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 Revenue Code (the Code).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		t Identification Information				
For calenda	ar plan year 2014 or	fiscal plan year beginning 01/01/2	014	and ending 12	/31/2014	
A This ret	turn/report is for:	X a single-employer plan □	of participating emplo	olan (not multiemployer) oyer information in accord		
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	rn/report (less than 12 m	onths)	
C Check I	box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name C. TERRY V	of plan VASHBURN DDS 40	1K			1b Three-digit plan numbe	r 001
					(PN) 1c Effective da	
						1/01/2012
2a Plan si	ponsor's name and a	ddress; include room or suite numb	er (employer, if for a single	-employer plan)	 	entification Number
	ASHBURN DDS		3 (, , , , , , , , , , , , , , , , , ,	,		6-1233896
94 MAIN ST	SUITE 204				2c Sponsor's to	elephone number 5-243-2421
GENESEO, I					2d Business co	de (see instructions)
					62	21210
3a Plan a	dministrator's name a	and address XSame as Plan Spon	sor.		3b Administrate	r's EIN
					3c Administrate	or's telephone number
					JC Administrate	1 3 telephone number
		ne plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	
	, ⊑iiv, and the pian hi or's name	umber from the last return/report.			4c PN	
		s at the beginning of the plan year.				8
		s at the end of the plan year			5b	8
		account balances as of the end of				
					5c	8
d(1) Tota	al number of active p	articipants at the beginning of the p	an year		5d(1)	7
		articipants at the end of the plan ye			5d(2)	6
		terminated employment during the p			5e	0
Caution: A	nenalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable car	use is established	
Under pena SB or Sche	alties of perjury and or edule MB completed	other penalties set forth in the instru- and signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/re	port, including, if ap	plicable, a Schedule
belief, it is	true, correct, and con		T T	T		
SIGN HERE	Filed with authorized	d/valid electronic signature.				
	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator
SIGN						
HERE		oyer/plan sponsor	Date	Enter name of individ		
Preparer's	name (including firm	name, if applicable) and address (in	nclude room or suite numbe	er) (optional)	Preparer's teleph	one number (optional)

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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a superior of the contraction of the plan cannot waite the contraction of t	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ d use	PA) Form	5500.			X Ye	s 🗌 No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)?		Yes	∐No	Пи	lot dete	rmined
Par	t III Financial Information	I	1		1					
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of		0.45
	Total plan assets	7a	1348		-				204	
b	Total plan liabilities	7b		0						0
С	Net plan assets (subtract line 7b from line 7a)	7c	1348	351					204	645
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Tot	al	
	Contributions received or receivable from: (1) Employers	8a(1)	184	105						
	(2) Participants	8a(2)	487	767						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	62	262						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							73	434
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d	36	640						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3	640
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							69	794
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	•			•					
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the inst	tructio	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in t	he instr	uction	s:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Aı	mount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			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				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
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	nefits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			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						
Part	VI Pension Funding Compliance					_				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	s X No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding						FRISA1	,	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, UI 3E	OHOIT C	JUZ UI	LINIOA			110
	If a waiver of the minimum funding standard for a prior year is being		•	ctions	and e	ntar th	ne date	of the	letter r	ulina

......Month

Day

Year

granting the waiver.

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			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	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Department of the Tressury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

2014

This Form is Open to Public Inspection

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

i pi	Annual Repor	t Identification Information		tions to the Form 55	00-SF.	
	calendar plan year 2014 or fi		01/01/2014	and ending	12/31/201	1
A -	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report		an (not multiemployer) rer information in acco) (Filers checking this rdance with the form	box must attach a list
C	Check box if filing under:	x Form 5558 special extension (enter desc	automatic extension		DFVC pn	ogram
li di	Hasic Plan Inf	ormation — enter all requested				
	Name of plan C. Terry Washburn		((Normation		1b Three-digit plan numbe (PN) ▶ 1c Effective da	001
					01/01/20	12
2a	Plan sponsor's name and a C. Terry Washburn	ddress; include room ar suite numb DDS	er (employer, if for a single-	employer plan)	(EIN) 16-	
	94 Mpin St Spite 204				(585) 24	
	US Gemeseo NY 14454				2d Business co 621210	de (see instructions)
3a	Plan administrator's name	and address X Same as Plan Sp	onsor Name		3b Administrati	or's EIN
4	If the name and/or EIN of the name, EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN	:
_a	Sponsor's name				4c PN	
5a		s at the beginning of the plan year			. <u>5a</u>	8
b	Total number of participant	s at the end of the plan year			_ 5b	8
C	Number of participants with complete this item)	account balances as of the end of	the plan year (defined bene	fit plans do not	. 5c	8
d(1) Total number of active pa	articipants at the beginning of the pl	an year		_ 5d(1)	7
d(2) Total number of active pa	articipants at the end of the plan yea	37		_ 5d(2)	6
_e	Number of participants that less than 100% vested	terminated employment during the	plan year with accrued ben	efits that were	5e	0
Ca	ution: A penalty for the lat	e or incomplete filing of this retu	m/report will be assessed	uniess reasonable c	ause is established	
be	der penalties of perjury and 3 or Schedule MB completed dief, it is true, correct, and co	other penalties set forth in the instruent and signed by an enrolled actuary, mplets.	uctions, I declare that I have as well as the electronic ve	examined this return/reposition of this return/reposition	report, including, if a ort, and to the best o	nplicable, a Schedule f my knowledge and
S	IGN CEL	1 Willen				
1	ERE Signature of plan ad	ministrator Valle-	Date/6-(5:77	Enter name of individ	lual signing as plan a	dministrator
Date / Enter name of individual signing as employer or plan sponsor						
Pr	eparer's name (including firm	n name, if applicable) and address:	include room or suite numbe	er (optional)	Preparer's teleph	one number (optional)
				٠		

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6a V	Vere all of the plan's assets during the plan year invested in eligible	assets? (S	See Instructions.)					X Ves	□No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							1 1 CO	
ι	under 29 CFR 2520.104-467 (See instructions on waiver eliobility and conditions.)							XYes	□No
1	f you answered "No" to either line 6a or line 6b, the plan canno	t use For	n 5500-SF and must instead u						
	f the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section 4021)? .	···[Yes	5 No	☐ Not	determined
Rai	Financial Information								
7 1	Plan Assets and Liabilities	港市場	(a) Beginning of Year				(b) End o	f Year	
<u>a</u> .	Total plan assets	7a	134,85	i 1				204	,645
<u>p</u> .	Total plan liabilities	7b		0					0
	Net plan assets (subtract line 7b from line 7a)	7c	134,85	<u> 1</u>	<u> </u>			204	, 645
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	ない。	(a) Amount		77647	410.2.	(b) To	otal	
	1) Employers	8a(1)	18.40)5					44.04°
	(2) Participants	8a(2)	48,76	7				14.10	
	(3) Others (including rollovers)	8a(3)		0	\$ £	19	in the second of		建建铁 红
ь	Other income (loss)	8b	6,26	2	25.2	1989		的变变	观察的对
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			N .			73	,434
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	9.4	3.64	ΙΔ.	聖法	运用			
-	Certain deemed and/or corrective distributions (see instructions)	8d	3,64	0	351 ME	en Carlo		orași Proje	
	Administrative service providers (salaries, fees, commissions)	8e 8f		0	(2) 12 (2) 12				建筑为3个产品
	Other expenses			0	学校学			erenener Medelek	enternikering Sulukunasi
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h			SERVERY.	YOU DE CONTRACTOR OF THE PERSON OF THE PERSO	AND HELLEN, AND THE PERSON AND PROPERTY.		.640
	Net income (loss) (subtract line 8h from line 8c)	8i		eriori Santa	ë i				.794
	Transfers to (from) the plan (see instructions)	8;		Chelly.	E SHOPE	- E-1	ed the time		
	Plan Characteristics	1 03	1		N. Selve	Marie 1	er gewyr - e sw	aren arang	अनुसरीयक्षाक्षास्त्र समिति । इ.स.च्या
	If the plan provides pension benefits, enter the applicable pension fe	atura code	as from the List of Dien Charach		Codo	_ 1_ 41-			
	2A 2E 2G 2J 3D	awie oou	s nom me list of Plan Charact	#1150C	Code	s m w	e instructio	ns:	
						•	•		
~	If the plan provides welfare benefits, enter the applicable welfare fea	illre code	s from the List of Plan Character	istic (Jodes	in the	instruction	s:	
153	Compliance Questions				····				
10	During the plan year:				Yes	N	1	4	
<u></u>	Was there a failure to transmit to the plan any participant contribut	lions within	the time negled described in		162	No		Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a		x			
b 	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		x			
	Was the plan covered by a fidelity bond?			10c		x			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	d, that was caused by fraud	10d		x			"
6	Were any fees or commissions paid to any brokers, agents, or oth	er persons	by an insurance carrier.				 		
	insurance service, or other organization that provides some or all	of the bene	efits under the plan? (See						
	instructions.)			10e	<u> </u>	X			
	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	109		ж			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See Instru	ctions and 29 CFR	10h		x		5. 15. 47.15	公共15000000000000 000000000000000000000000
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	ae required	I natice or one of the	10i				F153.60.40	edia escate: 11 s
Pa	Pension Funding Compliance						-designation	AND LANGUAGE	क्रमान्यक्रमान्यकार्थिते व
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and comp	lete S	Schedi	ile SB	(Form		F=71
11:	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr						**********	<u> ``'</u>	es 🗵 No
12	Is this a defined contribution plan subject to the minimum funding			r sec	 tion 30)2 of F	RISA?	ПУ	es 🗷 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	as applic	able.)						
2	If a waiver of the minimum funding dandard for a nelse weer is hely	· cppila	ad in this plan upor pap instruct	lang	and o	ntar th	a data of fi	na latter i	วเมือง

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	Form 5500-SF 2014	ge J- LI			
<u>IF</u> y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and			"	
<u>b</u>			12b		
c	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 minunegative amount)	is sign to the left of a	12d		
0	The state of the s			Yes No N/A	
Par	Plan Terminations and Transfers of Assets		<u>- — </u>	TOS ELINO ELINOR	
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?		Пу	s 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 of the PSGC?	plan, or brought under the con	ontrol Yes X No		
C	If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)	plan(s), identify the plan(s) to		755 (=2.140	
	13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(s)	
	•				
Par	Trust Information (optional)				
14a	Name of trust		14b Trust's EIN		