-	m 5500-SF	Short Form Annual	Return/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 u	nder sections 104 and 4			2014
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (El	RISA), and sections 605 evenue Code (the Code		Internal	This Form is Open to Public Inspection
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	ordance with the instr	ructions to the Form 55	00-SF.	
Part I		dentification Information		and anding 10/	24/2044	
For calenda		cal plan year beginning 01/01/2014 X a single-employer plan	1		31/2014	king this hav must attach a list
	urn/report is for:	a one-participant plan	of participating emplo a foreign plan	yer information in accord		king this box must attach a list he form instructions)
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		D	FVC program
		special extension (enter descripti	on)			
Part II	Basic Plan Info	mation—enter all requested inform	nation			
1a Name TAILOR-MA		OFIT SHARING PLAN			1b Thre plan (PN)	number
					1c Effect	ctive date of plan
	consor's name and add RNEY, DMD, PLLC	lress; include room or suite number (employer, if for a single-	-employer plan)	2b Emp (EIN)	loyer Identification Number
7233 W DES	CHUTES AVE, SUITE	F			2c Spor	nsor's telephone number 509-374-4077
KENNEWICK		-			2d Busi	ness code (see instructions) 621210
3a Plan a	dministrator's name an	d address XSame as Plan Sponsor.			3b Adm	inistrator's EIN
4 If the r	name and/or FIN of the	plan sponsor has changed since the	last return/report filed f	or this plan, enter the	4b EIN	inistrator's telephone number
	EIN, and the plan num	ber from the last return/report.			4C PN	
·		at the beginning of the plan year			5a	6
b Total r	number of participants	at the end of the plan year			5b	6
		ccount balances as of the end of the			5c	6
•	,	ticipants at the beginning of the plan			5d(1)	6
d(2) Tota	al number of active par	ticipants at the end of the plan year			5d(2)	6
e Numbe less th	r of participants that ter an 100% vested	minated employment during the plan	year with accrued bene	efits that were	5e	0
Caution: A	penalty for the late o	r incomplete filing of this return/re	port will be assessed	unless reasonable cau	ise is estat	olished.
SB or Sche		er penalties set forth in the instruction d signed by an enrolled actuary, as w lete.				
SIGN		alid electronic signature.				
HERE	Signature of plan ac	Iministrator	Date	Enter name of individu	ual signing	as plan administrator
SIGN HERE						
	Signature of employ name (including firm na	rer/plan sponsor ame, if applicable) and address (inclu	Date de room or suite numbe			as employer or plan sponsor s telephone number (optional)
		and OMB Control Numbers see the in				Earm 5500-SE (2014)

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)				X Yes	No
b	Are you claiming a waiver of the annual examination and report of a	•		``	,		V voo	No
	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							INU
c	If the plan is a defined benefit plan, is it covered under the PBGC in							Ч
			rogram (see ErrioA section 40	21):		103		u
7							/// · · · · · · · · · · · · · · · · · ·	
<u> </u>	Plan Assets and Liabilities	_	(a) Beginning of Yea 3133		_		(b) End of Year 334211	
<u>a</u>	Total plan assets	7a	0100	50	_		554211	
	Total plan liabilities	7b 7e	3133	58	_		334211	
	Net plan assets (subtract line 7b from line 7a)	7c			+			
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
ŭ	(1) Employers	8a(1)	72	76				
	(2) Participants	8a(2)	119	32				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	16	645				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					20853	
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d						
	Certain deemed and/or corrective distributions (see instructions)	8e			_			
f	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-		20853	
<u>+</u>	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			-		20000	
ر ا		8j						
	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	actoria	etic Co	dae in	the instructions:	
34	2E 2F 2G 2J 2K 3D			acteria				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:	
Par	V Compliance Questions						1	
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 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		Х		
С	Was the plan covered by a fidelity bond?			10c	x		250	000
d								
	or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all							
	instructions.)			10e		Х		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х		458	358
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			×		
<u> </u>	2520.101-3.)			10h		Х		
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			10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,		•				No
<u>11</u> a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line <u>3</u> 9			11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)					
а	If a waiver of the minimum funding standard for a prior year is beir	a amortiz	ed in this plan year see instru	rtione	and	ontor th	a data of the latter ruling	

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 Enter the minimum required contribution for this plan year		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 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 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 th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

For	m 5500-SF	Short Form Annual		of Small Empl	oyee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed u	Benefit Plan nder sections 104 and 4	065 of the Employee R	etirement		2014
	partment of Labor nefits Security Administration	Income Security Act of 1974 (El		7(b) and 6058(a) of the			orm is Open to lic Inspection
Pension Be	nefit Guaranty Corporation	Complete all entries in acc	ordance with the instr	uctions to the Form 5	500-SF.	1 40	ic mapeetion
Part I		dentification Information		and an the			
For calenda	ar plan year 2014 of its	cal plan year beginning 01/01/20	T		12/31/2014		
A This retu	urn/report is for: rn/report is	a single-employer plan a one-participant plan the first return/report a an amended return/report	of participating employ a foreign plan the final return/report	an (not multiemployer) yer information in accord n/report (less than 12 m	dance with t	1.5	
C Check h	ox if filing under:	X Form 5558	automatic extension		П о	FVC progra	ım
C CHECK D	iox in ming under.	special extension (enter descripti	1				
			*				
Part II	Basic Plan Info	mation—enter all requested inform	nation		1	-	
1a Name of Tailor-Made	of plan Smiles 401(k) Profit Sl	naring Plan			1b Threplan plan (PN)	number	001
						tive date o 1/2008	f plan
	oonsor's name and add ney, DMD, PLLC	lress; include room or suite number (employer, if for a single-	employer plan)	10 million - 10 mi	oyer Identi 22-39746	fication Number 16
7000 14/ 0					2c Spor	and the second se	hone number 374-4077
7233 VV. Des	chutes Ave, Suite E				CONTRACTOR AND	10	see instructions)
Kennewick.					62121	0 nistrator's l	-151
Ja Plan ac	iministrator's name an	d address XSame as Plan Sponsor.			30 Admi	nistrator s i	EIIN
4 If the n	ame and/or EIN of the	plan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b EIN		elephone number
	· · ·	ber from the last return/report.	2		40.00		
a Sponso		at the beginning of the plan year			4C PN		
	80 G C C C C	at the end of the plan year			5a		6
	17 (M)	at the end of the plan year			5b		0
		iccount balances as of the end of the			5c		6
d(1) Tota	I number of active par	ticipants at the beginning of the plan	year		5d(1)		6
d(2) Tota	al number of active par	ticipants at the end of the plan year			5d(2)		6
		rminated employment during the plan			5e		0
Under pena SB or Sche	lities of perjury and oth	r incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as v lete	ns, I declare that I have	examined this return/re	oort, includir	ng, if applic	
SIGN	Cong	and any	1/6/2016	Dr. Craig Barney			
HERE	Signature of plan ad	Iministrator	Date	Enter name of individ	ual signing a	as plan adr	ninistrator
SIGN							
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual signing :	as employe	r or plan sponsor
Preparer's		ame, if applicable) and address (inclu	and the second se				number (optional)
For Paperwo	ork Reduction Act Notice	e and OMB Control Numbers, see the in	structions for Form 5500-	SF.			Form 5500-SF (2014)

2015-12-06T17 01 44.14-06.00

Form 5500-SF 2014		Page 2				
Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instea	nt (IC d use	PA) Form	5500.	X Yes No
			21):		163	
		(a) Designing of Ver		- <u>r</u>		
	70		N/ 1	+-		(b) End of Year 334211
		01000		+-		554211
	1.45	31335	8			334211
	10			-		Contraction of the second seco
Contributions received or receivable from:	8a(1)		3			(b) Total
		1193	2			
	1					
Other income (loss)	8b	164	5			
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					20853
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
Certain deemed and/or corrective distributions (see instructions)	8e					
Administrative service providers (salaries, fees, commissions)	8f					
Other expenses	8g					
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			3		
Net income (loss) (subtract line 8h from line 8c)	8i					20853
Transfers to (from) the plan (see instructions)	8j			6.4		
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe						
		a e 241 9.11		Yes	No	Amount
			10a		x	
Were there any nonexempt transactions with any party-in-interest	? (Do not i	include transactions reported	10b		x	
Was the plan covered by a fidelity bond?			10c	X		25000
그렇게 가슴 것을 만들었다. 여행에서 잘 잘 잘 했는지 않는 것을 잘 다 봐야? 것을 것 것이라는 것을 가지 않는지 않는지 않는지 않는지 않는지 않는지 않는 것을 많은 것을 했다. 그 것을 많이 많이 많이 많은 것 같은		A CARLEN AND A CARLEN AND A CARLEN AND A CARLEN AND A CARLENA AND A CARLENA AND A CARLENA AND A CARLENA AND A C	10d		x	
insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See	10e		x	
Has the plan failed to provide any benefit when due under the pla	n?		10f		х	
Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10a	X		45858
			10h		x	
If 10h was answered "Yes," check the box if you either provided the	he required	d notice or one of the	10i			
VI Pension Funding Compliance						
Is this a defined benefit plan subject to minimum funding requirem						
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and repot of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers) Other income (loss)	Were all of the plan's assets during the plan year invested in eligible assets? Are you claiming a waiver of the annual examination and report of an independent of 29 CFR 252.0104-467 (See instructions on waiver eligibility and condition of the plan is a defined benefit plan, is it covered under the PBGC insurance Point III [Financial Information] Plan Assets and Liabilities 7a Total plan assets. 7a Total plan assets. 7a Total plan assets (subtract line 7b from line 7a) 7c Income, Expenses, and Transfers for this Plan Year 7a Contributions received or receivable from: 8a(1) (1) Employers 8a(2) (3) Others (including rollovers) 8a Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) 8f Other expenses 8g Total expenses (indom the plan (see instructions) 8e It he plan provides pension benefits, enter the applicable pension feature co 2E Z Z 2.3 2.4 Marines at (from the plan any participant contributions with any party-in-interest? (Do not on line 10a.) 8i	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you daiming a waiver of the annual examination and report of an independent qualified public accountant ((Guider 20 CFR 250.104-66? (See instructions on waiver eligibling and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead used if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? III Financial Information Plan Assets and Liabilities (a) Beginning of Year Total plan assets (subtract line 7b from line 7a)	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a valver of the annual examination and report of an independent qualified public accountant ((QPA) under 28 CFR 2520.104.46? (See instructions on yourse eligible) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 11the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Image: Comparison of the plan sasets Image: Comparison of the plan sasets 7a 313355 Total plan assets 7a 313355 Total plan assets (subtract line 7b from line 7a) 7c 313356 Income, Expenses, and Transfers for this Plan Year (a) Amount Contributions received or receivable from: 0 (1) Employers 8a(1) 7276 113356 104 informe (dots) 8a(2) 11932 104 104 informe (dots) 8a(3) 0 1045 104 informe (dots) 8a(3) 0 1045 104 informe (dots) 8a(3) 0 1045 104 informe (dots) 8a(3) 0 0 104 informe (dots) 8a(3) 0 0 104 informe (dots) 8a(3) 0 0 <td< td=""><td>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) More 20 CFR 220.104-46? (See instructions on your waiver eligibity mode onditions.) The output of the other line 6a or line 6b, the plan cannot use Form 5500.5F and must instead use Form 5500. If use financial Information (a) Beginning of Year Yes Plan Assets and Liabilities 7a 313358 Total plan inbitities 7b 313358 Income, Expenses, and Transfers for this Plan Year (a) Amount Controlutions received form: Se(2) 11932 2 (3) Others (including rollovers) 8a(2) 11932 (3) Others (including rollovers) 8a(3) 2 Other income (loss) 8b 1645 Total instructions on workers and insurance premiums 8d 2 Other income (loss) 8d 2 Certain deemed and/or corrective distributions (see instructions) 8d 2 Total appenies 2d (including orter others and insurance premiums 8d 2 Total appenies 2d (including orter others and insurance premiums 8d 2 Total appenises (add lines 8d, f), and</td></td<>	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) More 20 CFR 220.104-46? (See instructions on your waiver eligibity mode onditions.) The output of the other line 6a or line 6b, the plan cannot use Form 5500.5F and must instead use Form 5500. If use financial Information (a) Beginning of Year Yes Plan Assets and Liabilities 7a 313358 Total plan inbitities 7b 313358 Income, Expenses, and Transfers for this Plan Year (a) Amount Controlutions received form: Se(2) 11932 2 (3) Others (including rollovers) 8a(2) 11932 (3) Others (including rollovers) 8a(3) 2 Other income (loss) 8b 1645 Total instructions on workers and insurance premiums 8d 2 Other income (loss) 8d 2 Certain deemed and/or corrective distributions (see instructions) 8d 2 Total appenies 2d (including orter others and insurance premiums 8d 2 Total appenies 2d (including orter others and insurance premiums 8d 2 Total appenises (add lines 8d, f), and

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 requirements of section 412 of the Code or section 302 of ERISA?...
 Yes
 No

 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
 Yes
 Yes
 Yes

	Form 5500-SF 2014	Page 3 - [1						
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (I	orm 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	ar			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the rear negative amount)			and the second sec	12d				
е	Will the minimum funding amount reported on line 12d be met by the fund	ding 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?					Yes	XN)	
	If "Yes," enter the amount of any plan assets that reverted to the employe	er this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transf of the PBGC?							Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another p	blan(s), identify tl	ne plan(s)	to				
1	3c(1) Name of plan(s):			1	3c(2) [EIN(s)		13c(3) PN(s)
Part	VIII Trust Information (optional)								
14a	Name of trust				14b ⁻	Frust'	s EIN		

page 2

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		11112	06.1

Form 5500-SF	Short Form Ann	ual Return/Report of Small En	nployee	OMB Nos. 1210-011 1210-008
Department of the Treasury Internal Revenue Service	This form is required to be f	Benefit Plan iled under sections 104 and 4065 of the Employe	Dation	2014
Department of Labor Employee Benefits Security Administration	Income Security Act of 197	(4 (ENISA), 800 Sections 6057(h) and 6058(a) of	the internal	
Pension Benefit Guaranty Corporation		Revenue Code (the Code).	-1	This Form is Open to Public Inspection
Part I Annual Report	NUCLING AUGO INTORMORIA	n accordance with the instructions to the Fon	m 5500-SF.	
For calendar plan year 2014 or fis	scal plan year beginning 01/0	01/2014 and ending	12/31/2014	
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemploy	er) (Filers check	ino this box must attach a lis
A mis return eport is lor.	a one-participant plan	or participating employer information in ac	cordance with th	e form instructions)
B This return/report is	the first return/report	L a foreign plan		3
Prov. Bistoparton and Antonia	an amended return/report		14 (2) (2)	
		a short plan year return/report (less than 1)	2 months)	
C Check box if filing under:	Form 5558	automatic extension		VC program
	special extension (enter desc	cription)		
Part II Basic Plan Infor	mation-enter all requested in	atomation		
la Name of plan			1 1h Three	
ailor-Made Smiles 401(k) Profit Sh	haring Plan		1b Three plan n	umber
44 			(PN)	001
				ve date of plan
2a Plan sponsor's name and add	iress; include room or suite numb	per (employer, if for a single employer plan)	01/01/	
raig K. Barney, DMD, PLLC	× ×	an a		yer Identification Number 22-3974616
		.49		or's telephone number
233 W. Deschutes Ave, Suite E				(509) 374-4077
ennewick. WA 99336		<i>n</i>		ss code (see instructions)
Ba Plan administrator's name and			621210	
	1 address XSame as Plan Spon:	SOr.		
t an	d address XISame as Plan Spon	SOF.	3b Admini	strator's EIN strator's telephone number
	d address ⊠Same as Plan Spon	SOF.	3b Admini	strator's EIN
If the name and/or EIN of the r	plan sponsor has changed since	9 10 B	3b Admini 3c Admini	strator's EIN
If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since	sor. the last return/report filed for this plan, enter the	3b Admini	strator's EIN
If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name	plan sponsor has changed since to ber from the last return/report.	the last return/report filed for this plan, enter the	3b Admini 3c Admini 4b EIN	strator's EIN
If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name a Total number of participants at	plan sponsor has changed since ber from the last return/report. t the beginning of the plan year	the last retum/report filed for this plan, enter the	3b Admini 3c Admini 4b EIN 4c PN	strator's EIN
If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name a Total number of participants at b Total number of participants at	plan sponsor has changed since ber from the last return/report. It the beginning of the plan year	the last retum/report filed for this plan, enter the	3b Admini 3c Admini 4b EIN 4c PN	strator's EIN strator's telephone number
 If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name a Total number of participants at b Total number of participants with accomplete this item) 	plan sponsor has changed since ber from the last return/report. It the beginning of the plan year t the end of the plan year	the last retum/report filed for this plan, enter the	3b Admini 3c Admini 4b EIN 4c PN 5a 5b	strator's EIN strator's telephone number 6 6
 If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name a Total number of participants at b Total number of participants with accomplete this item) 	plan sponsor has changed since ber from the last return/report. It the beginning of the plan year t the end of the plan year	the last retum/report filed for this plan, enter the	3b Admini 3c Admini 4b EIN 4c PN 5a 5b 5c	strator's EIN strator's telephone number 6
If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name a Total number of participants at b Total number of participants with acc complete this item)	plan sponsor has changed since ber from the last return/report. It the beginning of the plan year t the end of the plan year count balances as of the end of the cipants at the beginning of the pla	the last retum/report filed for this plan, enter the the plan year (defined benefit plans do not an year	3b Admini 3c Admini 3c Admini 4b EIN 4c PN 5a 5c 5c 5d(1)	strator's EIN strator's telephone number 6 6
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_	Form 5500-SF 2014		Page 2				
b	Were all of the plan's assets during the plan year invested in eligibl 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	an independ and conditio	dent qualified public accounta	int (IC	PA)		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section 40)21)?		Yes 🗌 N	lo
Par	rt III Financial Information						
7	Plan Assets and Liabilities	1.	(a) Beginning of Yea	ır		(b) End of Year
а	Total plan assets	7a	31335	8		- 1	329539
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	31335	8			329539
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	a. (1)	469	0	50		
	(1) Employers	8a(1)	977			-	
_	(2) Participants	8a(2)	977	5	-		
	(3) Others (including rollovers)	8a(3)	171	<u>c</u>	100		
	Other income (loss)	8b		0			
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d					16181
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f			197		
- 300	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
i	Net income (loss) (subtract line 8h from line 8c)	8i		1			16181
	Transfers to (from) the plan (see instructions)	8i			1		
Par	t IV Plan Characteristics						
1000 140/202	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature cod	les from the List of Plan Char	acteris	stic Co	des in the i	instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe		(
		eature code	is from the List of Plan Chara	cterist	ic Cod	es in the in	structions:
Pari	V Compliance Questions	eature code	s from the List of Plan Chara	cterist	ic Cod	es in the in	structions:
	t V Compliance Questions	eature code	Is from the List of Plan Chara	cterist	ic Cod Yes	es in the in	structions:
Part 10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in	cterist		No	
10 a	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 Fidu	tions within uciary Corre	the time period described in action Program)	cterist			
10 a	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 Fidu Were there any nonexempt transactions with any party-in-interest	tions within uciary Corre ? (Do not ir	the time period described in action Program) nclude transactions reported	10a		No	
a	During the plan year: Was there a failure to transmit to the plan any participant contribur 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within uciary Corre ? (Do not ir	the time period described in ection Program) nclude transactions reported	10a 10b		No X	Amount
10 a b c	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 Fidu 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	tions within uciary Corre ? (Do not ir fidelity bon	the time period described in ection Program) nclude transactions reported d, that was caused by fraud	10a 10b 10c	Yes	No X	Amount
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribur 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 or dishonesty?	tions within Jciary Corre ? (Do not ir fidelity bon	the time period described in action Program) nclude transactions reported d, that was caused by fraud	10a 10b	Yes	No X	Amount
10 a b c d	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 Fidu 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	tions within uciary Corre ? (Do not ir fidelity bon mer persons of the bene	the time period described in ection 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	
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribur 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	tions within uciary Corre ? (Do not ir fidelity bon ner persons of the bene	the time period described in ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d	Yes	No X X X X X	Amount
10 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribur 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	tions within uciary Corre ? (Do not ir fidelity bon her persons of the bene n?	the time period described in ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d	Yes	No X X X X X X X X X X	Amount
10 a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribur 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	tions within uciary Corre ? (Do not ir fidelity bon ner persons of the bene n? s of year er (See instruc	the time period described in ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR	10a 10b 10c 10d 10e 10f	X	No X X X X X X X X X X	Amount 2500

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch 5500) and line 11a below)		3 (Form	Ye	s 🗙 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 requirements of section 412 of the Code or section	n 302 of	ERISA?	Ye	s 🗙 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				

a 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 _____ Day ____ Year ____

	Form 5500-SF 2014	Page 3 - 1					
lf	you completed line 12a, complete lines 3, 9, and 10 of S	chedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year.			12b			
	Enter the amount contributed by the employer to the plan f	for this plan year		12c	1		
d	Subtract the amount in line 12c from the amount in line 12 negative amount)	b. Enter the result (enter a minus sign to the left	ofa	12d			
e	Will the minimum funding amount reported on line 12d be				Yes	No	N/A
Part	VII Plan Terminations and Transfers of As	sets					
13a	Has a resolution to terminate the plan been adopted in any pla	an year?			Yes X No	V.	
	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 bene of the PBGC?		under the c	ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transf which assets or liabilities were transferred. (See instruction		ne plan(s) to	0			
1	3c(1) Name of plan(s):		13	c(2) El	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)						
14a	Name of trust		1	4b Tr	rusťs EIN		