## 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

	Benefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 5500	)-SF.		peotion				
Part I Annual Report Identification Information											
For calend	dar plan year 2013 or fis	scal plan year beginning 01/01/2	2013	and ending 1	2/31/2	2013					
A This re	eturn/report is for:	a single-employer plan		olan (not multiemployer)	nployer) 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 retur	rn/report (less than 12 mo	onths)						
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am				
		special extension (enter descr	ription)								
Part II	Basic Plan Info	rmation—enter all requested info	ormation								
1a Name					1b	Three-digit					
RONALD E	. FROST DDS PS 401(F	<) PLAN				plan number	001				
					10	(PN)	001				
					10	C Effective date of plan 01/01/1998					
	sponsor's name and add	dress; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b	Employer Identi					
					2c	Sponsor's telep	hone number				
	VELAND ST SUITE 200 ), WA 98052	)			2d	Business code (	(see instructions)				
3a Plan	administrator's name an	nd address XSame as Plan Spons	sor Name Same as Pla	ın Sponsor Address	3b	62121 Administrator's					
		a address Notation as Flair opens		in openion / tagrees							
					3C	Administrator's	telephone number				
4 If the	name and/or EIN of the	plan sponsor has changed since t	the last return/report filed f	for this plan, enter the	4b	EIN					
name	e, EIN, and the plan nun	plan sponsor has changed since to plan sponsor has changed since to plan sponsor.	the last return/report filed f	for this plan, enter the							
name <b>a</b> Spon	e, EIN, and the plan nun sor's name	nber from the last return/report.	<u> </u>		4c						
a Spon  5a Total	e, EIN, and the plan nun sor's name number of participants	nber from the last return/report.					11				
<ul><li>a Spon</li><li>5a Total</li><li>b Total</li></ul>	e, EIN, and the plan nun sor's name number of participants number of participants	nber from the last return/report.  at the beginning of the plan year  at the end of the plan year			4c		11				
name <b>a</b> Spon <b>5a</b> Total <b>b</b> Total <b>c</b> Num	e, EIN, and the plan nun sor's name number of participants number of participants ber of participants with a	nber from the last return/report.	the plan year (defined ben	efit plans do not	4c 5a						
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name a Spon 5a Total b Total c Num com 6a Wer b Are y under lf yo c If the Caution: Under per SB or Scr belief, it is SIGN HERE	e, EIN, and the plan number of participants number of participants ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the account balances as of the end of the annual examination and report (See instructions on waiver eligibilither line 6a or line 6b, the plan can be plan, is it covered under the PBG or incomplete filling of this returnment penalties set forth in the instructed signed by an enrolled actuary, a solete.	the plan year (defined ben- defined ben- def	efit plans do not ctions.) ed public accountant (IQF and must instead use e ERISA section 4021)? unless reasonable cau e examined this return/report, RONALD E. FROST Enter name of individu	4c 5a 5b 5c PA) Se is sort, in grand to grand signal signa	PN  5500.  Yes No  established.  Including, if applicate the best of my  uning as plan admining as employed	11  X Yes No X Yes No Not determined  Able, a Schedule knowledge and				
name a Spon 5a Total b Total c Num com 6a Wer b Are y under lf yo c If the Caution: Under per SB or Scr belief, it is SIGN HERE	e, EIN, and the plan number of participants number of participants ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in election of the annual examination and report (See instructions on waiver eligibility ther line 6a or line 6b, the plan can be plan, is it covered under the PBG or incomplete filing of this returnment penalties set forth in the instruction of the plan of the plan of the plan is it covered under the plan or incomplete filing of this returnment penalties set forth in the instruction of the plan is it covered under the plan or incomplete filing of this returnment penalties set forth in the instruction of the plan is it covered under the plan in the instruction of the plan in the instruction of the plan in the plan	the plan year (defined ben- defined ben- def	efit plans do not ctions.) ed public accountant (IQF and must instead use e ERISA section 4021)? unless reasonable cau e examined this return/report, RONALD E. FROST Enter name of individu	4c 5a 5b 5c PA) Se is sort, in grand to grand signal signa	PN  5500.  Yes No  established.  Including, if applicate the best of my  uning as plan admining as employed	11  X Yes No X Yes No Not determined  Able, a Schedule knowledge and  ministrator  er or plan sponsor				

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Pai	t III   Financial Information									
7	Plan Assets and Liabilities	(a) Reginning of Yea	(a) Beginning of Year				(b) End of Year			
a	Total plan assets		465474			561893				
	Total plan liabilities	7a 7b								
	Net plan assets (subtract line 7b from line 7a)	46547	465474				5	61893	}	
	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount				(h)	Total		
	· · · · · · · · · · · · · · · · · · ·						(15)	Total		
	(1) Employers									
	(2) Participants	8a(2)	5120	0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	7227	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	70066	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7009	0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f	355	7						
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							73647	7
i	Net income (loss) (subtract line 8h from line 8c)	8i							96419	)
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics				•					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	uctions	S:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruc	ctions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		۸m	ount	
	Was there a failure to transmit to the plan any participant contribution	tions within	n the time period described in	I -	103	110		AIII	Juni	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X				
D	on line 10a.)			10b		X				
				100	Χ					150000
d				10c						130000
	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 year e	and )	10q		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			Ŭ		X				
	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required notice or one of the			10h						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
<u>11</u> a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39	<u>.</u>		11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	<u>. L</u> [	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
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.  Month Day Year					ling				
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk									
b	Enter the minimum required contribution for this plan year					12b				

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	<b>4b</b> Tr	ust's EIN	

## 2013 Form 5500-SF e-file Signature Authorization

Ronald E. Frost DDS PS Ronald E. Frost DDS PS 401(k) Plan 001 16701 Cleveland St Suite 200 Redmond, WA 98052

Employer Identification Number: 91-1191001

Client Identification Number: 26280

You, as plan administrator, are authorizing that Martin Boyle PLLC electronically file the 2013 Form 5500-SF for Ronald E. Frost DDS PS 401(k) Plan as an EFAST2 Service Provider.

## Authorization

As plan administrator for Ronald E. Frost DDS PS 401(k) Plan, I authorize Martin Boyle PLLC to electronically file Form 5500-SF for the tax year 2013. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization \( \sqrt{not} \) \( \sqr

Date:

02:55:13 p.m.

26280 10/03/2014 5:02 PM

Dr. Ron Frost DDS

Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 Department of the Treasury Internal Revenue Service Benefit Plan 1210-0089 This form is required to be filed under sections 104 and 4065 of the Employee 2013 Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation This Form is Open to Public Complete all entries in accordance with the instructions to the Form 5500-SF. Inspection Part I **Annual Report Identification Information** For calendar plan year 2013 or fiscal plan year beginning and ending A This return/report is for: X 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) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of clan 1b Three-digit plan Ronald E. Frost DDS PS 401(k) Plan number (PN) 🕨 001 Effective date of plan 01/01/1998 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Employer Identification No. Ronald E. Frost DDS PS (EIN) 91-1191001 2c Sponsor's telephone number 16701 Cleveland St Suite 200 425-883-4099 2d Business code (see instr.) Redmond 98052 621210 Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 3c Administrator's telephone number 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, 4b EIN and the plan number from the last return/report, a Sponsor's name 4c Total number of participants at the beginning of the plan year 5a 11 5a Total number of participants at the end of the plan year ..... 5<sub>b</sub> 11 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 11 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No 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 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 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 Kindd - That DES BS SIGN 10/03/2014 Ronald E. Frost HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN 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)

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Ronald E. Frost DDS PS

Form 5500-SF 2013

91-1191001

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Pa	TEIII Financial Information		·						
7	Plan Assets and Liabilities	88.8	(a) Beginr	ina a	f Year		(b) End of Yea		
a	Total plan assets	7a			5474		5618		
<u>b</u>	Total plan liabilities	7b		•		1			
<u>c</u>	All A structure and the factor of the structure and the structure	7c	<del></del>	46	5474		5618	393	
8	Income, Expenses, and Transfers for this Plan Year		(a) A	moun	t	$\vdash$	(b) Total		
а	Contributions received or receivable from:					3355		Kar.	
	1) Employers	a(1)		46	,596	<b>5</b>			
	2) Participants 8	a(2)			,200			900	
	3) Others (including rollovers) 8	a(3)				2500 p. 12 p. 3000 p. 12 p.			
<u>b</u>	Other income (loss)	8b	72,270						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					170,060		
d	Benefits paid (including direct rollovers and insurance premiums	$\Box$				1.52.3			
		8d		70	,090				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	Ве							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		3	, 557	820			
<u></u> g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1.000			73,6	47	
<u>     i                               </u>	Net income (loss) (subtract line 8h from line 8c)	8i					96,4		
上上		8)							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of F 2E 2J 2K 3D	Plan (	Characteris	tic Co	des in	the ir	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Pla	an C	haracteristi	c Cod	es in t	he ins	tructions:		
Par	tV Compliance Questions						<del> </del>		
10			·	r <del></del>	·		<u> </u>		
<u>ıv</u> a	During the plan year:			Yes	No	<u> </u>	Amount		
a	Was there a failure to transmit to the plan any participant contributions within the time period desc	nbec			ا	ĺ			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  Were there any nonexempt transactions with any party-in-interest? (Do not include transactions re		10a		X	-	:		
	on line 10a.)	epone	1						
С	Was the plan covered by a fidelity bond?		10b	**	X				
<del>_</del> d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by		10c	X		<u> </u>	1500	00	
u	or dishonesty?	y trat	1				:		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance can		10d		X	-		—	
	insurance service, or other organization that provides some or all of the benefits under the plan? (	ner,							
	instructions.)	See	ا ــــــــــــــــــــــــــــــــــــ						
	Has the plan failed to provide any benefit when due under the plan?		10e		X	<u> </u>	<del></del>		
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10f		X		<u> </u>	—	
<del></del> h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR		10g		A	890 VI N 166	erk, principalities for en	0.500	
••	2520.101-3.)		40.		_				
	If 10h was answered "Yes," check the box if you either provided the required notice or one of the		10h		X	Sei Sei ili Romania		2	
•	exceptions to providing the notice applied under 29 CFR 2520.101-3		4						
Par	VI Pension Funding Compliance		10i			80 100	aterint of the seasons make	134.4	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions				1- 00		· · · · · · · · · · · · · · · · · · ·	—	
••	From FFRRI and Provide to the state of	and	complete S	cneat	lie 2R		<u> </u>		
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) lin		· · · · · · · · · · · · · · · · · · ·		44	للنز	Yes 1	No_	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	16 39	2 of EDIO42		11a	<u> </u>	., 12		
<u></u>	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	un 30	z DI ENISA?		·····	L	Yes X	40	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, se		to otion -				-Cab - A 1	<del></del> -	
_	penalting the serieur	e ms						ing	
If w	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li		Month	Da	ıy	Y	ear		
b	Enter the minimum required contribution for this plan year	ne 1	J		40.				
	The state of the s		<u> </u>		12b				

Dr. Ron Frost DDS

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26280 10/03/2014 5:02 PM Ronald E. Frost DDS PS 91-1191001 Form 5500-SF 2013 Page 3-Enter the amount contributed by the employer to the plan for this plan year 12¢ Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes N/A 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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes X No 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