For	m 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed und		065 of the Employee R	etirement	2014			
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERIS Reve	SA), and sections 605 enue Code (the Code	Internal	This Form is Open to				
Pension Be	nefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-5F.							
Part I		lentification Information		and anding 12	21/2014				
FOI Calenda	ar plan year 2014 or fisca		multiple employer pl		/ <u>31/2014</u>	king this hav must attach a list			
A This ret	urn/report is for: urn/report is	a one-participant plan a the first return/report	of participating employ a foreign plan ne final return/report	ver information in accord	dance with t	king this box must attach a list he form instructions)			
C Chook k	box if filing under:] Form 5558 a	automatic extension		Пр	FVC program			
C Check	Jox in hing under.	special extension (enter description)							
Part II	Basic Plan Inform	- nation—enter all requested informat	ion						
1a Name OVIDIO M. F	of plan	101(K) PROFIT SHARING PLAN			1b Thre plan (PN)	number			
					1c Effect	tive date of plan 01/01/1997			
	consor's name and address ENALVER, M.D., P.S.	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b Emp (EIN)	loyer Identification Number 91-1285383			
319 - 5TH ST					2c Spor	nsor's telephone number 253-848-0351			
PUYALLUP, '	WA 98371				2d Busi	ness code (see instructions) 621111			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor.			3b Adm	inistrator's EIN			
		lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b EIN	inistrator's telephone number			
	, EIN, and the plan numb or's name	per from the last return/report.			4c PN				
- <u>-</u> ·		the beginning of the plan year			5a	19			
b Total r	number of participants at	the end of the plan year			5b	17			
		count balances as of the end of the pla			5c	17			
d(1) Tota	al number of active partic	cipants at the beginning of the plan yea	ar		5d(1)	10			
d(2) Tota	al number of active partion	cipants at the end of the plan year			5d(2)	10			
		ninated employment during the plan ye			5e	0			
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return/report r penalties set forth in the instructions, signed by an enrolled actuary, as well the.	I declare that I have	examined this return/rep	oort, includii	ng, if applicable, a Schedule			
SIGN	Filed with authorized/va	lid electronic signature.							
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan administrator			
SIGN HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor			
		ne, if applicable) and address (include			Preparer's	Eorm 5500-SE (2014)			

-	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 a 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	X Yes No							
С	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 determined		
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
а	Total plan assets	. 7a	3731	76			423192		
b	Total plan liabilities	7b					31		
С	Net plan assets (subtract line 7b from line 7a)	7c	3731	76			423161		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
а	Contributions received or receivable from:		128	07					
	(1) Employers	8a(1)	399						
	(2) Participants	8a(2)	398	,,,,					
<u> </u>	(3) Others (including rollovers)	8a(3)	4.47	70	_				
	Other income (loss)	8b	147	78	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		67562		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	151	73					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	24	04					
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)						17577		
							49985		
	Net income (loss) (subtract line 8h from line 8c) 8i Fransfers to (from) the plan (see instructions) 8i								
	t IV Plan Characteristics	8j							
9a b Par	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		100	110	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	ection Program)	10a	X		1201		
D	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		Х			
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	Х		2601		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g		Х			
	If this is an individual account plan, was there a blackout period?			ivg		~			
	2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided th 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)	•		•					
<u>11</u> a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule 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.)						

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year	12b		
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?	. 🗌 Y	Yes 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 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust NO M PENALVER MD, PS 401(K) PSP		rust's EIN 11884103	

Department of the Treasury	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	vee		OMB Nos. 1210-01 1210-00	
Internal Revenue Service	This form is required to be f Retirement Income Security Ac	iled under sections 104 t of 1974 (ERISA) and	ee		2014		
nployee Benefits Security Administration Pension Benefit Guaranty Corporation	_ the Inte	the Internal Revenue Code (the Code).				rm is Open to Public Inspection	
	► Complete all entries in according to the local dentification Information	ordance with the inst	ructions to the Form 550	00-SF.			
calendar plan year 2014 or fis	cal plan year beginning	01/01/2014	and ending	12/3	1/2014		
	x a single-employer plan		plan (not multiemployer)			x must attach a list	
This return/report is for: This return/report is:	a one-participant plan the first return/report an amended return/report	of participating emp a foreign plan the final return/repo	loyer information in accor	dance with t	he form ins	tructions)	
Check box if filing under:	Form 5558	automatic extensior		, 			
	special extension (enter descript		I		FVC progra	m	
art II Basic Plan Info	rmation enter all requested inf				······		
Name of plan	enter an requested ini	ormation		1b Thre	e-digit	<u> </u>	
Ovidio M. Penalver,	M.D., P.S. 401(K) Profi	it Sharing Plan			number	001	
					ctive date o	f plan	
Plan sponsor's name and ad	dress; include room or suite number	(employer, if for a sing	le-employer plan)		01/1997	fication Number	
Ovidio M. Penalver,	M.D., P.S.			(EIN) 91-128	35383	
319 - 5TH STREET S.W.					nsor's telepl 3) 848-0	none number)351	
US PUYALLUP WA 98371				2d Busin 621	ness code (111	see instructions)	
Plan administrator's name an	d address X Same as Plan Spons	sor Name		3b Adm	inistrator's I	EIN	
name, EIN, and the plan num	plan sponsor has changed since the ber from the last return/report.	last return/report filed	for this plan, enter the	4b EIN			
Sponsor's name				4c PN			
Total number of participants a	at the beginning of the plan year at the end of the plan year	••••••		5a		19	
Number of participants with a	ccount balances as of the end of the	plan vear (defined ber	efit plans do not	5b		<u>17</u>	
complete this item)			••••••	5c		17	
	cipants at the beginning of the plan y	/ear		5d(1)		10	
	Total number of active participants at the end of the plan year					10	
2) Total number of active partie				5d(2)		10	
2) Total number of active partie	rminated employment during the pla	n year with accrued be	nefits that were			10	
?) Total number of active partie Number of participants that te less than 100% vested	rminated employment during the pla	n year with accrued be	nefits that were	5d(2) 5e	lished		
2) Total number of active partic Number of participants that te less than 100% vested ition: A penalty for the late of ler penalties of perjury and oth or Schedule MB completed an	rminated employment during the pla pr incomplete filing of this return/r ner penalties set forth in the instruction ad signed by an enrolled actuary, as y	n year with accrued be eport will be assesse ons, I declare that I hav well as the electronic v	nefits that were d unless reasonable cau	5d(2) 5e use is estab		10 0	
P) Total number of active partie Number of participants that te less than 100% vested tition: A penalty for the late of ter penalties of perjury and oth or Schedule MB completed an ef, it is true, correct, and comp	erminated employment during the pla or incomplete filing of this return/re her penalties set forth in the instruction of signed by an enrolled actuary, as whete.	n year with accrued be eport will be assesse	nefits that were d unless reasonable cau	5d(2) 5e use is estab		10 0	
P) Total number of active partic Number of participants that te less than 100% vested tition: A penalty for the late of ter penalties of perjury and oth or Schedule MB completed an ef, it is true, correct, and comp	erminated employment during the pla or incomplete filing of this return/re her penalties set forth in the instruction of signed by an enrolled actuary, as whete.	n year with accrued be eport will be assesse ons, I declare that I hav well as the electronic v 7-20-15 Date	nefits that were d unless reasonable cau e examined this return/report ersion of this return/report	5d(2) 5e use is estab	g, if applica best of my l	10 0 ble, a Schedule knowledge and	
P) Total number of active partic Number of participants that te less than 100% vested tion: A penalty for the late of er penalties of perjury and oth or Schedule MB completed an ef, it is true, correct, and comp SN RE Signature of plan admin SN	erminated employment during the pla or incomplete filing of this return/re her penalties set forth in the instruction of signed by an enrolled actuary, as whete.	n year with accrued be eport will be assesse ons, I declare that I hav well as the electronic v 7-20-15	nefits that were d unless reasonable cau e examined this return/report ersion of this return/report LAURA VARGAS	5d(2) 5e use is estab	g, if applica best of my l plan admin	10 0 ble, a Schedule knowledge and	
P) Total number of active partic Number of participants that te less than 100% vested tion: A penalty for the late of er penalties of perjury and oth or Schedule MB completed an ef, it is true, correct, and comp SN RE Signature of plan admin SN RE Signature of employer/	erminated employment during the pla	n year with accrued be eport will be assesse ons, I declare that I hav well as the electronic v 7 - 2c - 15 Date 7 - 2c - 15 Date	nefits that were d unless reasonable cau e examined this return/rejersion of this return/report LAURA VARGAS Enter name of individua Ovidio M. Enter name of individua	5d(2) 5e use is estab port, includin t, and to the al signing as Pe halve	g, if applica best of my l plan admin	10 0 ble, a Schedule knowledge and istrator	
2) Total number of active partic Number of participants that te less than 100% vested ution: A penalty for the late of der penalties of perjury and oth or Schedule MB completed an ef, it is true, correct, and comp GN ERE Signature of plan admin GN Signature of employer/	erminated employment during the pla or incomplete filing of this return/re her penalties set forth in the instruction of signed by an enrolled actuary, as whete.	n year with accrued be eport will be assesse ons, I declare that I hav well as the electronic v 7 - 2c - 15 Date 7 - 2c - 15 Date	nefits that were d unless reasonable cau e examined this return/rejersion of this return/report LAURA VARGAS Enter name of individua Ovidio M. Enter name of individua	5d(2) 5e use is estab port, includin t, and to the al signing as Peñalve ul signing as	g, if applica best of my l plan admin <u>, M C</u> employer o	10 0 ble, a Schedule knowledge and istrator	
Number of participants that te less than 100% vested ution: A penalty for the late of der penalties of perjury and oth or Schedule MB completed an ief, it is true, correct, and comp GN ERE Signature of plan admin GN ERE Signature of employer/g	erminated employment during the pla	n year with accrued be eport will be assesse ons, I declare that I hav well as the electronic v 7 - 2c - 15 Date 7 - 2c - 15 Date	nefits that were d unless reasonable cau e examined this return/rejersion of this return/report LAURA VARGAS Enter name of individua Ovidio M. Enter name of individua	5d(2) 5e use is estab port, includin t, and to the al signing as Peñalve ul signing as	g, if applica best of my l plan admin <u>, M C</u> employer o	10 0 ble, a Schedule knowledge and strator	

Form	5500-SF	2014
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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

X Yes No 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.

X Yes No

Da	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		1		(b) End of	Year
<u>′</u>	Total plan assets	7a	373,17					423,192
b	Total plan liabilities	7a 7b	5/5,1/	0			31	
<u>с</u>	Net plan assets (subtract line 7b from line 7a)	70 70	373,17	16			423,161	
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) Tot	
a	Contributions received or receivable from:		(4) /				()	
	(1) Employers	8a(1)	12,80					
	(2) Participants	8a(2)	39,97	7				
<u> </u>	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	14,77	78				
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_			67,562
d	to provide benefits)	8d	15,17	73				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	2,40)4				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						17,577
i	Net income (loss) (subtract line 8h from line 8c)	8i						49,985
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2J 2K 3D							
	in the plan provides wendle benefits, enter the applicable wendle rea	ture codes	s from the List of Plan Character	istic (Codes	in the	instructions	S:
Pa			from the List of Plan Character	istic (Codes	in the	instructions	s:
Pa 10	rt V Compliance Questions		s from the List of Plan Character	istic (Codes Yes	in the		s:
10		ions within	the time period described in	istic (
10	Int V Compliance Questions During the plan year:	ions within iary Corre ? (Do not ir	the time period described in ction Program)		Yes			mount
<u>10</u> a	Int V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc) Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ions within iary Corre ? (Do not ir	the time period described in ction Program)	10a	Yes	No		mount
10 a b	Int V Compliance Questions During the plan year:	ions within iary Corre ? (Do not ir fidelity bon	the time period described in ction Program)	10a 10b	Yes	No x		mount
10 a b c	Int V Compliance Questions During the plan year:	ions within iary Corre ? (Do not ir fidelity bon er persons of the bene	the time period described in ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c	Yes	No x x		mount
10 a b c d	Int V Compliance Questions 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 Fidue) Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all complete the provides some or all	ions within iary Corre ? (Do not ir fidelity bon fidelity bon er persons of the bene	the time period described in ction Program)	10a 10b 10c 10d	Yes	No x x		1,201
10 a b c d d e	Int V Compliance Questions 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 Fidue) Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan	ions within iary Corre ? (Do not ir fidelity bon er persons of the bene	the time period described in ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d 10e	Yes	No x x x x		1,201
10 a b c d d f	Int V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Image: Covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Image: Covered by a fidelity bond? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	ions within iary Corre- ? (Do not ir fidelity bon fidelity bon er persons of the bene	the time period described in ction Program)	10a 10b 10c 10d	Yes	No x x x		1,201
10 a b c d d e e f f g g h	Int V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)	ions within iary Corre ? (Do not ir fidelity bon er persons of the bene s of year en See instruc	the time period described in ction Program)	10a 10b 10c 10d 10e	Yes	No x x x x		1,201
10 a b c d d f	Int V Compliance Questions 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) Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (See instructions)	ions within iary Correct ? (Do not ir fidelity bon er persons of the bene s of year en See instruc- e required	the time period described in ction Program)	10a 10b 10c 10d 10e 10f 10g	Yes	No x x x x x x x x		1,201
10 a b c d d e f f g h i	Int V Compliance Questions 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) Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th	ions within iary Correct ? (Do not ir fidelity bon er persons of the bene s of year en See instruc- e required	the time period described in ction Program)	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No x x x x x x x x		1,201
10 a b c d d e f f g h i	Int V Compliance Questions 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) Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ions within iary Corre ? (Do not ir fidelity bon er persons of the bene s of year en See instruc- e required -3 ents? (If "\	the time period described in ction Program)	10a 10b 10c 10d 10f 10g 10h 10h 10i	Yes x x	No x x x x x x x x x	A 	1,201
10 a b c d d e e f f g g h h i i	Int V Compliance Questions 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) Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement	ions within iary Corre ? (Do not ir fidelity bon er persons of the bene s of year er See instruction e required -3	the time period described in ction Program)	10a 10b 10c 10d 10f 10g 10h 10h 10i	Yes x x chedu	No x x x x x x x x x	A 	1,201 2,601

(If "Yes," complete line 12a or lines 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 а granting the waiver Month Day Year

	Form 5500-SF 2014	Page 3-						
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year		••••••	12b				
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 negative amount)	-		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadl	ine?			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?		•••••	🗌 Ye	es 🗴 No)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this yea	r	••••••	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?			ntrol		Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to ar which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)							
14a 🛛	Name of trust			14b ⊤	rust's EIN			
Ovidio M Penalver MD, PS 401(k) PSP					91-1884103			