Small Employee

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection** 

Part I	Annual Repor	rt Identification Information	ì	doctorio to the Form	5500-51.	<del></del>	
	lar plan year 2014 or		1/2014	and ending	12/31/2014		
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)							
		a one-participant plan	a foreign plan			,	
<b>B</b> This ret	turn/report is	the first return/report	the final return/report				
an amended return/report a short plan year return/report (less than 12 months)							
C Check	gram						
		special extension (enter desc	ription)		_		
Part II	Basic Plan Inf	formation—enter all requested in	farmation				
1a Name		officer of requested in	TOTTIALIOT		1b Three-digit	<del></del>	
	RSMO & HENRY RET	FIREMENT PLAN			plan number		
					(PN) <b>)</b>	002	
					1c Effective dat 01/01/1992	e of plan	
DENT, KOR	RSMO & HENRY, D.D		er (employer, if for a single-	employer plan)	2b Employer Ide (EIN) 91-214	entification Number	
PARKLAND	FAMILY DENTISTR	.Y			2c Sponsor's te		
12165 PAC	IFIC AVE.				1	53) 686-1606	
T400144 1	*/* 00 / / /					de (see instructions)	
TACOMA. V		and address X Same as Plan Spons			621210		
<b></b>	diministrator e name (	and address Moanie as Flan Shore	SOF.		3b Administrato	r's EIN	
4 If the	name and/or EIN of the	he plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN		
a Spons	or's name	umber from the last return/report.			4c PN		
		ts at the beginning of the plan year				20	
		is at the end of the plan year			5b	17	
compl	ete this item)	n account balances as of the end of			5c	13	
<b>a(1)</b> Tot	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	16	
<b>d(2)</b> Tot	al number of active p	articipants at the end of the plan yea	ar	,,,,,,,	5d(2)	12	
<b>e</b> Numbe	er of participants that	terminated employment during the p	plan year with accrued bene	efits that were	<b>5e</b> 2		
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed i	uniess reasonable ca	uso is established	·	
SB or Sche	aities of perjury and o	other penalties set forth in the instruc- and signed by an enrolled actuary a	ctions. I declare that I have a	examined this return/re	anort including if an	oliophia a Cabadula	
SIGN	X/A/m	Am	15/27/15	XV Darilyn	Susie Henr		
HERE	Signature of plan	administrator	Date				
SIGN		4411111140141501	Dare	Enter name of indivi	idual signing as plan	administrator	
HERE	Signature of empl	oyer/plan sponsor		<del> </del>			
Preparer's	name (including firm	name, if applicable) and address (ir	Date	Enter name of indivi	dual signing as emplo	oyer or plan sponsor	
		name, in application) and address (ii	Name from or suite frumbe	i ) (optional)	Preparer's telepho	ne number (optional)	

6a h	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	le assets?	(See instructions.)			•••••	•••••	X	Yes	∐ ∧	10
D.	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ons.)	nt (IC	PA)			X	Yes	$\prod$ N	No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	m 5500-SF and must instead	d use	Form	5500.					
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA section 40	21)?		Yes	No	] Not	deten	nined	
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	Г	T		(b) En	d of Y	ear		
а	Total plan assets	7a		899962			1012939				_
b	Total plan liabilities	7b	<u></u>								_
С	Net plan assets (subtract line 7b from line 7a)	7c	899962	2				10	12939	1	
8	Income, Expenses, and Transfers for this Plan Year	S I ste	(a) Amount			(b) Total					_
	Contributions received or receivable from:					, in the		Min.	اللقة	A) I	
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	7921	3							
	(3) Others (including rollovers)	8a(3)									باستحضار
	Other income (loss)	8b	63293	3	9.1	11.84	- W				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	42506		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2950	1					THE	N	3
	Certain deemed and/or corrective distributions (see instructions)	8e			1		120		A PE		E
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					V and				
	Other expenses	8g	28	3				15.0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)								29529	)	
-	Net income (loss) (subtract line 8h from line 8c)	8i						1	12977	,	
<u>, , </u>	Transfers to (from) the plan (see instructions)	8j			200					ωE	
Par	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension										
b	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan pro	eature code	es from the List of Plan Charac	cterist	ic Cod	les in t	he instru	ctions:			
10	During the plan year:			_	Yes	No		Am	ount		_
а	Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in			X	-	Ailli	Juni		_
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions reported	10a			<del></del>				
	on line 10a.)			10b		Х					_
	Was the plan covered by a fidelity bond?			10c	Х					10000	)0
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	10d		х					
θ	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	40-		х					
f	instructions.)			10e		<u> </u>				<u> </u>	
g				10f		Х					
	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?			10g		Х	75 T T E		-011 101		
	2520.101-3.)	*************		10h	х				, erie		
•	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	ne required 1-3	notice or one of the	10i	х						
Part	VI Pension Funding Compliance					-			4		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\	es," see instructions and com	plete	Sched	tule SE	(Form	Tr	Yes	Пм	No
11a	11a 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			or se	ection	302 of	ERISA?		Yes	X N	VО
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ible.)								
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc	ctions th	, and e	enter th		f the le		ling	

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lf:	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and skip to li	ne 13.		<del></del>		
b				12b			
<u>c</u>	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 resu negative amount)	It (enter a minus sign to t	he left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?			Yes	No □ N/A	
Part	VII Plan Terminations and Transfers of Assets					1.00	
_13a	Has a resolution to terminate the plan been adopted in any plan year?				es X 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, transfer of the PBGC?	red to enother plan or h		<del></del>			
	If during this plan year, any assets or liabilities were transferred from this pwhich assets or liabilities were transferred. (See instructions.)	lan to another plan(s), ide	entify the plan(s)	to	L	1e3   140	
1	3c(1) Name of plan(s):		1	3c(2) El	N(s)	13c(3) PN(s)	
						100(0) 1 11(3)	
Part	VIII Trust Information (optional)						
10000		<del></del> -			ust's EIN		
14a I	14a Name of trust						