## 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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report lo	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This ret	turn/report is for:			an (not multiemployer)		a one-partici	pant plan
<b>B</b> This ret	turn/report is:	片 '	ne final return/report				
		님 ' 님		n/report (less than 12 mo	onths)		
C Check I	box if filing under:	☐ Form 5558 ☐ a  special extension (enter description)	utomatic extension			DFVC progra	am
Part II	Racio Dian Infor	mation—enter all requested informati					
		mation—enter all requested informati	on	1	1 h	There all all	I
<b>1a</b> Name WILLIAM J. I		01(K) PROFIT SHARING PLAN			10	Three-digit plan number	
		0.(.,,				(PN) <b>•</b>	001
					1c	Effective date of 10/01	
	ponsor's name and add HARRIS, D.D.S., P.S.	ress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi	
4112 PDIDC	PEDODT WAY MEST S	NUTE A			2c	Sponsor's telep	
4113 BRIDGEPORT WAY WEST, SUITE A UNIVERSITY PLACE, WA 98466							(see instructions)
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b	EIN	
	, EIN, and the plan num or's name	ber from the last return/report.		·	4c	PN	
<b>5a</b> Total r	number of participants a	t the beginning of the plan year			5a		1
<b>b</b> Total r	number of participants a	it the end of the plan year			5b		1
		ccount balances as of the end of the pla	• •	'	5c		1
_		during the plan year invested in eligible					X Yes No
<b>b</b> Are you under	ou claiming a waiver of t 29 CFR 2520.104-46?	the annual examination and report of an (See instructions on waiver eligibility an	independent qualifie d conditions.)	d public accountant (IQF	PA) 		X Yes No
If you	answered "No" to eitl	her line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.	
C If the p	olan is a defined benefit	plan, is it covered under the PBGC insu	ırance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	penalty for the late or	r incomplete filing of this return/repo	rt will be assessed u	unless reasonable cau	se is	established.	
SB or Sche		er penalties set forth in the instructions, d signed by an enrolled actuary, as well ete.					
SIGN	Filed with authorized/va	alid electronic signature.	07/08/2014	WILLIAM J. HARRIS			
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ninistrator
SIGN							
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual siç	ning as employe	er or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address; include	room or suite number	(optional)	Prep	parer's telephone	number (optional)

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear	
a	Total plan assets	7a	64247				(2) =::		633599	)
	Total plan liabilities	7b			28				386	;
	Net plan assets (subtract line 7b from line 7a)	7c	64194	4					633213	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(a) runount				(5)	- Otal		
	(1) Employers	8a(1)	2075	0						
	(2) Participants	8a(2)	1675	0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-4596	6						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-8466	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	26	5						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							265	j
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-8731	ı
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 2F 2G 2J 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Λm	ount	
	Was there a failure to transmit to the plan any participant contribut	tions within	n the time period described in		. 00			AIII	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Corr	ection Program)	10a		X				
~	on line 10a.)	•	•	10b		X				
	Was the plan covered by a fidelity bond?			10c	X					200000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud			X				200000
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			10d						
E	insurance service, or other organization that provides some or all	•	•			V				
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10q		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		1-0		101						
11	<u> </u>	onto 2 (If "	Voc. " and instructions and som	nloto	Cabac	lula CI	) /Farm	T		
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)				<u></u>			[	Yes	No
	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a		T -	1	
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	.	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>			
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon		, and 6	enter th Day	ne date o	f the le		ing
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>		Π			
h	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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instruct	ions to the Form 5500	0-SF.		<u> </u>
Part		dentification Information					
For calend	lar plan year 2013 or fisc	al plan year beginning	01/01/2013	and ending		12/31/201	3
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pla	ın (not multiemployer)	[	a one-partici	pant plan
B This re	turn/report is:	the first return/report	the final return/report				
	,	an amended return/report	a short plan year return	report (less than 12 mg	onths)		
C Chock	box if filing under:	Form 5558	automatic extension		-	DFVC progra	am
O CHECK	box if filling drider.	special extension (enter desc					
Dort II	Pacia Plan Infor	ш					
Part II		mation—enter all requested inf	iormation		1b	Three-digit	
1a Name		.D.S., P.S. 401(K)	PROFIT SHARING PL	AN	l .	plan number	la:
********	ar o. madero, b			-		(PN) •	001
						Effective date of	
					_	10/01/197	
		ress; include room or suite number	er (employer, if for a single-e	employer plan)			ification Number
MITTITA	M J. HARRIS, D	.D.S., P.S.				(EIN) 91-086	
/113 B	RIDGEPORT WAY	WEST SIITTE A				<b>S</b> ponsor's tele <sub>l</sub> 253 - 564 - 6	
4113 D	KIDOBI OKI WIII				_		(see instructions)
UNIVER	SITY PLACE	WA 98466				621210	(000011
3a Plan a	administrator's name and	address XSame as Plan Spons	sor Name Same as Plan	Sponsor Address	3b	Administrator's	EIN
• • • • • • • • • • • • • • • • • • • •							
					3с	Administrator's	telephone number
4 If the	name and/or FIN of the	plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b	FIN	
		plan sponsor has changed since ber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b	EIN	
name			the last return/report filed fo	r this plan, enter the	4b 4c		
name <b>a</b> Spons	e, EIN, and the plan num sor's name						1
a Spons 5a Total	e, EIN, and the plan num sor's name number of participants a	ber from the last return/report.			4c		
a Spons 5a Total b Total c Numb	e, EIN, and the plan num sor's name number of participants a number of participants a per of participants with a	t the beginning of the plan year the end of the plan year	the plan year (defined bene	fit plans do not	4c 5a 5b		1
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name a Spons 5a Total b Total c Numb comp 6a Were b Are y under lf you c If the Caution: A Under pen SB or Sch belief, it is  SIGN HERE SIGN HERE	e, EIN, and the plan number of sor's name number of participants a number of participants a per of participants with a plete this item)	ber from the last return/report.  It the beginning of the plan year	the plan year (defined beneficially be assets? (See instruct rt of an independent qualifier bility and conditions.)	ions.) d public accountant (IQ and must instead use ERISA section 4021)? Inless reasonable cau examined this return/report william J. HA Enter name of individ	4c 5a 5b 5c PA) Form ase is a port, in t, and t RRIS and signal s	5500.  Yes No established.  Cluding, if applic of the best of my	1  X Yes No X Yes No Not determined  Cable, a Schedule y knowledge and

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F	٦,	30	ıe	- 4

Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ar	
а	Total plan assets	7a	64	1247	2				6	33599
b	Total plan liabilities	7b		52	8					386
С	Net plan assets (subtract line 7b from line 7a)	7c	64	4194	4				6	33213
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount				(b)	Total			
a	Contributions received or receivable from: (1) Employers	8a(1)		2075	0					
	(2) Participants	8a(2)		1675	0	16.	x 2 119			
1	(3) Others (including rollovers)	8a(3)			10	43.4	The state of	90	7.5	
b	Other income (loss)	8b		4596	6	\$1 10	100	-		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-8466
	Benefits paid (including direct rollovers and insurance premiums				J.L.					
	to provide benefits)	8d			130				E L	
	Certain deemed and/or corrective distributions (see instructions)	8e		26	5					+
_	Administrative service providers (salaries, fees, commissions)	8f		20	, 5	l de la		WILLIAM	AU- E	
	Other expenses	8g		15.20	130					265
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			90					-8731
	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)						7/42 - 110			-0/31
Par		8j				47			- 1	
b	2A 2E 2F 2G 2J 2R 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature code	s from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:		
10	During the plan year:				Yes	No		Amo	ount	
а				10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				2	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons of the bene	by an insurance carrier, fits under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	ctions and 29 CFR	10h		Х	ATOTI A			
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	notice or one of the	10i					l gran	
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							$T_{D}$	Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?:		Yes	X No
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.									-lead.
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	d in this plan year, see instru		, and e	enter th Day	ne date of	the le Yea		ing
If	you 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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	Enter the amount contributed by the employer to the plan for this pla	an year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the			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?			res X No	)
	If "Yes," enter the amount of any plan assets that reverted to the em	mployer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred fror which assets or liabilities were transferred. (See instructions.)	m this plan to another plan(s), identify the plan	(s) to		
	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
-					
-					
=					
Part	VIII Trust Information (optional)	<u> </u>			
	Name of trust	¥	14b ⊤	rust's EIN	
			1		