## 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).

0040

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part I	Annual Report	<b>Identification Information</b>								
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012				
	turn/report is for:	a single-employer plan		olan (not multiemployer)	a one-participant plan					
<b>B</b> This ret	turn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	_				
C Check I	box if filing under:	X Form 5558	automatic extension		DFVC program					
		special extension (enter descr	iption)							
Part II	Basic Plan Info	rmation—enter all requested inf	ormation							
1a Name	of plan	·			1b	Three-digit				
PLA ENDOD	ONTICS, PS 401(K) F	PROFIT SHARING PLAN				plan number				
						(PN) <b>•</b>	001			
					1c	Effective date of plan 01/01/2012				
20 Dlan a		d			26					
PLA ENDO	ponsor's name and ad DONTICS, PS	dress; include room or suite number	er (employer, if for a single	e-employer plan)	20	fication Number 38759				
					20	(EIN) 32-0338759  C Sponsor's telephone number				
910 20TH A	VENUE SW, SUITE B				20	253-77				
PUYALLUP,					2d	Business code (	see instructions)			
						62121	,			
3a Plan a	dministrator's name ar	nd address Same as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN			
LA ENDODO	ONTICS, PS	819 39TH	AVENUE SW, SUITE B			38759				
		PUYALLUI	P, WA 98373		3с	Administrator's 253-770	telephone number			
						255-110	J-1300			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					4b EIN					
name, EIN, and the plan number from the last return/report.				4D EIN						
· · · · · · · · · · · · · · · · · · ·				4c						
5a Total number of participants at the beginning of the plan year				5a	a					
<b>b</b> Total i	number of participants	at the end of the plan year			5b	2				
C Numb	er of participants with	account balances as of the end of	he plan year (defined ben	efit plans do not		b				
			. , ,	•	5c		3			
<b>6a</b> Were	all of the plan's assets	s during the plan year invested in e	ligible assets? (See instru	ctions.)			X Yes No			
		the annual examination and repor					N v. D v.			
		? (See instructions on waiver eligib	•				X Yes   No			
		ther line 6a or line 6b, the plan c								
		or incomplete filing of this return	•							
		her penalties set forth in the instructed and signed by an enrolled actuary, a								
	true, correct, and com		5 Holl do 1115 51551151115 15		.,		oougo uu			
	Filed with outhorized	Colid algebranic signature	10/09/2013	LOUDNIA DI A						
SIGN HERE	riled with authorized/	valid electronic signature.	10/09/2013	LOUBNA PLA						
IILKL	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ıning as plan adr	ninistrator			
SIGN										
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	of individual signing as employer or plan sponsor					
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)				Prep	arer's telephone	number (optional)				

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Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Reginning of Year			(b) End of Year				
	Total plan assets	7a	(a) beginning or rea	(a) Beginning of Year			(b) End of Year 58782			
	Total plan liabilities	7b					00102			
	Net plan assets (subtract line 7b from line 7a)	7c		0			58782			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:		(1)				<b>(</b> 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
	(1) Employers	8a(1)	4157							
	(2) Participants	8a(2)	1720	)9						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					58782			
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0			
	Net income (loss) (subtract line 8h from line 8c)	8i					58782			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Par										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	es in tl	he instructions:			
Part	V Compliance Questions			-		1				
10	During the plan year:				Yes	No	Amount			
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		X				
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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	ner person	s by an insurance carrier,							
	insurance service or other organization that provides some or all constructions.)			10e		X				
f	f Has the plan failed to provide any benefit when due under the plan?					Χ				
						Χ				
<u>9</u>	<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)</li> <li>h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR</li> </ul>			10g		^				
	2520.101-3.)	•		10h		X				
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3									
Part	VI Pension Funding Compliance									
11										
11a	11a Enter the amount from Schedule SB line 39									
12	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   X No									
	(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 beir granting the waiver.		Mon	th	and e	nter th Day	ne date of the letter ruling Year			
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	b Enter the minimum required contribution for this plan year									

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	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?		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 X 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 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

OMB Nos. 1210-0110

1210-0089

## Form 5500-SF

Department of the Treasury Internal Revenue Service

## 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

2012

Department of Labor Employee Benefits Security Administration								
Pension Benefit Guaranty Corporation	Complete all entries in accordant	ce with the instruct	ions to the Form 5500	0-SF.	• •			
Part I Annual Report Identification Information  For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012								
For calendar plan year 2012 or fis			and ending an (not multiemployer)					
A This return/report is for:	L	a one-participant plan						
B This return/report is:		final retum/report						
	an amended return/report	nort plan year retum/	report (less than 12 m	onths) _	_			
C Check box if filing under:		DFVC program						
	special extension (enter description)							
	rmation—enter all requested information	<u>1</u>		1b 1	Three-digit			
1a Name of plan Pla Endodontics, PS 401(k) Profit Sharing Plan					plan number (PN) 001			
					Effective date of plan 01/01/2012			
2a Plan sponsor's name and ade Pla Endodontics, PS	dress; include room or suite number (empl	oyer, if for a single-c	employer plan)	•	Employer Identification Number (EIN) 32-0338759			
819 39th Avenue SW,	Suite B				Sponsor's telephone number 253 - 770 - 1500			
				2d	Business code (see instructions)			
Puyallup	WA 98373	<u></u>	A	1	621210 Administrator's EIN			
	nd address Same as Plan Sponsor Nam	e USame as Plan	Sponsor Address		32-0338759			
Pla Endodontics, PS				3c .	Administrator's telephone number			
819 39th Avenue SW, Suite B					253-770-1500			
Puyallup	Puyallup WA 98373							
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.					<u></u>			
name, ⊨iN, and the plan hur a Sponsor's name	nder from the last retuitmeport.			4c	PN			
	at the beginning of the plan year			5a	3			
•	at the end of the plan year			5b	3			
C Number of participants with	account balances as of the end of the plan	year (defined bene	fit plans do not	5c	3			
	s during the plan year invested in eligible a				X Yes No			
b Are you elaiming a waiver of	s during the plan year invested in eligible a f the annual examination and report of an i	ndependent qualifie	d public accountant (IC	PA)				
under 29 CFR 2520,104-46	? (See Instructions on waiver eligibility and ither line 6a or line 6b, the plan cannot	conditions.)			X Yes No			
	or incomplete filing of this return/repor							
Under popultion of portury and of	her penalities set forth in the instructions, i nd signed by an enrolled actuary, as well a	declare that I have o	examined this return/re	port, in	cluding, if applicable, a Schedule			
belief, it is true, correct, and com-	piete.				04//0			
SIGN	0104		Loubna Pla					
HERE Signature of plan a	diffinistrator	Date 10/8//3	Enter name of individ	lual 🕬	hing as plan administrator			
SIGN			Loubna Pla	1				
HERE Signature of empk		Date 10 8/13	Enter name of individ	dual sig	ning ar eniployer or plan sponsor			
Preparer's name (including firm r	name, if applicable) and address; include r			Prep	arer (telephone number (optional)			
					, e			
I								

Page 2 Form 5500-SF 2012 Part III Financial Information (b) End of Year (a) Beginning of Year Plan Assets and Liabilities 58782 7a Total plan assets 7b b Total plan liabilities..... 58782 C Net plan assets (subtract line 7b from line 7a)...... 7c (b) Total (a) Amount Income, Expenses, and Transfers for this Plan Year 8 Contributions received or receivable from: 41573 8a(1) (1) Employers ..... 17209 8a(2) (2) Participants..... 8a(3) (3) Others (including rollovers)..... 86 **b** Other income (loss)...... 58782 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ...... 8c Benefits paid (including direct rollovers and insurance premiums 8d to provide benefits).. 8e Certain deemed and/or corrective distributions (see instructions)... 81 Administrative service providers (salaries, fees, commissions).... 8g g Other expenses ..... 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) ..... 58782 Net income (loss) (subtract line 8h from line 8c) ..... 8i Transfers to (from) the plan (see instructions)..... 8) Plan Characteristics Part IV If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Νo Yes Amount During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in X 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduciary Correction Program)....... 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... х C Was the plan covered by a fidelity bond?.... 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See х 10e Х f Has the plan failed to provide any benefit when due under the plan? ..... 10f x g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR X 10h ...... If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520,101-3 ..... Part VI Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 🗍 5500) and line 11a below) ....... 11a Enter the amount from Schedule SB line 39 ...... Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (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 ......Month Day granting the waiver. 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 regulred contribution for this plan year.....

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					12c	1			
	Enter the amount contributed by the employer to the	<u> </u>			120				
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	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	f Assets		-					
13a Has a resolution to terminate the plan been adopted in any plan year?						res X	No		
	If "Yes," enter the amount of any plan assets that reve	erted to the employer th	is year		13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?								Yes	s 🛛 No
С	If during this plan year, any assets or liabilities were t which assets or liabilities were transferred. (See instr	•	n to another plan(s), ident	fy the plan(s)	to				
1	13c(1) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s)	
							一		
				-   -			$\dashv$		
							$\dashv$		
Part	VIII Trust Information (optional)								
14a Name of trust				14b Trust's EIN					