	rm 5500-SF	Short Form Annua	I Return/Rep Benefit Pla	•	oyee	C	MB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	reasury					2014		
	Department of Labor Employee Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the I Revenue Code (the Code).						rm is Open to Inspection		
Pension Be	enefit Guaranty Corporation	Complete all entries in ac	cordance with the i	instructions to the Form 5	500-SF.	Fublic	mspection		
Part I	•	lentification Information							
For calenda	ar plan year 2014 or fisc		<b></b> 1		/31/2014				
	turn/report is for: urn/report is	a single-employer plan a one-participant plan the first return/report an amended return/report	of participating er a foreign plan the final return/rep	rer plan (not multiemployer) nployer information in accor port return/report (less than 12 m	dance with t	-			
C Check	box if filing under:	Form 5558 special extension (enter descrip	automatic extensi tion)	on		FVC progran	1		
Part II	Basic Plan Inform	□ <b>nation</b> —enter all requested info							
<b>1a</b> Name THE MERID	of plan	OAT CLINIC, P.A. PROFIT SHAR		IST	(PN)	number  tive date of			
	ponsor's name and addr AR NOSE AND THROA	ess; include room or suite number T CLINIC,P.A.	(employer, if for a sin	ngle-employer plan)	2b Emp (EIN)		cation Number		
					. ,		one number		
1525 22ND A MERIDIAN, M					2d Busir		ee instructions)		
3a Plan a	dministrator's name and	address XSame as Plan Sponso	r.		3b Admi	inistrator's E			
		lan sponsor has changed since th	e last return/report fil	ed for this plan, enter the	4b EIN				
		per from the last return/report.			<b>4c</b> PN				
·	or's name	the beginning of the plan year					12		
		the end of the plan year							
C Numb	er of participants with ac	count balances as of the end of th	e plan year (defined	benefit plans do not	50 50		13		
•	,	cipants at the beginning of the plar			5d(1)		12		
<b>d(2)</b> Tot	al number of active parti	cipants at the end of the plan year.			5d(2)		12		
<b>e</b> Numbe	er of participants that terr	ninated employment during the pla	an year with accrued	benefits that were	5e				
		incomplete filing of this return/			use is estat	lished			
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructi signed by an enrolled actuary, as	ons, I declare that I h	ave examined this return/re	port, includi	ng, if applica			
SIGN	Filed with authorized/va	lid electronic signature.							
HERE Signature of plan administrator Date Enter name of individual signature of plan administrator						signing as plan administrator			
SIGN									
HERE	Signature of employe		Date	Enter name of individ					
ANDY BER	NARD LIAMS, STEVERSON & 71	ne, if applicable) and address (incl BERNARD	lude room or suite nu	mber ) (optional)	Preparer's	telephone r 601-693-	umber (optional) 6105		
For Paperw	ork Reduction Act Notice	and OMB Control Numbers, see the i	nstructions for Form 5	5500-SF.		F	orm 5500-SF (2014)		

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X	Yes	No	
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	21)?		Yes	No	Not d	etermi	ned
Par	t III Financial Information	1	1							
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year			
a	Total plan assets	7a	78043			8405286				
	Total plan liabilities	7b	700.00		_				0.5000	
	Net plan assets (subtract line 7b from line 7a)	7c	78043	371	_	8405286				5
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	_		(b) Total				
	Contributions received or receivable from: (1) Employers	8a(1)	105642							
	(2) Participants	8a(2)	581	53						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	4372	220						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						6	601015	5
d	Benefits paid (including direct rollovers and insurance premiums									
-	to provide benefits)	8d								
-	Certain deemed and/or corrective distributions (see instructions)	8e		00	_					
	Administrative service providers (salaries, fees, commissions)	8f		00	_					
<u> </u>	Other expenses	8g			_				4.00	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		100			
	Net income (loss) (subtract line 8h from line 8c)	8i			-			C	600915	)
<u> </u>	j Transfers to (from) the plan (see instructions)									
	Part IV Plan Characteristics									
9a	<b>9a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2R 3D									
b	-									
Part							1			
10	During the plan year:				Yes	No		Amou	Int	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c	×				50	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x				
e	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 ben	efits under the plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Х				
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			X				
	2520.101-3.)			10h		Х				
i 	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									
Part										
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes       No									
11a	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	requireme	ents of section 412 of the Code	or se	ection (	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
<b>b</b> Enter the minimum required contribution for this plan year		12b					
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c					
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d					
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A			
Part VII Plan Terminations and Transfers of Assets							
13a Has a resolution to terminate the plan been adopted in any plan year?	· 🗆 ۲	Yes X No					
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a					
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder the	control		Yes 🗙 No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)			
Part VIII Trust Information (optional)							
14a Name of trust		<b>14b</b> ⊺⊧	rust's EIN				

Form 5500-SF		n Annual Return. Benefi	it Plan	•		OMB	Nos. 1210-0110 1210-0089		
Internal Rovenue Service	This form is required to be filed under sections 104 and 4065 Retirement Income Security Act of 1974 (ERISA), and sections f				employee ) and 6058(a)	2014			
Employee Benofite Security Administration	of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF.						rm is Open		
Pension Benefit Guaranty Corporation	dentification Info		in the instructions to	o the P	orm 5500-SF.	to Public	Inspection		
For calendar plan year 2014 or fit			01/			2/31/20	1 4		
A This return/report is for:	X a single employ		iple-employer plan (not r						
			licipating employer inform						
	a one-participar		ign plan	- autori			10001137		
B This return/report is	the first return/report the final return/report								
	an amended ret	um/report 🗌 a sho	nt plan year return/rep	ort (le:	ss than 12 month	ıs)			
Check box if filing under:	Form 5558 automatic extension					DFVC progra	m		
	special extension	on (enter description)	•						
Part II Basic Plan Infor	mation - enter all re	equested Information							
a Name of plan				16	Three-digit	14.41			
THE MERIDIAN EAR,	THE MERIDIAN EAR, NOSE & THROAT CLINIC, P.A. PROFIT SHARING PLAN AND TRUST				plan number (P		001		
	······································			1c Effective date of plan 01/02/1972					
<b>2a</b> Plan sponsor's name and addres: IERIDIAN EAR NOSE	s; include room or suite r AND THROAT	number (employer, if for s	single-empioyer plan) A .	2b		511775			
				2C Sponsor's telephone number					
525 22ND AVENUE					<u>1-483-935</u>				
<b>ERIDIAN</b>	NG 20	201		2d Business code (see instructions)					
a Plan administrator's name and	MS 39	as Plan Sponsor.		621111 3b Administrator's EIN					
	address M Same	as Plan Sponsor.		SD	Administrator's	EIN			
If the name and/or EIN of the p plan, enter the name, EIN, and a Sponsor's name				4b 4c	EIN				
a Total number of participants	at the basissing of the			5a	T		10		
<ul> <li>a Total number of participants</li> <li>b Total number of participants</li> </ul>			••••••	5a 5b			<u>12</u> 13		
C Number of participants with a			ear (definod		+		<u> </u>		
benefit plans do not complete				50			13		
d (1) Total number of active pa			· · · · · · · · · · · · · · · · · · ·	5d(1)			12		
d (2) Total number of active pa	rticipants at the end of	of the plan year	with soorued	5d(2)		·····	12		
8 Number of participants that to		t during the plan year	with accrued	h					
benefits that were less than 1				5e					
Caution: A penalty for the late of nder penalties of perjury and oth chedule SB or Schedule MB com y knowledge and belief, it is true,	r incomplete filing of er penalties set forth in pleted and signed by correct, and complet	f this return/report wi n the instructions, I de an enrolled actuary, a e.	Il be assessed unles clare that I have exam 8 well as the electronic	s reas lined ti c vers:	onable cause is his return/report, on of this return/	established Including, if a report, and to	applicable, a bothe best of		
SIGIN THE	oil.	7.1.5	1						
ERE Signature of plan adminit	atrator	- 7-10-15 Date	Enter name of indivi	duale		Iministrator			
ERE Signature of employer/pla	an sponsor	Date	Enter name of indivi	duals	igning as employ	er or plan spo	onsor		
Preparer's name (including firm na		address (include roon							
NDY BERNARD EMP, WILLIAMS, S					601-693-				
.O. BOX 271 ERIDIAN	MS 39	302							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. 418571 10-13-14

\_\_\_\_

\_. \_

Form 5500-SF (2014) v.140124

Form	5500-SF	2014
------	---------	------

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant							<u> </u>	
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Forn								
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see					/es	No	Not d	etermined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Begi	inning	of Ye	ar	(	b) End of	Year
a	Total plan assets	7a		<u>   78</u>	043	71		8	<u>405286</u>
b	Total plan liabilities	7b							
_ <u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		78	043	71		8	<u>405286</u>
<u>8</u>	Income, Expenses, and Transfers for this Plan Year	4	(a)	Amou	unt			(b) Tota	<u>l</u>
а	Contributions received or receivable from:								
	(1) Employers	8a(1)		1	056				
	(2) Participants	8a(2)			581	53			
	(3) Others (including rollovers)	8a(3)			200	00	<b>61</b>		<u> </u>
	Other income (loss)	8b		4	372	20	STATEMENT 1		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>							<u>601015</u>
d	Benefits paid (including direct rollovers and insurance premiums to provide								
	benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			1	00	CUDA	TEMEN	т 2
	Administrative service providers (salaries, fees, commissions)	8f			Ł	00	SIA	<u>i cmcin</u>	1 2
_g_	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8g</u> 8h							100
		8i	,						600915
÷	Transfers to (from) the plan (see instructions)	8i							000015
Pa	rt IV Plan Characteristics								·
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No		Amoun	t
а	Was there a failure to transmit to the plan any participant contributions within the time	period des	cribed						
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct	tion Prog	ram.)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not in								
	transactions reported on line 10a.)			10b		X			
	Was the plan covered by a fidelity bond?			10c	X				<u>500000</u>
a	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bon	d, that							
	was caused by fraud or dishonesty?			10d		X			
e	Were any fees or commissions paid to any brokers, agents, or other persons carrier, insurance service, or other organization that provides some or all of the service of th	•							
			is under	10-		x			
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan?			10e 10f		X			
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount as of year er			10g		X			
	If this is an individual account plan, was there a blackout period? (See instruct			iug			•		
	and 29 CFR 2520.101-3.)			10h		x			
i	If 10h was answered "Yes," check the box if you either provided the required		r one						
	of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i		x			
Pa	rt VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If ")	'es," see	instruction	s and	comp	lete			
	Schedule SB (Form 5500) and line 11a below)							Yes	No
	Enter the unpaid minimum required contribution for current year from Schedu	ule SB (Fo	orm 5500) I	ine 39		11a			
<u>12</u>	Is this a defined contribution plan subject to the minimum funding requirements of sec	ion 412 of	f the Code or	sectio	n 302 d	of ERIS	A?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica								
а	If a waiver of the minimum funding standard for a prior year is being amortize			ee ins			d enter t		f the letter
	ruling granting the waiver.	N	lonth		Da	γ		Year	