## 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** 

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit UROLOGIC CONSULTANTS, PLLC 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 002 1c Effective date of plan 09/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number UROLOGIC CONSULTANTS, PLLC (EIN) 91-1683971 Sponsor's telephone number 253-840-4994 1519 - 3RD ST. S.E., SUITE 210 PUYALLUP, WA 98372 Business code (see instructions) 621112 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year ...... 5a 41 **b** Total number of participants at the end of the plan year..... 5b 39 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 39 complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 24 d(2) Total number of active participants at the end of the plan year..... 5d(2) 8 e Number of participants that terminated employment during the plan year with accrued benefits that were 2 5e less than 100% vested.

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

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

belief, it is t	true, correct, and complete.							
SIGN	Filed with authorized/valid electronic signature.	10/05/2016	DOUGLAS R. KING	lG				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spor					
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)				

	Form 5500-SF 2014		Page <b>2</b>							
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 lifyou answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control	an indepe and condit	ndent qualified public accountations.)	int (IQ	PA)			X Ye		No No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	)21)?		Yes	No	Not det	ermine	d
Par	t III Financial Information		1							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	64107	′54				6562	2865	
	Total plan liabilities	7b	64107	75.1				6562	2865	
	Net plan assets (subtract line 7b from line 7a)	7c		U-T	-		/b\ T		2000	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	3143							
	(2) Participants	8a(2)	1701	177						
	(3) Others (including rollovers)	8a(3)	2750	200						
	Other income (loss)	8b	3759	100				0.60	0526	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c						800	J326	
	to provide benefits)	8d	7042	248						
е	Certain deemed and/or corrective distributions (see instructions)	8e		500						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	36	667						
	Other expenses	8g						70		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3415 2111	
	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	8i						132	2111	
Par	, , , , , ,	8j								
b	2A 2E 2G 2J 2K 2R 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature coo	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ons:		
10	During the plan year:				Yes	No		Amount	İ	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X				5000	)00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
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 ber	efits under the plan? (See	10e		X				
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		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			10i						
Part							,			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Υe	es	No
	Enter the unpaid minimum required contribution for current year fr					11a	<u>l</u>			
12										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir		·	ctions	and a	nter +1	ne date of th	a lettor	rulina	
а	granting the waiver	-			, and 6	enter ti Day		ie ietter Year	- uiii ig	_

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		D	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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**

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1210-0089

OMB Nos, 1210-0110

2014

This Form Is Open to Public Inspection

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) UROLOGIC CONSULTANTS, PLLC  2b Employer Identifica (EIN) 91-1693871  2c Sponsor's telephor (253) 84c  2d Business code (see 621112  3a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  5 Total number of participants at the end of the plan year	Inspection
A This return/report is for:    a ce single-employer plan   a multiple-employer plan (not multidemployer) (Filers checking this box of participating employer information in accordance with the form instruction of participating employer information in accordance with the form instruction of participating employer information in accordance with the form instruction of participants are mended return/report   a short plan year return/report (less than 12 months)	
A This return/report is for:    a one-participant plan   a foreign plan   the final return/report   de foreign plan   the final return/report   de foreign plan   the final return/report   de short plan year return/report (less than 12 months)   DFVC program   D	
B This return/report is an amended return/report   Interinal return/report (less than 12 months)   Interinal return/report (le	must attach a uctions)
An amended return/report   a short plan year return/report (less than 12 months)  C Check box if filling under:   Form 5558   automatic extension   DFVC program   DFVC program	
C Check box if filling under: Form 5558   automatic extension   DFVC program   special extension (enter description)    Part II   Basic Plan Information—enter all requested information    1a Name of plan   UROLOGIC CONSULTANTS, PLLC 401(k) PROFIT SHARING PLAN    1c Effective date of plan   1c Effective date of plan number (PN)    1c Effective date of plan   1c Effective date of plan number (PN)    1c Effective date of plan   1c Effective date of plan number (PN)    2a Plan sponsor's name and eddress; include room or surite number (employer, if for a single-employer plan)    2b Employer dentificate (EIN) 91-1693971    2c Sponsor's telephon (253) 84C    2d Business code (see 621112    3a Plan administrator's name and address   Same as Plan Sponsor.    4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.    4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.    4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.    4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.    4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the    5 D Total number of participants at the beginning of the plan year.    5 D Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this fam).    5 C    6 (1)    6 (2)    7 D Total number of active participants at the end of the plan year.    5 D Number of participants that terminated employment during the plan year with accound benefits that were    5 D Number of participants th	
Special extension (enter description)   Part II   Basic Plan Information—enter all requested information     1a Name of plan   UROLOGIC CONSULTANTS, PLLC 401(k) PROFIT SHARING PLAN   1c Effective date of plan number (PN)   1c Effective date of plan number of participants at the beginning of the plan sponsor.   2c Sponsor's label (EIN) 91-1683971	
1 Name of plan UROLOGIC CONSULTANTS, PLLC 401(k) PROFIT SHARING PLAN  2 Plan sponsor's name and eddress; include room or suite number (employer, if for a single-employer plan) UROLOGIC CONSULTANTS, PLLC  2 Plan sponsor's name and eddress; include room or suite number (employer, if for a single-employer plan) UROLOGIC CONSULTANTS, PLLC  2 Employer identification (EIN) 91-1683971 2 C Sponsor's telephore (253) 840 2 d Business code (see 621112) 3 Plan administrator's name and address Same as Plan Sponsor.  3 Administrator's EIN 3 Administrator's EIN 3 Administrator's telephore (263) 840 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 For plan administrator's telephore (263) 840 5 Total number of participants at the beginning of the plan year.  5 D Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this ltem).  5 C Number of participants with account balances as of the end of the plan year.  5 D Total number of active participants at the beginning of the plan year.  5 D Total number of active participants at the beginning of the plan year.  5 D Number of participants that terminated employment during the plan year with accound benefits that were  9 Number of participants that terminated employment during the plan year with accound benefits that were  9 Number of participants that terminated employment during the plan year with accound benefits that were	
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28 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) UROLOGIC CONSULTANTS, PLLC  20 Sponsor's telephor (253) 840 21 Business code (see 621112 32 Plan administrator's name and address Same as Plan Sponsor.  31 Plan administrator's name and address Same as Plan Sponsor.  32 Administrator's teles  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  5 Total number of participants at the beginning of the plan year.  5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this Item).  5 C Complete this Item).  6 Number of participants at the teminated employment during the plan year with accound benefits that were less than 100% vested.	ian
Complete this item	ition Number
3a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 Sponsor's name  5 Total number of participants at the beginning of the plan year.  5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  621112  621112  621112  621112  621112  621 EIN  622 EIN  623 EIN  624 EIN  625 EIN  626 EIN  627 EIN  627 EIN  628 EIN  628 EIN  629 EIN  629 EIN  629 EIN  620 EIN  620 EIN  621 EIN  621 EIN  620 EIN  621 EIN  621 EIN  621 EIN  621 EIN  621 EIN  621 EIN  622 EIN  623 EIN  624 EIN  625 EIN  626 EIN  627 EIN  627 EIN  628 EIN  628 EIN  629 EIN  629 EIN  629 EIN  629 EIN  620 EIN  621	0-4994
Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's telegrater of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3c Plan administrator's telegrater of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3c Plan administrator's EIN account the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4c Plan account plan number of participants at the beginning of the plan year.  5c Description of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  4d(1) Total number of active participants at the beginning of the plan year.  5d(1) cd(2) Total number of active participants at the end of the plan year.  5d(2) Plan number of participants that terminated employment during the plan year with account benefits that were less than 100% vested.	∌ instructions)
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  5a Total number of participants at the beginning of the plan year	
Total number of participants at the beginning of the plan year	
Total number of participants at the end of the plan year	
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	41
d(1) Total number of active participants at the beginning of the plan year.  d(2) Total number of active participants at the end of the plan year.  6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.  5 d(1)	39
d(2) Total number of active participants at the end of the plan year.  6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	39
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	24
less trian 100% vested	8
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Under penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my known in the complete.	, a Schedule wledge and
SIGN X DOUGEN RUNG 10/4/16 X1 /) OUGENS R KING	
Signature of gian administrator Date Enter name of individual signing as plan administrator	trator
Signature of employer/plan sponsor  Tepprer's name (including firm name if employer) and end of the sponsor Date  Enter name of Individual signing as employer or property name (including firm name).	olan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)  Preparer's telaphone num	ber (optional)
or Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 6500-SF.	5500-SF (2014)

6a L	Were all of the plan's assets during the plan year invested in eligit.  Are you claiming a walver of the annual examination and report of under 29 CFR 2520,104-48? (See instructions on waiver eligibility	f an Indepe and cond	endent qualified public accountions.)	tant (I	(QPA)				X Y	es [	No
	ii you answered "No" to either line 6a or line 6b, the plan can	not use F	orm 5500-SF and must inste	ad us	e For	m 550	20.		_		
	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance	program (see ERISA section •	4021)	?[	Ye	s []No		Not de	lermi	ned
P	art III Financial Information							_			
	Plan Assets and Liabilities	1.	(a) Beginning of Ye	ear Sar	$\Box$		(b) E	nd c	f Year		
a	Total plan assets	. 7a	64107		$\neg$		(2) 2	-177 1	65628	65	
<u>_b</u>	Total plan liabilities	. 7b			十						
	Net plan assets (subtract line 7b from line 7a)		64107	54				•	65628	65	
8	Income, Expenses, and Transfers for this Plan Year	T	(a) Amount		$\neg \vdash$	T			-		
a 	Contributions received or receivable from: (1) Employers	. 8a(1)		314369			(b) Total				
	(2) Participants	8a(2)	1701	77						74.1.1	
	(3) Others (including rollovers)		" ""		$\neg$					•	
<u>b</u>			37590	80	$\top$				· · ·		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				_				8605	 26	
d			70424	18		. ,			8000		•
e	Certain deemed and/or corrective distributions (see instructions)	8e	50	ÒÒ					<del></del>		-
f	Administrative service providers (salaries, fees, commissions)	8f	366	37		•		· .			
g	Other expenses	8g				· .		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<del></del>
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)		· ···		-				7084	15	
_ <u>í</u> _	Net income (loss) (subtract line 8h from line 8c)				+				1521		
j	Transfers to (from) the plan (see instructions)	8i		·				_	1921		
Pa	rt IV Plan Characteristics	UJ .				<u> </u>		<u> </u>			·
b Par	2A 2E 2G 2J 2K 2R 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe  t V Compliance Questions	ature code	es from the List of Plan Chara	cteris	tic Cod	les in	the instru	ction	s:		
10	Ouring the plan year:					**-	<del></del>				
а		ions within	the time period described in	10a	Yes	No X	<u> </u>	A	mount		
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not is	nclude transactions reported	10b		х					
C	Was the plan covered by a fidelity bond?			10e	×						
ď		idelity bon	d that was caused by fraud	10d						500	000
	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.)	er persons of the bene	by an insurance carrier, lits under the plan? (See	10e		×		<b></b>			
f	Has the plan failed to provide any benefit when due under the plan	?		10f	Ï	×					
9	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	ıd.),,,,,	10g		х	<del></del>				
h		See instruc	tions and 29 CFR	10h	$\dashv$	×				-	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101-	hantinad e	notice or one of the	101	1				<del>;</del>		
Part	VI Pension Funding Compliance			,						·-	
11	is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Y	es," see instructions and com	plete :	Schedo	ıle SE	3 (Form	1	 ☐ Yes	п	No
11a	Enter the unpaid minimum required contribution for current year from	n Schedu	le SB (Form 5500) 5 20	******	<del></del>				168		-10
12	Is this a defined contribution plan subject to the minimum funding m					11a	CDIA: ±	1 -	7 */		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	edonemen edonemen	ns or section 412 of the Code	ur sec	mon 3	UZ 01	ERISA7	Ш	Yes	X	No
а	If a walver of the minimum funding standard for a prior year is being granting the walver.	amortized	in this plan year, see instruct	tions,	and er	nter the Day	e date of	the I		ling	—

Form 6500-SF 2014 Page 3 - 1		
if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		
b Enter the minimum required contribution for this plan year	3	
puri year	12b	<u> </u>
C Enter the amount contributed by the employer to the plan for the		
C Enter the amount contributed by the employer to the plan for this plan year     Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le		
	l tau	· · · · · · · · · · · · · · · · · · ·
g amount reported on line 12d be met by the funding deadline?		
Part VII Plan Terminations and Transfers of Assets	***************************************	Yes No N/A
13a Has a resolution to terminate the plan been adopted in any plan year?		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	L J Y	es X No
Troto di tric pidit dascis distributed to patticipante er bance-i		
of the PBGC?	t under the control	
C If during this plan year, any assets or flabilities were transferred from this plan to another plan(s), identify which assets or flabilities were transferred. (See instructions.)	the plan(s) to	Yes X No
13c(1) Name of plan(s):	40-40-51	
	13c(2) EIN	(s) 13c(3) PN(s)
	1	
Dani VIII T.	İ	
Part VIII   Trust Information (optional)		
14a Name of trust	14b Tru	st's FIN
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