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

2012

This Form is Open to Public Inspection

| | art I | Annual Report Identification Information | | | | | | |
|------------|-------------|--|--------------------------------------|------------------------------------|--------|--------------------------|-------------------|--|
| For | calenda | ar plan year 2012 or fiscal plan year beginning 01/01/2012 | | and ending 1 | 2/31/2 | 2012 | | |
| A | Γhis ret | return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan | | | | | | |
| B 7 | This ret | urn/report is: | e final return/report | | | | | |
| | | an amended return/report as | short plan year returr | n/report (less than 12 m | onths) |) | | |
| C | Check b | pox if filing under: Form 5558 | utomatic extension | | | X DFVC progra | ım | |
| | | special extension (enter description) | | | | _ | | |
| Pa | rt II | Basic Plan Information—enter all requested information | on | | | | | |
| 1a | Name o | · | | | 1b | Three-digit | | |
| MILL | CREEK | DENTAL P.S. 401(K) PLAN | | | | plan number | 004 | |
| | | | | | 4.0 | (PN) • | 001 | |
| | | | | | 10 | Effective date of 04/01/ | • | |
| 2a | Plan sp | consor's name and address; include room or suite number (emp | ployer, if for a single- | employer plan) | 2b | Employer Identif | | |
| MILL | CREEK | (DENTAL P.S. | , , | , , , | | (EIN) 91-20 | | |
| | | | | | 2c | Sponsor's telep | | |
| 15808 | MILL O | CREEK BLVD STE 130 K, WA 98012 | | | | 425-745 | | |
| IVIILL | CKEE | X, WA 90012 | | | 2d | Business code (| | |
| 3a | Plan ad | dministrator's name and address X Same as Plan Sponsor Nar | ne Same as Plan | Sponsor Address | 3h | Administrator's I | | |
| ou | i idii de | Annihilation of harne and address Dearne as Figure Population Har | | Openior Address | | Administrator o i | | |
| | | | | | 3с | Administrator's t | elephone number | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4 | If the n | ame 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 number from the last return/report. | | | 4 | | | |
| | | or's name | | | | PN | | |
| _ | | number of participants at the beginning of the plan year | | | 5a | | 6 | |
| | | number of participants at the end of the plan year | | | 5b | | 5 | |
| С | | er of participants with account balances as of the end of the pla ete this item) | | | 5c | | 5 | |
| 6a | Were | all of the plan's assets during the plan year invested in eligible | assets? (See instruc | tions.) | | | X Yes No | |
| b | | u claiming a waiver of the annual examination and report of an | | | | | — — — Na | |
| | | 29 CFR 2520.104-46? (See instructions on waiver eligibility and | , | | | | X Yes No | |
| C | | answered "No" to either line 6a or line 6b, the plan cannot | | | | | | |
| | | penalty for the late or incomplete filing of this return/reportation of perjury and other penalties set forth in the instructions, | | | | | ahle a Schedule | |
| | | dule MB completed and signed by an enrolled actuary, as well | | | | | | |
| belie | ef, it is t | rue, correct, and complete. | | | | | | |
| SIG | N | Filed with authorized/valid electronic signature. | 07/21/2014 | DAVID KAVANAUGH | SH | | | |
| HER | RE | Signature of plan administrator | ninistrator Date Enter name of indiv | | | ning as plan adn | ninistrator | |
| SIGI | N | Filed with authorized/valid electronic signature. | 07/21/2014 | DAVID KAVANAUGH | | | | |
| HER | | Signature of employer/plan sponsor | Date | Enter name of individual signing a | | ning as emplove | r or plan sponsor | |
| Prep | arer's i | name (including firm name, if applicable) and address; include it | | | | | number (optional) | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| _ | |
|-------------------|--------|
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| | |

| Pa | rt III Financial Information | | | | | | | |
|-----|---|---------------------|----------------------------------|------------|---------|-----------------|----------------------------------|--|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ır | | | (b) End of Year | |
| a | Total plan assets | 7a | 30557 | | | | 349485 | |
| b | Total plan liabilities | 7b | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 30557 | ' 9 | | | 349485 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Total | |
| | Contributions received or receivable from: | | (u) / uno uni | | | | (5) 10141 | |
| | (1) Employers | 8a(1) | 585 | 7 | | | | |
| | (2) Participants | 8a(2) | 1171 | 5 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | |
| b | Other income (loss) | 8b | 2633 | 34 | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 43906 | |
| 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 | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | 43906 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | |
| Pa | rt IV Plan Characteristics | , ,, | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 2R 3D | feature co | odes from the List of Plan Char | acteris | stic Co | des in | the instructions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | les from the List of Plan Chara | cterist | ic Coc | les in t | he instructions: | |
| | The plant plotted trouble solution, onto the approach trouble to | Janu. 5 554 | | 01001 | | | | |
| Par | Part V Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount | |
| а | | | | 10a | X | | 11715 | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not | include transactions reported | 10b | | X | | |
| - 0 | | | | 10c | | Χ | | |
| C | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | • | - | 10d | | X | | |
| e | Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) | of the bene | efits under the plan? (See | 10e | | X | | |
| f | | | | | | X | | |
| | | | | 10f | | ^ | | |
| | · · · · · · · · · · · · · · · · · · · | | | 10g | X | | 23626 | |
| h | 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 | • | | 10i | | | | |
| Par | VI Pension Funding Compliance | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | |
| 11a | Enter the amount from Schedule SB line 39 | | | | | 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 X No | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | <u>, as appli</u> c | abio.j | | | | | |
| | (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. | ng amortiz | ed in this plan year, see instru | | , and 6 | enter th Day | ne date of the letter rulingYear | |
| а | If a waiver of the minimum funding standard for a prior year is being | ng amortiz | ed in this plan year, see instru | | , and e | _ | | |

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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employed Benefits Security Administration Presiden Benefit Gueranty 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 section 6057(b) and 6058(a) of the internal Revenue Code (the Code).

Complete all ontries in accordance with the instructions to the Form 5500-SF.

OMB Non. 1210-0110 1210-0069

2012

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| 7/2 | Compare an entries in accord | MINE AND DISTRICT | ICHIOIDE TO THE LOUIS 330 | U-SF. | | | | | |
|----------|--|---------------------------------|---|--------------------------|---|--------------------|--|--|--|
| | Annual Report Identification Information calender plan year 2012 or fiscal plan year beginning | 01/01/2012 | and ending | 10 | /31/2012 | | | | |
| _ | | | plan (not multiamployer) | | 1 | | | | |
| | | , | , , , , , |) s one-participent plan | | | | | |
| Ь | | the final return/repor | | | | | | | |
| _ | | . , | um/report (less than 12 m | _ | . | | | | |
| C | | automatic extension | | 2 | DFVC progra | k m | | | |
| | special extension (enter description | | | | | | | | |
| | Basic Plan Information — enter all requested information | nation | | | | , | | | |
| 18 | Name of plan | | | | Three-digit plan number | | | | |
| | MILL CREEK DENTAL P.S. 401(K) PLAN | | | | PN) ► | 001 | | | |
| | | | | | fective date o | fplen | | | |
| 2a | Plan sponsor's name and address; include room or sulte number (en | nederine if five a stanti | | | 4/01/2006 | | | | |
| | HILL CREEK DENTAL P.S. | internación in ini et sittific | remployer plen) | | imployer Identi EIN) 91-200 | fication Number | | | |
| | | | | | | | | | |
| | 15808 HILL CREEK BLVD STE 130 | | | | 2C Sponsor's talephone number (425) 745-0931 | | | | |
| | | | | 2d 8 | Justnees code (| (see instructions) | | | |
| | NULL CREEK WA 98012 | | | 6 | 21111 | , | | | |
| 38 | Plan administrator's name and address 🛣 Same as Plan Sponsor | Name 🔲 Same as | Plan Sponsor Address | 3b A | denimistrator's i | EIN | | | |
| | • | | | | | | | | |
| | | | | 3c A | dministrator's (| telephone number | | | |
| | | | | İ | | | | | |
| | | | | | | | | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the la | of return/report filed I | or this nian enter the | 4b E | IM | | | | |
| | nems, EIN, and the plan number from the last return/report. | | - And perin enter the | | | | | | |
| | Sponsor's name | | | 4c P | N | | | | |
| Бa | and the control of th | | | 5a | | 6 , | | | |
| b C | Total number of participants at the end of the plan year | | *************************************** | 5b | | 9 | | | |
| <u> </u> | Number of participants with account balances as of the end of the pix complete this item) | in year (defined ben | offt plans do not | 5c | , | 5 | | | |
| 6a | Were all of the plan's assets during the plan year invested in eligible | assets? (See instruc | ions.) | <u> </u> | | ▼Yes No | | | |
| ь | Are you claiming a waiver of the annual examination and report of an | independent qualifie | | 'A) | **** | | | | |
| | under 29 CFR 2520.104-46? (See instructions on walver eligibility an | d conditions.) | | · | | X Yes No | | | |
| | If you answered "No" to either line 6s or line 6b, the plan connot | use Form 5500-9F | and must instead use F | orm 550 | 00, | | | | |
| Ca | ution: A penalty for the late or incomplete filing of this return/repo | ort will be assessed | unioss reasonable cau | se is es | tabiished. | | | | |
| SB | der penalties of perjury and other periodies set forth in the instructions or Schedule MB completed and signed by an enrolled actuary, as well of it is the competitude of the productions. | , I declare that I have | examined this return/rep | ort, inch | ding, if applica | ible, a Schedule | | | |
| beli | of, it is true, correct, and complete. | I WE THE RECUDING AS | izion oi mis return/report, | , and to I | me best of my i | knowledge and | | | |
| | | 21 50/14 | 2450 | AK | Wass | • # | | | |
| | RE Signature of this administrator | Date | Spine name of both days | <u> </u> | my my 6 | // | | | |
| 96 | | المالية الآر 14 المالية الآر | Enter name of individual | i argining A | es plan admin | JAEIT | | | |
| | Signature of employer/plan sponsor | | <u> </u> | ** | 1 14-12-17 | | | | |
| Pre | Preparer's name (including firm name, if applicable) and address; include room or sulte number (optional) Preparer's name (including firm name, if applicable) and address; include room or sulte number (optional) | | | | | | | | |
| | the state of the s | TOOM OF SOME HUMBE | r (optional) | Prepare | a,a telebuoue u | umber (optional) | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | SUE. | tiri sa man | CANAGO MANDE | | | |
| | | | | | | | | | |

| F | Financial Information | | | | | | | | |
|----------------|--|--|---------------------------------|-------------|--------------|--------------|------------------|--|--|
| 7 | | * | (a) Beginning of Yea | r | \top | | (b) End of Year | | |
| В | Total plan assate | THE PARTY OF THE P | | | +- | | 349,485 | | |
| ь | Total plan Rebilities | 7b | | | | | | | |
| C | Net plan assets (subtract line 75 from line 7a) | 7c | 305,5 | 79 | | | 349,485 | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | MALLOS | | <u></u> | | | (b) Total | | |
| а | Contributions received or receivable from: | | | | 極端 | | | | |
| | (1) Employers | 8e(1) | 5,8 | | | | | | |
| | (2) Participants | 8a(2) | 11,7 | 15 | 3.3 | | | | |
| ь | (3) Others (including rollovers) | 6a(3) | <u>'</u> | | | 1 | | | |
| | Offer income (loss) | 86 | 26,3 | 34 a.see | | | | | |
| Ť | Total income (add lines 8e(1), 8e(2), 8e(3), and 8b) Benefits paid (including direct rollovers and insurance premiums | 8c | | | 5 | mer. 1184 | 43,906 | | |
| | to provide benefits) | 8d | | | | | | | |
| 8 | Certain deemed and/or corrective distributions (see instructions) | Вe | | | 24 | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | P-916 | | | |
| g | Other expenses | 8g | | | | · G | | | |
| ħ | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | S. USAN D | | | |
| i | Net income (loss) (subtract line 8h from line 8o) | 81 | HEAVOUR AREASANTAN | | 7. 32 | | 43,906 | | |
| i | Transfers to (from) the plan (see instructions) | 8i | | 4.00 | 7.7 | | | | |
| Þ. | Plan Characteristics | | | | P. K. Barris | is i was re- | | | |
| | if the plan provides pension benefits, enter the applicable pension fer | turo code | e form the List of Disa Change | | | . 1. 1 | | | |
| | 25 27 20 2K 2R 3D | britis rotac | e non ne ostol san charac | OI TANH | - Code | 5 IN U | in instructions: | | |
| ᆔ | ······································ | | | | | | | | |
| - | If the plan provides welfare benefits, enter the applicable welfare feet | Tile codes | from the List of Plan Characte | ristic | Codes | in the | Instructions: | | |
| No.1 | Compliance Questions | | <u>-</u> | | | | | | |
| 10 | | | | | | | ı <u> </u> | | |
| - IV | During the plan year: | | | | Yes | No | Amount | | |
| | Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions | ona within any Comer | The time period described in | 10a | x | | 11,715 | | |
| b | Were there any nonexempt transactions with any party-in-interest? | (Do not in | ckels transactions recorded | 102 | - | | 11,718 | | |
| | on ane tue.) | | | 10b | | x | | | |
| | Was the plan covered by a fidelity bond? | | | 10c | | I | | | |
| d | | delity bond | i, that was caused by fraud | | | | | | |
| | or dishonesty? | | | 10d | | X | | | |
| 4 | Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of | r persons | by an insurance carrier, | | İ | | | | |
| | natructions.) | ule belief | ro reines als bist (268 | 100 | | x | | | |
| f | Has the plan falled to provide any benefit when due under the plan? | 7 | | 101 | | x | | | |
| 2 | | | | - | | | | | |
| _ y | 7.1 | | | 10g | * | | 23,626 | | |
| ** | If this is an individual account plan, was there a blackout period? (S 2520.101-3.) | ee Instruc | tions and 29 CFR | 466 | | _ | | | |
| $\overline{1}$ | | | -41 | 10h | | <u> </u> | | | |
| _ | exceptions to providing the notice applied under 29 CFR 2520,101- | i required i | | 101 | | | | | |
| 7 | Pension Funding Compliance | | | 101 | ! | | | | |
| 11 | | | | | | | | | |
| | ls this a defined benefit plan subject to minimum funding requirement 5500) and line 11s below) | 1667 (#F"Ye | 1≤," see instructions and compl | ete S | chedul | e SB | (Form | | |
| 112 | L TOS LAI NO | | | | | | | | |
| 12 | 110 | | | | | | | | |
| | L Yes LE No | | | | | | | | |
| | ((If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | |
| - | a 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 granting the waiver | | | | | | | | |
| H۱ | If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | | |
| | Enter the minimum required contribution for this plan year | | | | 1: | | | | |
| | And the same and an analysis of the half And | | | | <u> [1</u> | 2b | | | |

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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 12 negative amount) | 2b. Enter the result (enter a | minus sign to the left of a | 12d | | |
| e | Will the minimum funding amount reported on line 12d be | | | | Yes _ | No NA |
| Part | VI Plan Terminations and Transfers of | | | | | |
| 13a | | ıy plan year? | | . 🗆 Y | es 🗷 No | |
| | If "Yes," enter the amount of any plan assets that reverted | | | . 13a | | |
| b | Were all the plan essets distributed to participants or bend of the PBGC? | | other plan, or brought under the | control | | Yes I No |
| С | If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction | | other plan(s), Identify the plan(s) | to | | |
| | 3c(1) Name of plan(s): | | | 3c(2) EIN | (s) | 13c(3) PN(s) |
| | , | | | | | |
| | | | <u> </u> | | | |
| Part | VIII Trust Information (optional) | | | | 4.0.4.5 | |
| 14a | Name of trust | | | 14b T | rust's EIN | |
| | | | | | | |
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| | | | | 1 | | |

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