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 | | Identification Information | | | | | | | |
|------------------------------|--|---|-----------------------------|-----------------------------|-------------------------------|--------------------------|-------------------|--|--|
| For calend | for calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 | | | | | | | | |
| A This re | eturn/report is for: | X a single-employer plan | a multiple-employe | plan (not multiemployer) | loyer) a one-participant plan | | | | |
| B This re | eturn/report is: | the first return/report | the final return/repo | rt | | | | | |
| | | an amended return/report | a short plan year ref | urn/report (less than 12 m | onths |) | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | 1 | | DFVC program | m | | |
| | ŭ | special extension (enter desc | cription) | | | | | | |
| Part II | Basic Plan Info | ormation—enter all requested in | · · · | | | | | | |
| 1a Name | | | | | 1b | Three-digit | | | |
| | • | 01(K) PROFIT SHARING PLAN | | | | plan number | | | |
| | | | | | 4- | (PN) • | 001 | | |
| | | | | | 10 | Effective date of 01/01/ | • | | |
| 2a Plan s | sponsor's name and a | ddress; include room or suite numb | er (employer if for a sing | le-employer plan) | 2h | Employer Identif | | | |
| | RNETT D.D.S., P.S. | | (p-) , | | _~ | (EIN) 91-195 | | | |
| | | | | | 2c | Sponsor's teleph | hone number | | |
| 9205 SENE | | | | | | 206-583 | 3-6021 | | |
| SEATTLE, \ | WA 98101 | | | | 2d | Business code (s | , | | |
| | | | 🗖- | | 01 | 62121 | | | |
| 3a Plan a | administrator's name a | and address XSame as Plan Spon | sor Name Same as P | an Sponsor Address | 30 | Administrator's E | EIN | | |
| | | | | | 3с | Administrator's to | elephone number | | |
| | | | | | | | · | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 If the | name and/or EIN of th | ne plan sponsor has changed since | the last return/report file | I for this plan, optor the | 4h | FINI | | | |
| | | umber from the last return/report. | the last return/report met | rior triis plan, enter trie | 40 | EIN | | | |
| | sor's name | · | | | 4c | PN | | | |
| 5a Total | number of participant | s at the beginning of the plan year. | | | 5a | | 3 | | |
| b Total | number of participant | s at the end of the plan year | | | 5b | | 3 | | |
| | | account balances as of the end of | | • | _ | | | | |
| | , | | | | 5c | | 3 | | |
| | | ts during the plan year invested in e | | | | | X Yes No | | |
| | | of the annual examination and repo 6? (See instructions on waiver eligit | | | | | X Yes No | | |
| | | either line 6a or line 6b, the plan | | | | | | | |
| C If the | plan is a defined bene | efit plan, is it covered under the PBC | GC insurance program (s | ee ERISA section 4021)? | | Yes No | Not determined | | |
| Caution | A nenalty for the late | or incomplete filing of this retur | n/renort will he assesse | d unless reasonable car | ıse is | established | | | |
| | • | ther penalties set forth in the instru | • | | | | able. a Schedule | | |
| SB or Sch | edule MB completed a | and signed by an enrolled actuary, | | | | | | | |
| beliet, it is | true, correct, and con | ipiete. | | | | | | | |
| | | | | | | | | | |
| SIGN | Filed with authorized | I/valid electronic signature. | | | | | | | |
| SIGN HERE | Filed with authorized Signature of plan | - | Date | Enter name of individ | ual sig | gning as plan adm | ninistrator | | |
| HERE | | - | Date | Enter name of individ | ual siç | gning as plan adm | ninistrator | | |
| SIGN HERE SIGN HERE | Signature of plan | administrator | | | | · | | | |
| SIGN HERE | Signature of plan Signature of empl | - | Date | Enter name of individ | ual siç | gning as employe | | | |
| SIGN HERE | Signature of plan Signature of empl | administrator oyer/plan sponsor | Date | Enter name of individ | ual siç | gning as employe | r or plan sponsor | | |
| SIGN HERE | Signature of plan Signature of empl | administrator oyer/plan sponsor | Date | Enter name of individ | ual siç | gning as employe | r or plan sponsor | | |
| SIGN HERE | Signature of plan Signature of empl | administrator oyer/plan sponsor | Date | Enter name of individ | ual siç | gning as employe | r or plan sponsor | | |
| SIGN | Filed with authorized | d/valid electronic signature. | | | | | | | |
| HERE | | - | Date | Enter name of individ | ual siç | gning as plan adm | ninistrator | | |
| HERE | Signature of plan | administrator | | | | · | | | |
| SIGN HERE | Signature of plan Signature of empl | administrator oyer/plan sponsor | Date | Enter name of individ | ual siç | gning as employe | r or plan sponsor | | |
| SIGN HERE | Signature of plan Signature of empl | administrator oyer/plan sponsor | Date | Enter name of individ | ual siç | gning as employe | r or plan sponsor | | |
| SIGN HERE | Signature of plan Signature of empl | administrator oyer/plan sponsor | Date | Enter name of individ | ual siç | gning as employe | r or plan sponsor | | |
| SIGN HERE | Signature of plan Signature of empl | administrator oyer/plan sponsor | Date | Enter name of individ | ual siç | gning as employe | r or plan sponsor | | |

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| Pa | rt III Financial Information | | | | | | | | | |
|------|---|-------------|--------------------------------|---------|---------|-----------------|-----------------|---------------------------------------|-------|-------------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | | | | (b) End o | f Voor | | |
| | Total plan assets | 7a | (a) Beginning of Tea | | | | (b) End of Year | | 309 | |
| | Total plan liabilities | 7a 7b | 30.10. | | | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 39157 | 6 | 6 | | | 4703 | 809 | |
| | Income, Expenses, and Transfers for this Plan Year | 70 | | | | | (b) To | | | |
| | Contributions received or receivable from: | | (a) Amount | | | | (b) To | tai | | |
| | (1) Employers | 8a(1) | 1007 | 6 | | | | | | |
| | (2) Participants | 8a(2) | 2054 | 0 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| b | Other income (loss) | 8b | 4811 | 7 | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 787 | 33 | |
| | 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 | | | | | | 787 | 733 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Pai | t IV Plan Characteristics | , , | L | | | | | | | |
| 9a | | feature co | des from the List of Plan Char | acteris | stic Co | des in | the instructi | ons: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | es from the List of Plan Chara | cterist | ic Coc | les in t | he instruction | ns: | | |
| Don | t V Compliance Overtions | | | | | | | | | |
| Par | • | | | | V | Ma | l | | | |
| 10 | During the plan year: Was there a failure to transmit to the plan any participant contribute. | tiono withi | n the time period described in | Г | Yes | No | , | Amoun | t | |
| a | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest | ıciary Corr | rection Program) | 10a | | X | | | | |
| N | on line 10a.) | , | | 10b | | X | | | | |
| | | | | 100 | Χ | | | | 2 | 25000 |
| | • | | | 10c | | | | | | .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 vear e | end.) | 10q | | Χ | | | | |
| h | | (See instru | uctions and 29 CFR | 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 | 10ii | | | | | | |
| Part | | 1-0 | | 101 | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem | | | | | | | ————————————————————————————————————— | 20 1 | |
| 44- | 5500) and line 11a below) | | | | | | | | es X | (No |
| | Enter the unpaid minimum required contribution for current year fr | | , | | | 11a | | | I. | 7 |
| 12 | Is this a defined contribution plan subject to the minimum funding | - | | or se | ection | 302 of | ERISA? | Ye | es X | (No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | -4" - | | | | - 1-4 | | |
| | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | | Mon | | , and e | enter th Day | | e letter Year | rulin | g —— |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule | • | | | 1 | | I | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | ĺ | | | |

| Page | 3 | - [| 1 |
|------|---|-----|---|
| гаус | J | - 1 | |

| 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? | | Ye | s 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? | contro | | | 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 | | | | |
| | (3c(1) Name of plan(s): | 3c(2) | ΞIN | (s) | 13c(3) | PN(s) |
| | | | | | | |
| Part | VIII Trust Information (optional) | | | | | |
| | Name of trust R. BURNETT, DDS, PS 401(K) PSP | 14b | | st's EIN 2037916 | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 2013

OMB Nos. 1210-0110 1210-0089

the Internal Revenue Code (the Code). This Form is Open to Public Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number KEN R. BURNETT D.D.S., P.S. 401(K) PROFIT SHARING PLAN (PN) ► 001 1c Effective date of plan 01/01/2000 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number KEN R. BURNETT D.D.S., P.S. (EIN) 91-1957020 2c Sponsor's telephone number 9205 Seneca St (206) 583-6021 2d Business code (see instructions) US Seattle WA 98101 621210 3a Plan administrator's name and address 🗓 Same as Plan Sponsor Name 🗌 Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 3 Total number of participants at the end of the plan year 5b 3 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 3 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X 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 insurance program (see ERISA section 4021)? Yes No Not determined 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 Ken R. Burnett HERE Signat Splan administrator Date Enter name of individual signing as plan administrator HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

| | art III Financial Information | | | | | | | | |
|----------|--|---|---|-----------------------|---------|--------|--|-------------------------|--|
| 7_ | Plan Assets and Liabilities | | (a) Beginning of Yea | (a) Beginning of Year | | | (b) End | of Year | |
| a | Total plan assets | 7a | 391,5 | 391,576 | | | 470 | | |
| <u>b</u> | Total plan liabilities | 7b | | | | | | 270,303 | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 391,5 | 76 | _ | | | 470,309 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (h) 7 | Total | |
| а | Contributions received or receivable from: | | | | 10000 | 3032 | (6) | rotar | |
| - | (1) Employers | 8a(1) | 10,0 | 76 | 5550 | | | | |
| - | (2) Participants | 8a(2) | . 20,5 | 40 | 100 | | | | |
| b | (3) Others (including rollovers) | 8a(3) | | 1000011000 | THE R | | | | |
| - | Other income (loss) | 8b | 48,1 | 17 | | | | | |
| d | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 78,733 | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| | Administrative service providers (salaries, fees, commissions) | 8f | | 50 | 200 | | | | |
| | Other expenses | 8g | | | | | | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | - | | | |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | | 8 | | | 78,733 | |
| į_ | Transfers to (from) the plan (see instructions) | 8j | | | 15.2 | 533 | 1 A 10 Feb | Betterm - morest | |
| Pa | rt IV Plan Characteristics | | | - | | | | | |
| b | If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2F 2J 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature. | | | | | | | | |
| | rt V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| a —. | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial | ary Corre | ction Program) | 10a | | x | | | |
| b | Were there any nonexempt transactions with any party-in-interest? on line 10a.) | (Do not ir | nclude transactions reported | 10b | | x | | | |
| С | Was the plan covered by a fidelity bond? | ************* | | 10c | x | | | 25,000 | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty? | delity hon | d that was caused by fraud | 10d | | x | | 23,000 | |
| е | Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.) | r persons | by an insurance carrier, | 10e | | x | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | | | 10f | | x | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | | | | | | | | |
| | If this is an individual account plan, was there a blackout period? (Se | ee instruc | tions and 29 CFR | 10g | | x | | | |
| i | 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3 | required | notice or one of the | 10h | | х | | | |
| Par | | 3 | | 10i | | | | | |
| | ¥ | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) | *************************************** | *************************************** | ete S | chedul | e SB | (Form | Yes X No | |
| 11a | Enter the unpaid minimum required contribution for current year from | n Schedu | le SB (Form 5500) line 39 | | | 1a | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding re- | quiremen | ts of section 412 of the Code or | | | | RISA? | Yes X No | |
| - | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a | s applical | ble.) | | | | | | |
| a | If a waiver of the minimum funding standard for a prior year is being granting the waiver | | Mon | ons, a | ind ent | er the | e date of th | e letter ruling Year | |
| Ify | ou completed line 12a, complete lines 3, 9, and 10 of Schedule N | 1B (Form | 5500), and skip to line 13. | | | | | | |
| b | Enter the minimum required contribution for this plan year | ************* | *************************************** | | 1 | 2b | | | |
| | | | | | | | | | |

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|-------|---|--------------------------------------|----------|------------|--------------|
| С | Enter the amount contributed by the employer to the plan for this plan year | | 12c | T | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount) | minus sign to the left of a | 12d | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline | e? | | Yes [| No □N/A |
| Part | | | | 1 103 | 140 L 14/A |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | Пу | es X N | n |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 13a | 1 | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to ano of the PBGC? | ther plan, or brought under the co | | Г | Yes X No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to anot which assets or liabilities were transferred. (See instructions.) | her plan(s), identify the plan(s) to | | | |
| 1 | 3c(1) Name of plan(s): | 130 | (2) EIN(| (s) | 13c(3) PN(s) |
| | | | | | |
| Part | VIII Trust Information (optional) | | | | |
| 14a N | Name of trust | | 14b T | rust's EIN | |
| K | en R. Burnett, DDS, PS 401(k) PSP | | | 91-2037 | 916 |
| | | | | | |