Form 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan				yee		OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the			nd 4065 of the Employe	e	2013					
	partment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal R	a) of	s Open to Public						
Pension Be	nefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 550	0-SF.	Ins	pection			
Part I Annual Report Identification Information										
For calenda	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013									
A This ret	urn/report is for:			an (not multiemployer)		a one-particip	pant plan			
B This ret	urn/report is:	the first return/report the	e final return/report							
		an amended return/report a s	hort plan year return	/report (less than 12 mo	onths)	1				
C Check box if filing under:						DFVC progra	m			
	[special extension (enter description)								
Part II	Basic Plan Inform	nation—enter all requested information	n							
1a Name					1b	Three-digit				
SIMPSON &	BLOOMQUIST, D.D.S.,	PLLC 401(K) PLAN				plan number (PN) ▶	001			
					1c	Effective date or				
						01/01/	•			
SIMPSON 8	BLOOMQUIST, D.D.S.		loyer, if for a single-e	employer plan)	2b	Employer Identii (EIN) 20-19				
	DGE CENTER FOR DEI				2c	Sponsor's telep				
	R, WA 98335				2d	Business code (62121	,			
3a Plan a	dministrator's name and	address Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's				
	3c Administrator's telephone number									
		olan sponsor has changed since the last per from the last return/report.	return/report filed fo	r this plan, enter the	4b	EIN				
a Spons					4c	PN				
5a Total r	number of participants at	the beginning of the plan year			5a		5			
b Total r	number of participants at	the end of the plan year			5b		5			
C Numb	er of participants with ac	count balances as of the end of the plar	n year (defined benet	fit plans do not	_					
					5c		5			
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
Caution: A	penalty for the late or	incomplete filing of this return/report	t will be assessed u	unless reasonable cau	se is	established.				
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 true, correct, and complete.										
SIGN	Filed with authorized/va	lid electronic signature.	06/11/2014	KARLA M. BLOOMQU	IIST					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual sig	ining as plan adn	ninistrator			
SIGN										
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sig	ining as employe	r or plan sponsor			
Preparer's		ne, if applicable) and address; include re	oom or suite number				number (optional)			

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	. 7a	7880	5			153203
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	7c	7880	5			153203
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:		0017	2			
(1) Employers	. 8a(1)	2317(
(2) Participants	. 8a(2)	2004	o			
(3) Others (including rollovers)	. 8a(3)	0475	0			
b Other income (loss)	. 8b	2475	0			75070
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					75973
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	(D			
e Certain deemed and/or corrective distributions (see instructions)	. 8e		0			
f Administrative service providers (salaries, fees, commissions)	. 8f	157	5			
g Other expenses	. 8g	(0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)						1575
i Net income (loss) (subtract line 8h from line 8c)						74398
j Transfers to (from) the plan (see instructions)	- 8j		0			
Part IV Plan Characteristics						
 b If the plan provides welfare benefits, enter the applicable welfare f Part V Compliance Questions 	eature codes	from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		Х	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not inc	lude transactions reported	10b		Х	
C Was the plan covered by a fidelity bond?			10c	X		25000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	her persons b of the benefit	y an insurance carrier, ts under the plan? (See	10e		х	
${f f}$ Has the plan failed to provide any benefit when due under the pla	an?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	.)	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 t exceptions to providing the notice applied under 29 CFR 2520.10	he required n	otice or one of the	10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)						
11a Enter the unpaid minimum required contribution for current year f	rom Schedule	e SB (Form 5500) line 39			11a	
12 Is this a defined contribution plan subject to the minimum funding	g requirement	s 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	<u>i, as applicabl</u>	0.)				
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is bei granting the waiver. 	ng amortized	in this plan year, see instruc		and e	enter th Day	ne date of the letter rulingYear
a If a waiver of the minimum funding standard for a prior year is bei	ng amortized	in this plan year, see instruction		and e		

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		
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?	Ye	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?	control		Yes 🗙 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	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

Employee Benefits Security Administration Pension Benefit Guaranty Corporation Part I Annual Report Ide For calendar plan year 2013 or fiscal A This return/report is for: B This return/report is: C Check box if filing under: Part II Basic Plan Information 1a Name of plan	This form is required to be filed un Retirement Income Security Act of 19 the Internal Re Complete all entries in accordant ntification Information plan year beginning 01/C a single-employer plan an the first return/report the an amended return/report as so	74 (ERISA), and sec evenue Code (the Co nce with the instruct D1/2013 multiple-employer pla e final return/report short plan year return utomatic extension	tions 6057(b) and 6058 ode).	(a) of D-SF.	This Form In 12/31/201 a one-partic	ipant plan		
Employee Benefits Security Administration Pension Benefit Guaranty Corporation Part I Annual Report Ide For calendar plan year 2013 or fiscal A This return/report is for: B This return/report is: C Check box if filing under: Part II Basic Plan Information 1a Name of plan	Retirement Income Security Act of 19 the Internal Retirement Income Security Act of 19 the Internal Retirement Internal Retirement Income Security Act of 19 the Internal Retirement Income Security Act of 19 the first return Information plan year beginning 01/0 a single-employer plan a n the first return/report a s a namended return/report a s Form 5558 a au special extension (enter description) ation—enter all requested information	74 (ERISA), and sec evenue Code (the Co nce with the instruct D1/2013 multiple-employer pla e final return/report short plan year return utomatic extension	tions 6057(b) and 6058 ode). tions to the Form 5500 and ending an (not multiemployer)	(a) of D-SF.	In 12/31/201 a one-partic	spection 3 ipant plan		
Part I Annual Report Ide For calendar plan year 2013 or fiscal A This return/report is for: B This return/report is: C C C C C Part II Basic Plan Information 1a	ntification Information plan year beginning 01/0 a single-employer plan a f the first return/report th an amended return/report a s Form 5558 au special extension (enter description) ation—enter all requested information	D1/2013 multiple-employer pla e final return/report short plan year return utomatic extension	and ending an (not multiemployer)	onths)	12/31/201 a one-partic	3 jpant plan		
For calendar plan year 2013 or fiscal A This return/report is for: B This return/report is: C Check box if filing under: Part II Basic Plan Information 1a Name of plan	plan year beginning 01/0 a single-employer plan a the first return/report the an amended return/report a s Form 5558 au special extension (enter description) ation—enter all requested information	multiple-employer pla e final return/report short plan year return utomatic extension	an (not multiemployer)	onths)	a one-partic	ipant plan		
A This return/report is for: B This return/report is: C Check box if filing under: Part II Basic Plan Information 11 Name of plan	a single-employer plan a the first return/report the an amended return/report as Form 5558 au special extension (enter description) ation—enter all requested information	multiple-employer pla e final return/report short plan year return utomatic extension	an (not multiemployer)	onths)	a one-partic	ipant plan		
B This return/report is:	the first return/report in the first return/report in the an amended return/report in a second special extension (enter description) ation—enter all requested information	e final return/report short plan year return utomatic extension						
C Check box if filing under:	an amended return/report a s Form 5558 au special extension (enter description) ation—enter all requested information	short plan year return utomatic extension	/report (less than 12 m			am		
C Check box if filing under:	Form 5558 au special extension (enter description) ation—enter all requested information	utomatic extension				am		
Part II Basic Plan Informa 1a Name of plan	special extension (enter description) ation—enter all requested informatic	on		100				
Part II Basic Plan Informa 1a Name of plan	ation-enter all requested information			2010				
1a Name of plan				10000				
SIMPSON & BLOOMQUIST,	D.D.S., PLLC 401(K) PI	LAN		1b	Three-digit			
					plan number (PN)	001		
				1c	Effective date	of plan		
				01/01/2011				
2a Plan sponsor's name and addres SIMPSON & BLOOMQUIST,	D.D.S., PLLC	loyer, if for a single-e	employer plan)	2b	Employer Ident (EIN) 20-19	tification Number 72269		
SOUNDBRIDGE CENTER FOR				2c	Sponsor's tele			
2727 HOLLYCROFT STREET	, SUITE 280W			24	253-857-4			
GIG HARBOR	WA 98335			Zu	621210	(see instructions)		
3a Plan administrator's name and ad		ne XSame as Plan	Sponsor Address	3b	Administrator's	EIN		
				3с	Administrator's	telephone number		
4 If the name and/or EIN of the pla	n sponsor has changed since the last	t return/report filed fo	r this plan, enter the	46				
name, EIN, and the plan number	r from the last return/report.	returnineport nied to	r this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participants at th				5a		5		
	ne end of the plan year			5b		5		
	ount balances as of the end of the plan			5c		5		
under 29 CFR 2520.104-46? (Se If you answered "No" to either C If the plan is a defined benefit pla	annual examination and report of an ee instructions on waiver eligibility and r line 6a or line 6b, the plan cannot an, is it covered under the PBGC insu	independent qualifie d conditions.) use Form 5500-SF irance program (see	d public accountant (IQ and must instead use ERISA section 4021)?	PA) Form	5500. Yes No	X Yes No X Yes No Not determined		
	complete filing of this return/repor							
	penalties set forth in the instructions, i igned by an enrolled actuary, as well b.							
SIGN SURMU	ut	4.1.14	KARLA M. BLOO	MQUI	ST			
HERE Signature of plan admi	histrator	Date	Enter name of individ	ual sig	ning as plan ac	Iministrator		
SIGN								
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone r								
For Paperwork Reduction Act Notice an	d OMB Control Numbers, see the instru	ctions for Form 5500-	SF.			Form 5500-SF (2013)		

Form 5500-SF 2013

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Page **2**

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170

Part III Financial Information	1000			1				
7 Plan Assets and Liabilities		(a) Beginning of Yea		_	_	(b) End o	of Year	
a Total plan assets		/	880	5				15320
b Total plan liabilities	-		2000	_		-		15320
C Net plan assets (subtract line 7b from line 7a)	7c		880	5		27/1		15320
8 Income, Expenses, and Transfers for this Plan Year	erende de	(a) Amount	_	19610		(b) To	otal	1941 (U. s)
a Contributions received or receivable from: (1) Employers	8a(1)	2	2317	0				
(2) Participants		2	2804	5		de la sec	Refer	1
(3) Others (including rollovers)				1993		XOL H		£.
b Other income (loss)		2	2475	8			2.30.5	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				1				7597
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).				0				
e Certain deemed and/or corrective distributions (see instructions)				0				ALLE .
f Administrative service providers (salaries, fees, commissions)			157	5	1723		-	Hilling
g Other expenses				0	1. 1	in the	A. F.	131 101
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			13				157
i Net income (loss) (subtract line 8h from line 8c)			ng ti					7439
j Transfers to (from) the plan (see instructions)	8j			0				
Part IV Plan Characteristics								
Part V Compliance Questions								
0 During the plan year:				Yes	No		Amour	nt
 During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic 	duciary Cor	rection Program)	10a	Yes	No X		Amour	nt
 During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic Were there any nonexempt transactions with any party-in-interes on line 10a.) 	duciary Cor st? (Do not	rection Program) include transactions reported	10a 10b				Amour	nt
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 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond?	duciary Cor st? (Do not s fidelity bo ther persor II of the ber lan? as of year ? (See instr	rection Program) include transactions reported ond, that was caused by fraud as by an insurance carrier, hefits under the plan? (See end.)	10b 10c 10d 10e 10f		x x x x x		Amour	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan' or dishonesty? e Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or al instructions.) f Has the plan have any participant loans? (If "Yes," enter amount I fi this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 	duciary Cor st? (Do not s fidelity bo ther persor II of the ber lan? as of year ? (See instr the require	rection Program) include transactions reported ond, that was caused by fraud as by an insurance carrier, hefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g		x x x x x x x x		Amour	
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 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan' or dishonesty? e Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below 	duciary Cor st? (Do not 's fidelity bo ther persor II of the ber as of year ? (See instr the require 01-3 ments? (If from Sche- ng requirem w, as appli	rection Program) include transactions reported ond, that was caused by fraud ons by an insurance carrier, nefits under the plan? (See end.) uctions and 29 CFR ed notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39 tents of section 412 of the Code cable.)	10b 10c 10d 10e 10f 10g 10h 10i 10i	Schee	X X X X X X X X Jule SE	B (Form ERISA?		2500 /es 🗍 N /es 🕱 N
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Form 5500-SF 2013

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Page 3 -

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?		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?			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.)					
	13c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)		
121.01						
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

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