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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		t Identification Informatio	n				
For calend	lar plan year 2013 or t	fiscal plan year beginning 01/0	01/2013	and ending 1	2/31/2	2013	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	ant plan
B This ref	turn/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:	Form 5558	automatic extension			DFVC program	m
special extension (enter description)						_	
Part II	Basic Plan Info	ormation—enter all requested i	information				
1a Name		'			1b	Three-digit	
WALKER &	KRAUS, D.D.S., P.L.	L.C. PROFIT SHARING PLAN				plan number	
					10	(PN)	001
					10	Effective date of 01/01/	•
2a Plan s	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)						ication Number
	KRAUS, D.D.S., P.L.		3.	- F - 7 - F - 7		(EIN) 91-199	
					2c	Sponsor's teleph	none number
	FIN AVE., STE 102					360-825	-1661
ENUMCLAV	N, WA 98022				2d	Business code (s	,
20.01				0 411	26	62121	
3a Plan a	administrator's name a	and address XSame as Plan Spo	nsor NameSame as Plai	n Sponsor Address	30	Administrator's E	IIN
					3с	Administrator's to	elephone number
4 If the	name and/or EIN of th	ne plan sponsor has changed sinc	e the last return/report filed f	or this plan, enter the	4b	EIN	
		umber from the last return/report.				LIIV	
	sor's name					PN	
5a Total	number of participant	s at the beginning of the plan year	·		5a		8
		s at the end of the plan year			5b		9
		account balances as of the end o		-	5с		7
6a Were	all of the plan's asse	ts during the plan year invested in	eligible assets? (See instruc	ctions.)			X Yes No
		of the annual examination and rep					Voc □ No
		6? (See instructions on waiver elig					X Yes No
		efit plan, is it covered under the PE					Not determined
- 11 1110	pian is a defined bene	ent plan, is it covered under the i	——————————————————————————————————————	ENION Section 4021): .		163 110	Not determined
Caution: A						actablished	
	· · · · · · · · · · · · · · · · · · ·	or incomplete filing of this retu	•				
	alties of perjury and o	ther penalties set forth in the instr	ructions, I declare that I have	examined this return/rep	ort, ir	ncluding, if applica	
SB or Sche	alties of perjury and o	other penalties set forth in the instrand signed by an enrolled actuary	ructions, I declare that I have	examined this return/rep	ort, ir	ncluding, if applica	
SB or Sche belief, it is	alties of perjury and cedule MB completed a true, correct, and con	other penalties set forth in the instrand signed by an enrolled actuary aplete.	ructions, I declare that I have , as well as the electronic ver	examined this return/repression of this return/report	ort, ir	ncluding, if applica	
SB or Sche belief, it is	alties of perjury and cedule MB completed a true, correct, and con	other penalties set forth in the instrand signed by an enrolled actuary applete.	uctions, I declare that I have, as well as the electronic ver	examined this return/report	oort, ir , and	ncluding, if applicato the best of my	knowledge and
SB or Sche belief, it is SIGN HERE	alties of perjury and cedule MB completed a true, correct, and con	other penalties set forth in the instrand signed by an enrolled actuary applete.	ructions, I declare that I have , as well as the electronic ver	examined this return/repression of this return/report	oort, ir , and	ncluding, if applicato the best of my	knowledge and
SB or Schebelief, it is SIGN HERE SIGN	alties of perjury and cedule MB completed a true, correct, and con	other penalties set forth in the instrand signed by an enrolled actuary applete.	uctions, I declare that I have, as well as the electronic ver	examined this return/report	oort, ir , and	ncluding, if applicato the best of my	knowledge and
SB or Schebelief, it is SIGN HERE SIGN HERE	alties of perjury and cedule MB completed a true, correct, and con Filed with authorized Signature of plan Signature of empl	other penalties set forth in the instrand signed by an enrolled actuary replete. d/valid electronic signature. administrator oyer/plan sponsor	uctions, I declare that I have, as well as the electronic ver 05/01/2014 Date Date	examined this return/report rsion of this return/report WENDY WALKER Enter name of individu Enter name of individu	oort, ir , and ual sig	ncluding, if applicate to the best of my gning as plan adm	knowledge and ninistrator or plan sponsor
SB or Schebelief, it is SIGN HERE SIGN HERE	alties of perjury and cedule MB completed a true, correct, and con Filed with authorized Signature of plan Signature of empl	other penalties set forth in the instrand signed by an enrolled actuary applete. d/valid electronic signature. administrator	uctions, I declare that I have, as well as the electronic ver 05/01/2014 Date Date	examined this return/report rsion of this return/report WENDY WALKER Enter name of individu Enter name of individu	oort, ir , and ual sig	ncluding, if applicate to the best of my gning as plan adm	knowledge and
SB or Schebelief, it is SIGN HERE SIGN HERE	alties of perjury and cedule MB completed a true, correct, and con Filed with authorized Signature of plan Signature of empl	other penalties set forth in the instrand signed by an enrolled actuary replete. d/valid electronic signature. administrator oyer/plan sponsor	uctions, I declare that I have, as well as the electronic ver 05/01/2014 Date Date	examined this return/report rsion of this return/report WENDY WALKER Enter name of individu Enter name of individu	oort, ir , and ual sig	ncluding, if applicate to the best of my gning as plan adm	knowledge and ninistrator or plan sponsor
SB or Schebelief, it is SIGN HERE SIGN HERE	alties of perjury and cedule MB completed a true, correct, and con Filed with authorized Signature of plan Signature of empl	other penalties set forth in the instrand signed by an enrolled actuary replete. d/valid electronic signature. administrator oyer/plan sponsor	uctions, I declare that I have, as well as the electronic ver 05/01/2014 Date Date	examined this return/report rsion of this return/report WENDY WALKER Enter name of individu Enter name of individu	oort, ir , and ual sig	ncluding, if applicate to the best of my gning as plan adm	knowledge and ninistrator or plan sponsor
SB or Schebelief, it is SIGN HERE SIGN HERE	alties of perjury and cedule MB completed a true, correct, and con Filed with authorized Signature of plan Signature of empl	other penalties set forth in the instrand signed by an enrolled actuary replete. d/valid electronic signature. administrator oyer/plan sponsor	uctions, I declare that I have, as well as the electronic ver 05/01/2014 Date Date	examined this return/report rsion of this return/report WENDY WALKER Enter name of individu Enter name of individu	oort, ir , and ual sig	ncluding, if applicate to the best of my gning as plan adm	knowledge and ninistrator or plan sponsor

Form 5500-SF 2013 Page **2**

Pai	rt III Financial Information										
7			(a) Beginning of Ves				(b) End	- f V	/oor		
	Plan Assets and Liabilities Total plan assets	7-	(a) Beginning of Yea				(b) End		ear 42190	1	
	Total plan assets	7a 7b	07700	-	+				72 100	_	
	Net plan assets (subtract line 7b from line 7a)		37786	1					421904	4	
	, , , , , , , , , , , , , , , , , , ,	7c		•			(1-) 7				
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai			
u	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	4800	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							48007	7	
d	Benefits paid (including direct rollovers and insurance premiums 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	396	4							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							396	4	
i	Net income (loss) (subtract line 8h from line 8c)	8i							4404	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics		•		•						
9a	If the plan provides pension benefits, enter the applicable pension 2E 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tion	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	ions	:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Λm	ount		
a				10a		X		AIII	ount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х					
					X					0.5	-000
				10c						20	5000
d	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					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i							
Part		-									
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	П	No
110	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr					11a			. 00		
	· · · · · · · · · · · · · · · · · · ·		` '				EDISAS	Г	Yes	y	No
12	Is this a defined contribution plan subject to the minimum funding	-		Ur Se	ะบแบท	ou∠ Of	ERISA!	LL	168	^	INU
a	(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 4	enter th	ne date of	he l	etter ru	lina	
	granting the waiver.	-			, and t	Day	U	Ye		y	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1				
h	Enter the minimum required contribution for this plan year					12b					

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 of the PBGC?				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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

with the instruct	tions to the Form 5500	J-SF.
		2/31/2013
	ın (not multiemployer)	a one-participant plan
inal return/report		
rt plan year return/	report (less than 12 mo	onths)
matic extension		☐ DFVC program
		1b Three-digit
		plan number
		(FIV) P
		1c Effective date of plan 01/01/1993
er. if for a single-e	emplover plan)	2b Employer Identification Number
(ATTACLE AND COLOMBE Service and contract of the services		(EIN) 91-1994054
		2c Sponsor's telephone number
		(360) 825-1661
		2d Business code (see instructions)
По		621210
Same as Plan	Sponsor Address	3b Administrator's EIN
		3c Administrator's telephone number
		i
turn/report filed for	r this plan, anter the	AL was
tulimeport med for	tilis pian, enter the	4b EIN
		4c PN
		5a 8
		5b 9
ear (defined benef	it plans do not	5c 7
		MAX.
dependent qualified	d public accountant (IOF	PA)
onditions.)		Yes No
ice program (see E	ERISA section 4021)?	Yes No Not determined
clare that I have e	examined this return/rep	ort, including, if applicable, a Schedule
the electronic vers	ion of this return/report,	, and to the best of my knowledge and
	1 1	1
4-28-14	Contained or	Jolker
Date	Enter name of individu	ual signing as plan administrator
Date	Enter name of individu	ual signing as employer or plan sponsor
m or suite number	(optional)	Preparer's telephone number (optional)
	11 22	The control of the co
	er, if for a single-er sill be assessed unditions.)	tiple-employer plan (not multiemployer) nal return/report rt plan year return/report (less than 12 monatic extension er, if for a single-employer plan) Ear, if for a single-employer plan) Same as Plan Sponsor Address turn/report filed for this plan, enter the ear (defined benefit plans do not ets? (See instructions.) ependent qualified public accountant (IQF onditions.) e Form 5500-SF and must instead use acceprogram (see ERISA section 4021)? et ill be assessed unless reasonable cause accept that I have examined this return/report, the electronic version of this return/report. 4-28-14 × J Wandaj Wander Plans (IQF onditions) Enter name of individue the electronic version of this return/report.

Par	t III Financial Information						
7	Plan Assels and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
_ a ·	Total plan assets	7a	37786	1			421904
b_	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	37786	1		300	421904
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)					(b) Total
*****	(2) Participants	8a(2)			_	W	
	(3) Others (including rollovers)	8a(3)			-		
Yan Yan	Other income (loss)	8b	4800	7	+	-	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_	-	40007
d i	Benefits paid (including direct rollovers and insurance premiums				1		48007
	o provide benefits)	8d			-	TIE:	
-	Administrative service providers (salaries, fees, commissions)	8e			-		
-		8f			+		
	Other expenses	8g	3964	4	-		
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		3964
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8í					44043
		8j					
Par							
9a	If the plan provides pension benefits, enter the applicable pension 2E 3B 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:
ь	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in l	he instructions:
Part	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 Fide	tions withi uciary Corr	n the time period described in rection Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X	
С	Was the plan covered by a fidelity bond?	••••••••		10c	Х		25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х	23000
- е	Were any fees or commissions paid to any brokers, agents, or off			750		- Maria	
	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			10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х	
h	If this is an individual account plan, was there a blackout period? 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	he required	d notice or one of the	10i			
Part			-300		107		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form
11a	Enter the unpaid minimum required contribution for current year fi					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 No
	(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 being ranting the waiver.		Mon	th	and e	enter th Day	ne date of the letter ruling Year
	ou completed line 12a, complete lines 3, 9, and 10 of Schedul						
b	Enter the minimum required contribution for this plan year		•••••			12b	

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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	П № П	N/A
Part					1000
13a	Has a resolution to terminate the plan been adopted in any plan year?	.] П ү	es X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			377	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			☐ Yes 5	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			, ,,,
	3c(1) Name of plan(s):	3c(2) Ell	V(s)	13c(3) P	N(s)
				8	
Part	VIII Trust Information (optional)			<u> </u>	
14a Name of trust		14b Tr	usl's EIN	3 892.5	
			-		