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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 A This return/report is for: □ a single-employer plan □ a multiple-employer plan (not multiemployer) □ a one-particular one-par	
A This return/report is for: X a single-employer plan	
B This return/report is: the first return/report the final return/report the final return/report	
	ipant plan
an amended return/report a short plan year return/report (less than 12 months)	
an amended returns port	
C Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC progr	am
special extension (enter description)	
Part II Basic Plan Information—enter all requested information	
1a Name of plan1b Three-digit	
TOM K. MICHAEL, D.D.S., P.S. EMPLOYEES' PROFIT SHARING PLAN AND TRUST	001
(PN) ▶ 1c Effective date of	
	1/1988
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Ident	
2c Sponsor's tele	phone number
·	34-6901
EAST WENATCHEE, WA 98802-4839 2d Business code 6212	
3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's	
3c Administrator's	telephone number
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.	
name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN	
name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	7
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	7 7
name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	
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name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	7 7 X Yes No X Yes No Not determined cable, a Schedule
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	7 7 X Yes No X Yes No Not determined cable, a Schedule
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name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	7 X Yes No X Yes No Not determined Cable, a Schedule y knowledge and
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	l of Y	ear		_
a	Total plan assets	7a	323529				(4) =		59894°		
_	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	323529	7				3	598941		_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			_
a	Contributions received or receivable from:		(u) Amount				(8)	·ota			
	(1) Employers	8a(1)	12421	7							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	23942	7							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	363644		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							()	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							363644	1	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions:			
Par	t V Compliance Questions										_
10	During the plan year:				Yes	No		Am	ount		_
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.)	? (Do not	include transactions reported	10b		X					
	Was the plan covered by a fidelity bond?			10c	X					50000	10
d				100						30000	U
	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.)		. `	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end)	10q		Χ					_
h		(See instru	uctions and 29 CFR	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 required	d notice or one of the	10ii							
Part		1-0		101							_
11	<u> </u>	onto? (If "	Voc. " and instructions and com	nloto	Sahar	lula CI	2 (Form	T			_
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	N	lo
	Enter the unpaid minimum required contribution for current year from					11a		T -	1 -		_
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?.		Yes	X N	0
	(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 beingranting the waiver.		Mon		, and e	enter th Day	ne date of	the le		ling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•	•		ı		I				
b	Enter the minimum required contribution for this plan year					12b	I				

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Dort I		ice with the mistrat					
Part I	Annual Report Identification Information	01/2012	and anding	12/21	/2012		
		01/2013	and ending	12/31			
			an (not multiemployer)	er) a one-participant plan			
B This ref		e final return/report					
	an amended return/report a s	short plan year retur	n/report (less than 12 mo	onths)			
C Check	box if filing under: Form 5558 au	utomatic extension			C program		
	special extension (enter description)						
Part II	Basic Plan Information—enter all requested information	on			***		
1a Name				1b Three-d	igit		
	MICHAEL, D.D.S., P.S. EMPLOYEES' PROF	FIT SHARING I	PLAN AND TRUST	plan nur	mber		
				(PN) ▶	001		
					e date of plan		
20 Diam				01/01			
	ponsor's name and address; include room or suite number (emp MICHAEL, D.D.S., P.S.	ployer, if for a single-	employer plan)		er Identification Number		
				·····	1-2009917		
703 VA	LLEY MALL PARKWAY			•	r's telephone number 84-6901		
					s code (see instructions)		
EAST W	ENATCHEE WA 98802-4839			62121	,		
3a Plan a	dministrator's name and address XSame as Plan Sponsor Nan	ne XSame as Plar	Sponsor Address	3b Adminis			
				3c Adminis	trator's telephone number		
A If the s	nome and/or CIN of the plan angular has also also as a since the last	h was to see a see file of fa	- 4hia mian	A1			
	name and/or EIN of the plan sponsor has changed since the last	t return/report filed fo	or this plan, enter the	4b EIN			
name	name and/or EIN of the plan sponsor has changed since the last , EIN, and the plan number from the last return/report. or's name	t return/report filed fo	or this plan, enter the	4b EIN 4c PN			
name a Spons	, EIN, and the plan number from the last return/report.			4c PN	7		
a Spons 5a Total	, EIN, and the plan number from the last return/report. or's name			4c PN 5a	7		
a Spons 5a Total	n, EIN, and the plan number from the last return/report. Sor's name number of participants at the beginning of the plan year number of participants at the end of the plan year			4c PN	7		
name a Spons 5a Total i b Total i c Numb	, EIN, and the plan number from the last return/report. or's name number of participants at the beginning of the plan year	n year (defined bene	fit plans do not	4c PN 5a	7		
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name a Spons 5a Total of b Total of c Numb compl 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is s	p. EIN, and the plan number from the last return/report. p. cor's name number of participants at the beginning of the plan year	n year (defined bene assets? (See instruction independent qualified conditions.)	tions.)	4c PN 5a 5b 5c PA) Form 5500. See is established, and to the best. C, PRESID	7 7 X Yes No X Yes No No Not determined hed. if applicable, a Schedule st of my knowledge and		
name a Spons 5a Total of b Total of c Numb compl 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is s	participants at the beginning of the plan year	n year (defined bene assets? (See instruction independent qualified conditions.)	ifit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/rep sion of this return/report, TOM K. MICHAEI Enter name of individu	4c PN 5a 5b 5c PA) Form 5500. See is establishort, including, and to the best correctly and signing as part of the second of the	7 7 X Yes No X Yes No No Not determined hed. if applicable, a Schedule st of my knowledge and		
name a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pens SB or Sche belief, it is: SIGN HERE	p. EIN, and the plan number from the last return/report. p. cor's name number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)use Form 5500-SF rance program (see the will be assessed declare that I have as the electronic version of the will be assessed. 2 - 11 - 14	ifit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/report, TOM K. MICHAEI Enter name of individu	4c PN 5a 5b 5c PA) Form 5500. See is establishort, including, and to the best cort, including as gradual signing as gradual sig	7 7 X Yes No X Yes No No Not determined hed. if applicable, a Schedule st of my knowledge and ENT plan administrator		
name a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pens SB or Sche belief, it is: SIGN HERE	p. EIN, and the plan number from the last return/report. p. cor's name number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)use Form 5500-SF rance program (see the will be assessed declare that I have as the electronic version of the will be assessed. 2 - 11 - 14	ifit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/report, TOM K. MICHAEI Enter name of individu	4c PN 5a 5b 5c PA) Form 5500. See is establishort, including, and to the best cort, including as gradual signing as gradual sig	7 7 X Yes No X Yes No No Not determined hed. if applicable, a Schedule st of my knowledge and ENT plan administrator employer or plan sponsor		
name a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pens SB or Sche belief, it is: SIGN HERE	p. EIN, and the plan number from the last return/report. p. cor's name number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)use Form 5500-SF rance program (see the will be assessed declare that I have as the electronic version of the will be assessed. 2 - 11 - 14	ifit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/report, TOM K. MICHAEI Enter name of individu	4c PN 5a 5b 5c PA) Form 5500. See is establishort, including, and to the best cort, including as gradual signing as gradual sig	7 7 X Yes No X Yes No No Not determined hed. if applicable, a Schedule st of my knowledge and ENT plan administrator employer or plan sponsor		
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Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	7a	32:	3529	7		3598941
b	Total plan liabilities	. 7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	32	3529	7		3598941
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	1:	2421	.7		
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	2	3942	2.7		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					363644
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			-		
<u>g</u>	Other expenses	. 8g			_		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					363644
J	Transfers to (from) the plan (see instructions)	- 8j					
	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cor	les in t	he instructions:
	The plan provides wellare benefits, effer the applicable wellare to	sature cou	es nom the cist of Fight Offdia	Clorist	.10 000	103 111 0	ne manucuona.
Par	t V Compliance Questions						
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		Х	
b		? (Do not	include transactions reported	10b		х	
	Was the plan covered by a fidelity bond?			10c	Х		500000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
	Were any fees or commissions paid to any brokers, agents, or oth			100			
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
				10g		Х	
h		· · · · · · · · · · · · · · · · · · ·	·	iog		Х	
	2520.101-3.)			10h			
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			
Par	t VI Pension Funding Compliance						
	t ti Tension Landing Compilation						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
	Is this a defined benefit plan subject to minimum funding requirem	······································			······		
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	om Sched	lule SB (Form 5500) line 39			11a	Yes No
11a	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	rom Sched	Jule SB (Form 5500) line 39			11a	Yes No
11a 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr Is this a defined contribution plan subject to the minimum funding (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 granting the waiver.	rom Sched requirement, as applic ng amortiz	lule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instru Mor	e or se	ection	11a 302 of	ERISA? Yes X No
11a 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr Is this a defined contribution plan subject to the minimum funding (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	rom Sched requirement, as applic ng amortiz	lule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instru Mor	e or se	ection	11a 302 of	ERISA? Yes X No
11a 12 a	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr Is this a defined contribution plan subject to the minimum funding (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 granting the waiver.	requirement, as applicing amortiz	Jule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instru	e or se	ection , and e	11a 302 of	ERISA? Yes X No

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 of a negative amount)	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?		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 N
c 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		
13c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)
			-
Part VIII Trust Information (optional)			
14a Name of trust	14b	Trust's EIN	

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