For	m 5500-SF	• • •					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 Employed						2013			
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6056 Employee Benefits Security Administration the Internal Revenue Code (the Code).						This Form is Open to Public				
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013										
					2/31/2	—				
A This return/report is for:							pant plan			
B This reti	urn/report is:		he final return/report	n/ranart (lass than 12 mg	(ntho)					
C Check box if filing under:)				
							arti			
Part II	Part II Basic Plan Information—enter all requested information									
1a Name		mation—enter an requested informati	1011		1b	Three-digit				
	CDENTAL P.S. 401(K) P	PLAN				plan number				
					4.	(PN)	001			
					10	Effective date o	f plan /2006			
2a Plan sp	oonsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi				
MILL CREEK	K DENTAL P.S.						07653			
					2c	Sponsor's telep				
15808 MILL MILL CREEK	CREEK BLVD STE 130				24	425-745-0931 Business code (see instructions)				
	, , , , , , , , , , , , , , , , , , , ,				zu	62111				
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address					3b	Administrator's				
		—			2.0					
					30	Administrators	telephone number			
4 If the n	ame and/or EIN of the n	lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4h	EIN				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					чы					
a Sponso					4c	PN				
		the beginning of the plan year		4	5a		3			
		the end of the plan year count balances as of the end of the pla		4	5b		3			
		count balances as of the end of the pla			5c		3			
6a Were	all of the plan's assets d	luring the plan year invested in eligible	assets? (See instruc	tions.)			🗙 Yes 🗌 No			
		ne annual examination and report of an					X Yes 🗌 No			
	,	See instructions on waiver eligibility ar er line 6a or line 6b, the plan cannot	,							
-		plan, is it covered under the PBGC inst			_		Not determined			
Caution: A	nenalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable cau		established	-			
		r penalties set forth in the instructions,					able, a Schedule			
SB or Sche	dule MB completed and	signed by an enrolled actuary, as well								
beller, it is t	rue, correct, and comple		1	T						
SIGN	Filed with authorized/va	lid electronic signature.								
HERE Signature of plan administrator Date Enter name of individ						gning as plan adr	ninistrator			
SIGN										
					vidual signing as employer or plan sponsor					
Preparer's	name (including firm nar	ne, if applicable) and address; include	room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)			

Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End (of Ye	ar		
а	Total plan assets	7a	34948	5				1	37373	3	
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	349485			137373					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	285								
	(2) Participants	8a(2)	569								
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	12369	9							
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						12	24553		
d	Benefits paid (including direct rollovers and insurance premiums			_							
	to provide benefits)	8d	33666	5	_						
	Certain deemed and/or corrective distributions (see instructions)	8e			_						
	Administrative service providers (salaries, fees, commissions)	8f			_						
g	Other expenses	8g			_						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_			3	36665	5	
	Net income (loss) (subtract line 8h from line 8c)	8i			_			-2	12112	2	
	Transfers to (from) the plan (see instructions)	8j									
9a b	2E 2F 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Part					¥	NI -	r	_	<u> </u>		
10	During the plan year:				Yes	No		Amo	unt		
	 a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)										
0	on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c		Х					
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 oth 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					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х						0
h		(See instru	uctions and 29 CFR	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	ne required	d notice or one of the	10i							
Part VI Pension Funding Compliance											
11											
11a	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a										
12											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	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										
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.											
b	Enter the minimum required contribution for this plan year					12b					

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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	Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	. X Y	′es No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		0				
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	C 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.)							
	13c(1) Name of plan(s): 1	3c(2) El	N(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)							
	Name of trust . CREEK DENTAL P.S. 401(K) PLAN		ust's EIN 62566509					

Form 5500-SF	Short Form Annual Return/Report of Small Employee 0MB Non. 1210-0 Benefit Plan								
Riamel Revisus Survice	e	2	013						
Department of Lebor Employee Banefic Socurity Administration	Xa) of	s Open to Public spection							
Pension Benefit Guaranty Corporation	0-SF.								
For calendar plan year 2013 or fisca	Intification Information	01/01/2013	and ending		/31/2013				
			lian (not multiemployer)	<u></u> _	•				
B This return/report is:		he final return/report		L	a one-particip	ant pian			
	석 ' 님	•	im/report (less than 12 m						
	(enuno) T		_						
C Check box if filing under:		utomatic extension			DFVC program	n			
Basic Plan Infon	special extension (enter description		·						
18 Name of plan	mation enter all requested lotson	HIDO		1 16 1	hree-digit				
,				ļ p	lan number				
MILL CREEK DENTAL P.	9. AUL(E) PLAN				PN) Þ	001			
		,			Effective data of 01/01/2006	prem			
22 Plan sponsor's name and eddr MILL CREEE DERTAL P.	ess; include room or subs number (en S .	nployer, if for a single	employar pian)	2b Employer Identification Number (EIN) 91-2007653					
15808 MILL CREAR BLV	T 0000 130				2C Sponsor's telephone number (425) 745-0931				
19990 MEMA CABIE HIN	D DIE XJU					see instructions)			
US NILL CRBEK	WA 98012				21111				
38 Plan administrator's name and	address 🔝 Same as Plan Sponsor	Name 🔄 Same as	Plan Sponsor Address	315 A	viministrator's E	IN			
				3C Administrator's telephone number					
4 If the name and/or EIN of the p name, EIN, and the plan numb	ian sponsor has changed since the las er from the last return/report.	st return/report filed f	or this plan, enter the	4b EIN					
a Sponsor's name				40 P	<u>N</u>				
5a Total number of perticipants at	the beginning of the plan year		****	5a		3			
D Total number of participants at 0 Number of participants with any	the end of the plan year	······································		5b		3			
C Number of perticipants with acc complete this item)	count balances as of the end of the pla	n year (defined bene	nt plans do not	5c		3			
6a. Were all of the plan's assets du	iring the plan year invested in eligible a					XYes No			
b Are you claiming a waiver of th	e annual examination and report of an	independent qualifie	d public accountant (IQF	γA)					
	See instructions on waiver eligibility an					🗶 Yes 🛄 No			
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC instrance program (see ERISA section 4021)?									
		······				Not determined			
Caution: A penalty for the late or	Incomplete filing of this return/rope	rt will be assessed	unless reasonable cau	se is es	tabilshed.				
SB or Schedule MB completed and bellef, it is true, correct, and completed and	r peneltics set forth in the instructions, spined by an enrolled actuary, as well by:	I declare that I have as the elactronic ve	examined this return/rep rsion of this return/report	, and to l	uding, if applical the best of my k	ble, a Schedula nowladge and			
	74-1	21 Jul 11/	DAVII	. /	KAUAN	AGH			
HERE Signature of plon admin	stratoc	Dete	Enter name of individua						
	×	217-114		∽∧ Z	T	ANABN			
HERE Signature of employer/pi	the sponsor	Date	Enter name of leaded	ninnin-					
						umber (optional)			
			,-,,			annad (opportan)			
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For Paperwork Reduction Act No	tice and OMB Control Numbers, see	the instructions fo	r Form 5500-SF.		For	m 5500-SF (2013)			

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Form 6500-SF (2013) v.130118

Einancial Information

Pian Assets and Liabilities		(a) Beginning of Year		_		(b) End c	rf Year
Total plan assets	73	349,48	35				137,373
Total plan llabilities	7b						
Net plan assets (subtract line 7b from line 7a)	7c	349,48	35				137,373
Income, Expenses, and Transfers for this Plan Year	E State			(b) Total			
Contributions received or receivable from:	1			36	5-9-5-1	120-50-58	
(1) Employers	<u> 8a(1) </u>		15				
(2) Participants	8a(2)	50	9				
(3) Others (Including rollovers)	Ba(3)				\$* (*		
Other income (loss)	86	123,6		2019년 전문	1/185	Representation	dia dia mandri dia
Total income (add lines 8a(1), 6a(2), 8a(3), and 8b)	8c	國家國家的國家國家				and the second second	124,553
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	336,60	i5	の空間	8 U (
Certain deemed and/or corrective distributions (see Instructions)	8e		-	國家	res ri		
Administrative service providers (seturies, feet, commissions)	8f			19			1000000000
Other expenses	8g		·	53	而战		
Total expenses (add lines 8d, 8e, 8f, and 8g)	8in		$\mathcal{D}_{\mathcal{V}}$	lectrai M	12 17 17		336,665
Net income (loss) (subtract line 8h from line 8c)	81		ал с Стр				(212,112)
Transfers to (from) the plan (see instructions)				國際	u i je da	ALCE A	
Transfers to (from) the pain (see insuccount)	<u> </u>	l		1972	5. 		
a If the plan provides pension benefits, enter the applicable pension fe						· · · · · · · · · · · · · · · · · · ·	
If the plan provides welfare benefits, enter the applicable welfare fea	iture coder	from the List of Plan Character	istic (Codes	in the	instruction	na:
artive Compliance Questions							
During the plan year:				Yes	No		Amount
a Was there a failure to transmit to the plan any perticipant contribut 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a		x		•
b Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		r		· · · · · · · · · · · · · · · · · · ·
C Was the plan covered by a fidelity bond?			10c		x		
al estimate a second a second se							
d Did the plan have a loss, whether or not reimbursed by the plan's f or diahonesty?		d, that was caused by fraud	10d		x		
or diahonesty?	er persona of the bene	by an insurance carrier, fits under the plan? (See	10d 10e		x z		<u> </u>
 or diahonesty? Were any fees or commissions peid to any brokers, agents, or other insurance service, or other organization that provides some or all or 	er persons of the bene	by an insurance carrier, fits under the plan? (See					
 or diahonesty? Were any fees or commissions peid to any brokers, agents, or other insurance service, or other organization that provides some or all clinstructions.) f Has the plan failed to provide any benefit when due under the plan 	er persons of the bene	by an insurance carrier, fits under the plan? (See	10e 10f		z		
 or diahonesty? Were any fees or commissions paid to any brokers, egents, or other insurance service, or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h if this is an individual account plan, was there a blackout period? (3) 	er persons of the bene i? i of year ei	by an insurance carrier, fits under the plan? (See	10e 10f 10g	I	X X		
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 or dishonesty? Were any fees or commissions paid to any brokers, egents, or other insurance service, or other organization that provides some or all climatructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as high the plan have any participant loans? (If "Yes," enter amount as high the size individual account plan, was there a blackout period? (\$ 2520,101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101 i Pension Funding Compliance 	er persons of the bene i? i of year er See instnuk e required ~3 ents? (if "Y	by an insurance carrier, fits under the plan? (See ind.) ctions and 29 CFR notice or one of the fes," see instructions and compl	10e 10f 10g 10h		x x x	(Form	
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 or diahonesty? Were any files or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as 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 th exceptions to providing the notice applied under 29 CFR 2520.101 i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 i Is this a defined benefit plan subject to minimum funding requirement 8500) and line 11a below) 1a Enter the unpaid minimum required contribution for current year from the subject is the adefined contribution plan subject to the minimum funding requirement (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 being 	er persons of the bene of year ei see instruct e required -3 ants? (if "Y m Schedu equiremen as applice g amorize	by an insurance carrier, fits under the plan? (See ind.) tions and 29 CFR notice or one of the res," see instructions and compl de SB (Form 5500) line 39 its of section 412 of the Code or the.) d in this plan year, see instruction	10e 10f 10g 10h 10i 9sect	chedu 	X ke SB 11a 2 of E	RISA?	e letter ruling
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 Form 5500-SF 2013
 Page 3

 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

negative_amount) e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? X Yes. No If "Yes," enter the amount of any plan assets that reverted to the employer this year A 13a b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?..... c 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information (optional)

14a Name of trust		14b Trust's EIN
MILL CREEK DENTAL P.S. 401(K) PLAN	· · ·	56-2566509