Destination and set of the sector set of the an 40% of the Employee set of the sector set of the an 40% of the Employee of the formal Revenue Code (inter Code). 2011 The center of the sector set of the Code). Complete all employee set of the Code). Complete all employee set of the Code). The Employee set of the Code. Parce there of the sector set of the Code). Complete all employee set of the Code. Code (ERC) Code (ERC) Parce there of the sector set of the Code. Code (ERC) Code (ERC) Code (ERC) Code (ERC) Parce there of the code (ERC) Code (ERC) Code (ERC) Code (ERC) Code (ERC) Code (ERC) Parce there of the code (ERC) Code (ERC) <thcode (erc)<="" th=""> Code (ERC) <thcode (erc)<="" th=""> Code (ERC) <thcode (erc)<<="" th=""><th colspan="2">Form 5500-SF Short Form</th><th></th><th colspan="3">nual Return/Report of Small Employee</th><th colspan="2">OMB Nos. 1210-0110 1210-0089</th></thcode></thcode></thcode>	Form 5500-SF Short Form			nual Return/Report of Small Employee			OMB Nos. 1210-0110 1210-0089		
Understand values The Source (Sec) (2) and SOURCE (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	Internal Devenue Canica		_	Benefit Plan			2011		
Part I Annual Report Identification Information For all Annual Report Identification Information and ending (77.31/2712) For all and using Report Identification Information a one-participant plan a one-participant plan B This redurn/eport is: In the first refurct/eport in a one-participant plan a one-participant plan B This redurn/eport is: In the first refurct/eport in a namedud antum/report a one-participant plan C Check box if fing under: In organize and indexision (refer description) Inter-edigit plan number Part II Basic Plan Informationenter all requested information There-edigit plan number Inter-edigit plan number IRNY ORCHER DMD PC PROFT SHARING PLAN ID Three-edigit plan number OO2 Za Plan administrator's name and address, include room or suite number (employer, ff for a single-employer plan) ID Three-edigit plan number All No second's name and address, include room or suite number (employer, ff for a single-employer plan) ID ID Single	Department of Labor Inis form is required to be filed Department of Labor			1974 (ERI	ISA), and sections 6057(b) and 6058	This Form is Open to Public			
For canadra plan year 2010 of fitted plan year beginning COU2011 and andrig 0721/2012 A This returniceport is tor. Image: a single-employer plan (not multemplayer) Image: a not single-employer plan (not multemplayer) Image: a not multemplayer) Image: a not single-employer plan (not multemplayer) Image: a not multemplayer) Image: a not single-employer) Image: a not single-employer)	Ρ	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	h the instructions to the Form 5500	0-SF.	Inspection		
A This return/report is for: a single-employer plan b multiple employer plan (not multiemployer) a one-participant plan B This return/report is: in the first eturn/report in the first eturn/report in the first eturn/report C Check box if filing under: in a mended return/report in a tornable plan information in the first eturn/report Part II Basic Plan Informationenter at requested information in the first eturn/report in the first eturn/report 1a Name of plan memory plan in the first eturn/report in the first eturn/report in the first eturn/report 14 Name of plan memory plan in the first eturn/report in the first eturn/report in the first eturn/report 245 N BROADWAY in the first eturn/report if the a single-employer plan 25 Sponsof's telephone number 246 N BROADWAY 334 Plan indministrator's name and address (if same as plan sponsor, enter "Same") 36 Administrator's telephone number 26 N BROADWAY 344 Ell form same and address (if same as plan sponsor, bet dranged since the last return/report 30 Administrator's telephone number 34 If the name and/or Ell N is telephone number 26 D Ell N <							·		
A This featuring on a set of the plan spectrum property in the plan spectrum property in the final featuring of the plan spectrum property in the final featuring of the plan spectrum property in the final featuring of the plan spectrum property in the final featuring of the plan spectrum property in the final featuring of the plan spectrum property in the final featuring of the plan spectrum property in the plan spectrum	For	calendar plan year 2011 or fisca				7/31/2			
C Check box (If tilling under:	Α	This return/report is for:					a one-participant plan		
C Check box if fling under: ☐ form 5558 ☐ automatic extension ① DFVC program Part II Basic Plan Information—ener all requested information 1 1 1 002 1a Name of plan Part II Basic Plan Information—ener all requested information 1 1 002 1a Name of plan Part II Basic Plan Information—ener all requested information 1 002 1a Name of plan Part II C Effective data of plan 002 1 C Effective data of plan 4 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2 2 Employer Mentication Number (ENV) NV 10891 245 N BROADWAY Sufficient 2 Sponsor's telephone number 2 2 Sponsor's telephone number 245 N BROADWAY Sufficient 2 Sponsor's telephone number 2 2 Sponsor's telephone number 245 N BROADWAY Sufficient 3 D and administrator's name and address (if same as plan sponsor, enter 'Same') 3 3 Administrator's telephone number 245 N BROADWAY Sufficient Station more of participants with account belances as of the end of the plan year. 5 5	B	This return/report is:		the final r	eturn/report				
• Decide extension (enter description) • Part III • Basic Plan Informationenter all requested information • 10 Name of plan HENRY ORCHER DMD, PC PROFIT SHARING PLAN • Decide extension (enter description) • 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) • Decide extension Number (employer, if for a single-employer plan) • PLENKY ORCHER DMD, PC • Ooz • State Plan administrator's name and address; include room or suite number (employer, if for a single-employer plan) • Decide extension Number (employer, if for a single-employer plan) • State Plan administrator's name and address (if same as plan spontor, stater Samer') • State Plan administrator's name and address (if same as plan spontor, stater Samer') • State Plan administrator's name and address (if same as plan spontor, stater Samer') • State Plan administrator's name and address (if same as plan spontor, stater Samer') • State Plan administrator's name and address (if same as plan spontor, stater Samer') • State Plan administrator's name and address (if same as plan spontor, stater Samer') • State Plan administrator's name and address (if same as plan spontor, stater Samer') • State Plan administrator's name and address (if same as plan spontor, stater Samer') • State Plan administrator's			an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	_		
Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) 14 Name of plan 1b Three-digit plan number (PN) 24 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer (dentification Number (EIN) 24 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer (dentification Number (EIN) 24 St BROADWAY Suffer 105 2d Standsord 24 If the name and/or EIN of the plan sponsor, enter "Same") 3b Administrator's name 3b Administrator's telephone number 35 Total number of participants at the beginning of the plan year 5a 5a 2 35 Total number of participants at the edit of the plan year 5a 5a 2 36 Avers at of the plan system of the plan year 5a 5a 2 37 Total number of participants with meases during the plan year 5a 5a 2 36 Avers at of the plan system of the plan year invested in digble saste? (See instructions.) 3b Administrator's telephone number 37 Total number of participants with resets during the plan year invested in digble saste? (See instructions.) 3c 3c 38 Plan table of the plan system of the plan year invested in digble saste? (See	C	Check box if filing under:	Form 5558	automatic	extension		X DFVC program		
1a Name of plan HENRY ORCHER DMD.PC PROFIT SHARING PLAN 1b Three-digit (PN) IM 002 2a Plan approach name and address; include room or suite number (employer, if for a single-employer plan) HENRY ORCHER DMD.PC 2b Employer Identification Number (EN) IM 2b Employer Identification Number (EN) IM 245 N BROADWAY SUTE 105 SLEEPY HOLLOW, NY 10591 2b Employer Identification Number (EN) IM 2d Sussess code (see instructions) (215 Single PL) 3a Plan administrator's name and address (if same as plan sponser, enter "Same") SAME 3b Administrator's telly 1-3:039324 3c Administrator's telly 1-3:039324 3b Administrator's name and address (if same as plan sponser, enter "Same") SAME 3b Administrator's telly 1-3:039324 3c Administrator's telly 1-3:039324 3c Administrator's telly find plan posons has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report. 3b Administrator's tellyhone number for harding an avier of the annual examination and report of an independent qualified public accountant (QPA) under 20 CR 220: 014-04 (See instructions and report of an independent qualified public accountant (QPA) under 20 CR 220: 014-04 (See instructions on waver eligibile address and Labilities 2 Net 3c Autoring an avier of the annual examination and report of an independent qualified public accountant (QPA) under 20 CR 220: 014-04 (See instructions and report of an independent qualified public accountant (QPA) under 20 CR 220: 014-04 (See instructions on waver eligibility and conditions and the annuasets. 10 O 7c Iz									
HENRY ORCHER DMD,PC PROFIT SHARING PLAN plan number (PN) 002 23 Plan sponant's name and address; include room or suite number (employer, if for a single-employer plan) HENRY ORCHER DMD,PC 2b Employer Identification Number (EN) 2c 24.6 N BROADWAY SUFFE r05 SLEEPY HOLLOW, NY 10591 2b Employer Identification Number (EN) 2c Sponsor's name and address; (if same as plan sponsor, enter "Same") SLEEPY HOLLOW, NY 10591 3b Administrator's ISN 3c 3b Administrator's ISN 3c 3c Atministrator's ISN 3c 3c Name and/origination of the plan sponsor, enter "Same") SLEEPY HOLLOW, NY 10591 3b Administrator's ISN 3c 3c Administrator's ISN 3c 3c Atministrator's ISN 3c 3c Atministrator'SN 3c 3c Atminis			nation—enter all requested informa	ation		41			
Image: Construction of the plan sponsor has changed since the last return/report field public plan. 20 End 21 C Effective date of plan. 20 End(1/1931) 245 N BROADWAY SUTE 105 SULEEPY HOLLOW, NY 10591 20 Emgloyer Identification Number (EIN) 13-3039324 245 N BROADWAY SUTE 105 SAME 246 N BROADWAY SUTE 105 SAME 246 N BROADWAY SUTE 105 SAME 246 N BROADWAY SUTE 105 SAME 247 N BROADWAY SUTE 105 SAME 246 N BROADWAY SUTE 105 SAME 247 N BROADWAY SUTE 105 SAME 247 N BROADWAY SUTE 105 SAME 248 N BROADWAY SUTE 105 SAME 26 26 26 26 26 26 26 26 26 26 26 26 26 26 26 26 27 27 27 26 26 26 26 26 26						1b	5		
Best Prior Contribution 24 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (ENV ORCHER DND)PC 245 N BROADWAY SUTE 105 SUEEPV HOLLOW, NY 10591 2c Sponsor's telephone number 914-631-5464 2d Business code (see instructions) 021210 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 24 N BROADWAY SUTE 105 SLEEPV HOLLOW, NY 10591 3b Administrator's telephone number 914-631-5464 3 Plan administrator's name and address (if same as plan sponsor, enter "Same") 24 N BROADWAY SLEEPV HOLLOW, NY 10591 3b Administrator's telephone number 914-631-5464 4 If the name andror EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for participants with account balances as of the end of the plan year 5a 2 5a 2 2 b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 2 6a Were at the plan's assets during the plan year invested in eligible assets? (See instructions), under 28 GPR 2820.106-467 (Gee instructions on wave eligibility and continue), under 28 GPR 2820.106-467 (Gee instructions), under 28 GPR 2820.106-467 (Gee instructions), under 28 GPR 2820.106-467 (Gee instructions), the you answered "No" to either 6a or 6b, the plan cannot use Form 3500- 17 7a 72754 810144 8 Income, Expenses, and			SHARING FLAN						
28 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (EN) 245 NBRCADWAY SUITE 105 2b Employer identification Number (EN) 2c 245 NBRCADWAY SUITE 105 2d Baness code (see instructions) 621210 2d 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SUEE PY HOLLOW, NY 10591 3b Administrator's telephone number (BN) 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number for the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for the plan sponsor has changed since the plan year (defined benefit plans do not complete this item) 5a 2 5a Total number of participants at the end of the plan year invested in eligible assets? (See instructions). § Yes No b Are you claiming a wair or thether G or Gb, the plan cannot use Form 5500. § 2 Sb 2 7 Plan Assets duiting the plan year invested in eligible assets? (See instructions.) § Yes No						1c			
HENRY ORCHIER DMD,PC (Ein) 13-3039224 245 N BROADWAY SUTE 105 SUEEPY HOLLOW, NY 10591 2C Sponsor's telephone number 314-813-864 2d Exponsor's telephone number 314-813-864 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME 3b Administrator's EIN 30 Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN and the plan number form the last return/report. 4b EIN 5a Total number of participants at the beginning of the plan year. 5a 2 5a Total number of participants at the end of the plan year. 5a 2 6 Ner you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No 1 You answered 'No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Yes No 7 To 0 0 0 0 0 0 7 To 10 plan assets (subtrat line 7a). 7c 72754 81014 81014 8 Incorne, Expenses, and Transfers for this Plan, Year (a) Amount (b) End of Year 0 0 7 To 0 <	2a	Plan sponsor's name and addre	ess: include room or suite number (er	mplover. if	for a single-employer plan)	2b		ber	
245 NBROADWAY SUITE 105 SLEEPY HOLLOW, NY 10591 914-631-5543 33 Plan administrator's name and address (if same as plan sponsor, enter 'Same') SAME 3b Administrator's name and address (if same as plan sponsor, enter 'Same') SLEEPY HOLLOW, NY 10591 3b Administrator's EIN 13-303324 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number form the last return/report filed for this plan, enter the name. EIN, and the plan number form the last return/report filed for this plan, enter the name. EIN at the end of the plan year 4b EIN 5a Total number of participants at the end of the plan year 5a 2 5a Total number of participants at the end of the plan year 5a 2 64 Were all of the plan sasets during the plan year invested in eligible assets? (See instructions). Yes Ne Yes Ne 7 Plan Assets and Liabilities 7a 72754 81014 7 Total plan assets (buttract line 7b from line 7a) 7c 72754 81014 8 Income, Expenses, and Transfers for this Plan Year 6a(2) 66000 6000 (2) Participants 8a(3) 0 0 0 7c 72754 81014 8 8 8284 8 0 0 0 0 0 0					······································		(EIN) 13-3039324		
SLEEPY HOLLOW, MY 10591 G210 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN SAME 3b Administrator's EIN SAME 3b Administrator's EIN SAME 3b Administrator's EIN SAME 3b Administrator's telephone number Administrator's telephone number from the last return/report 3b EIN Administrator's telephone number from the last return/report 4b Total number of participants at the beginning of the plan year 5a 2 5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Sc [2] 6a Were all of the plan sets during the plan year invested in eligible assets? (See instructions). Sc [2] No Mo try you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQCPA) Yes [] No	245 N	BROADWAY				2C		er	
SAME 246 N BROADWAY SLEEPY HOLLOW, NY 10691 13-3039324 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. 4b EIN 5a Total number of participants at the end of the plan year 5a 5a Total number of participants at the end of the plan year 5c c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 2 Yes No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 2 Yes No b Are you calimitig a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 20 F2R 520.1044? (See instructions on waiver eligibility and conditions.) 2 Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 2 Part III Financial Information 7a 72754 81014 7 total plan assets. 7a 72754 81014 8 income, Expenses, and Tianifers for this Plan Year (a) Amount (b) Total 6 Noter (income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b 184 9 Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 (2) Participants<	SUIT	E 105				2d	•	ons)	
SLEEPY HOLLOW, NY 10591 SC Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 EIN 4 EIN a Sponsor's name 4c PN 5a 2 5a 1 2 5b 2 b Total number of participants at the beginning of the plan year. 5a 2 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 2 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). CM Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No under 20 CFR 2520.104-467 (See instructions). M Yes No f You answerd "No" to either 6 ao r 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets Total plan assets Total plan assets (b) End of Year a Total plan assets Total plan speases, and Transfers for th						3b			
name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 5a 2a b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5a 2a 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 5c 2 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) Yes No If you answered "No" to either 5a or 5b, the plan cannot use Forn 5500-SF and must instead use Forn 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 7 Total plan assets 7a 72754 81014 b Total plan isabilities 7b 0 0 c Contributions received or receivable from: 8a(1) 1500 (1) Employers 8a(2) 66000 (2) Participants 8a(2) 66000 (3) Others (including rollovers) 8a 0 8b (a) Contributions received or receivable from: 8a(2) <th></th> <th></th> <th></th> <th>LOW, NY</th> <th>10591</th> <th>3c</th> <th>Administrator's telephone nu</th> <th>umber</th>				LOW, NY	10591	3c	Administrator's telephone nu	umber	
a Sponsor's name 4C PN 5a Total number of participants at the beginning of the plan year 5a 2 b Total number of participants at the end of the plan year 5b 2 c Number of participants at the end of the plan year (defined benefit plans do not complete this item) 2 5c 2 c Number of participants at the end of the plan year invested in eligible assets? (See instructions) Sc 2 c Number of participants at the end of the plan variants and report of an independent qualified public accountant (IQPA) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No H you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan iabilities 7a 72754 81014 b Total plan iabilities 7b 0 0 0 c Note plan iabilities 7a 72754 81014 b Income, Expenses, and Transfers for this Plan Year 8a(1) 1500 a Contributions received or receivable from: 8a(2) 66600 <tr< th=""><th>4</th><th></th><th></th><th>ast return/</th><th>report filed for this plan, enter the</th><th>4b</th><th>EIN</th><th></th></tr<>	4			ast return/	report filed for this plan, enter the	4b	EIN		
5a Total number of participants at the beginning of the plan year	2		er from the last return/report.			40			
b Total number of participants at the end of the plan year 5b 2 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 2 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) M Yes No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) M Yes No 6a were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) M Yes No 6a were all of the plan's assets during the plan cannot use Form 5500-SF and must instead use Form 5500. M Yes No 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 41014 7 Total plan assets 7a 72754 81014 8 Iotal plan iabilities 7b 0 0 0 7 Plan Assets and Liabilities 7b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	the beginning of the plan year					2	
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 2 Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No fvou answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 81014 b Total plan assets (subtract line 7b from line 7a). 7c 72754 81014 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 1500 (2) Part III enome (loss) 8a(3) 0 0 (2) Partoignants 8a(3) 0 0 (3) Other sincluding rollovers) 8a(2) 66000 66000 66000 6284 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>									
complete this item)		• •				ac		2	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Construction of the independent qualified public accountant (IQPA) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets. 7a 72754 81014 b Total plan liabilities. 7b 0 0 c Net plan assets (subtract line 7b from line 7a)				• •	•	5c		2	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						No	
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets. 7a 72754 81014 b Total plan assets (subtract line 7b from line 7a) 7c 72754 81014 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 1500 (2) Part including rollovers) 8a(2) 6600 (3) Other income (loss) 8b 184 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 g Other expenses 8g 24 4 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 24	b								
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 72754 81014 b Total plan liabilities 7b 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 72754 81014 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 1500 (1) Employers 8a(1) 1500 (2) Participants 8a(3) 0 (3) Others (including rollovers) 8a 8a(3) 0 b Other income (loss) 8a(1), 8a(2), 8a(3), and 8b) 8c 8284 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 8e 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0 0 24 f Administrative service providers (salaries, fees, commissions) 8f 0 24 g Other expenses 8i 8260 8260 8260		•	0,		,				
aTotal plan assets7a7275481014bTotal plan liabilities7b00cNet plan assets (subtract line 7b from line 7a)7c72754810148Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:8a(1)1500(2)Participants8a(2)6600(3)Others (including rollovers)8a(3)0bOther income (loss)8b184cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c8284dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d0fAdministrative service providers (salaries, fees, commissions)8f0gOther expenses8g24hTotal expenses (add lines 8d, 8e, 8f, and 8g)8h24iNet income (loss) (subtract line 8h from line 8c)8i8260	Pa	rt III Financial Informa	ation	1					
In order plan lasses7ab Total plan liabilities7b0c Net plan assets (subtract line 7b from line 7a)7c727548 Income, Expenses, and Transfers for this Plan Year(a) Amount(b) Totala Contributions received or receivable from: (1) Employers8a(1)1500(2) Participants8a(2)6600(3) Others (including rollovers)8a(3)0b Other income (loss)8b184c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c8284d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d0f Administrative service providers (salaries, fees, commissions)8f0g Other expenses8g24h Total expenses (add lines 8d, 8e, 8f, and 8g)8h24i Net income (loss) (subtract line 8h from line 8c)8i8i	7	Plan Assets and Liabilities							
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets		7a			810		
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 1500 (1) Employers 8a(2) 6600 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 184 c Total income (loss) 8b 184 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 8284 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 24 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 24 i Net income (loss) (subtract line 8h from line 8c) 8i 8260	b	•			-		010	-	
a Contributions received or receivable from: 1500 (1) Employers 8a(1) 1500 (2) Participants 8a(2) 6600 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 184 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 8284 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 24 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 8260				7c				14	
(1) Employers 8a(1) 1500 (2) Participants 8a(2) 6600 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 184 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 8284 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g 24 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 24 i Net income (loss) (subtract line 8h from line 8c) 8i 8260					(a) Amount		(b) Total		
(2) Participants8a(2)6600(3) Others (including rollovers)8a(3)0b Other income (loss)8b184c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c8284d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d0e Certain deemed and/or corrective distributions (see instructions)8e0f Administrative service providers (salaries, fees, commissions)8f0g Other expenses8g24h Total expenses (add lines 8d, 8e, 8f, and 8g)8h24i Net income (loss) (subtract line 8h from line 8c)8i8260	a			8a(1)	1500				
b Other income (loss)		(2) Participants			6600				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 8284 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g 24 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 24 i Net income (loss) (subtract line 8h from line 8c) 8i 8260		(3) Others (including rollovers))	8a(3)	0				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)		8b	184				
to provide benefits) 8d 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g 24 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 24 i Net income (loss) (subtract line 8h from line 8c) 8i 8260	С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			82	84	
e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g 24 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 24 i Net income (loss) (subtract line 8h from line 8c) 8i 8260	d		•	84	0				
f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses	е	· ,			0				
g Other expenses 8g 24 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 24 i Net income (loss) (subtract line 8h from line 8c) 8i 8260	f		, , ,		0				
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 24 i Net income (loss) (subtract line 8h from line 8c) 8i 8260	g		(· · · · · / /		24				
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)					24	
Transfers to (from) the plan (see instructions)	i	Net income (loss) (subtract line	e 8h from line 8c)	8i			82	60	
	j	Transfers to (from) the plan (se	ee instructions)	8j	0				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2 - 1

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:

```
3D 2E 2F 2G 2J 2T
```

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V **Compliance Questions** 10 Yes No During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period described in а Х n 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a **b** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X 0 10h on line 10a.)..... Х 10c С Was the plan covered by a fidelity bond?..... 0 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 0 10d or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See Х 0 10e instructions.) Х f Has the plan failed to provide any benefit when due under the plan? 0 10f Х Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... g 0 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h i. If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... 10i Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 5500))..... 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 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 granting the waiver.Month _____ Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b 0 **b** Enter the minimum required contribution for this plan year..... 12c **C** Enter the amount contributed by the employer to the plan for this plan year..... 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 12d 0 negative amount) X Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A e Part VII **Plan Terminations and Transfers of Assets 13a** Has a resolution to terminate the plan been adopted in any plan year? Yes Х 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 control Yes X No of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to C which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/02/2015	DR. HENRY ORCHIER		
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN	Filed with authorized/valid electronic signature.	07/02/2015	DR. HENRY ORCHIER		
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		