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

	•	Complete all entries in accorda	ance with the instruc	tions to the Form 550	<i>J</i> U-5F.		
Part I	Annual Report	Identification Information					
For cale	ndar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending	12/31/2	2013	
A This	return/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This	return/report is:	the first return/report t	the final return/report				
		an amended return/report	short plan year return	n/report (less than 12 m	nonths))	
C Chec	ck box if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	1)			<u> </u>	
Part I	Basic Plan Info	rmation—enter all requested informat	tion				
	ne of plan	·			1b	Three-digit	
	•	1(K) PROFIT SHARING PLAN				plan number	
					_	(PN) •	001
					1C	Effective date of 01/01/	•
	n sponsor's name and ad ORTHODONTICS, PS	dress; include room or suite number (em	nployer, if for a single-	employer plan)	2b	Employer Identification (EIN) 75-29	fication Number 78104
PO BOX	C-96012				2c	Sponsor's telep	
	JE, WA 98009-9612				2d	Business code ((see instructions)
3a Plai	n administrator's name ar	nd address Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
4 If th			-tt		41-		
		e plan sponsor has changed since the last mber from the last return/report.	st return/report filed fo	or this plan, enter the	40	EIN	
	nsor's name	•			4c	PN	
5a Tot	al number of participants	at the beginning of the plan year			- 5a		6
b Tot	al number of participants	at the end of the plan year			5b		6
		account balances as of the end of the pla	• •	•	. 5c		6
6a W	ere all of the plan's assets	s during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No
b Are	you claiming a waiver of	f the annual examination and report of ar	n independent qualifie	d public accountant (IC	QPA)		
		? (See instructions on waiver eligibility ar					X Yes No
		ither line 6a or line 6b, the plan canno					1
C If th	e plan is a defined benef	fit plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?		Yes No	Not determined
Caution	: A penalty for the late	or incomplete filing of this return/repo	ort will be assessed	unless reasonable ca	use is	established.	
Under p	enalties of perjury and ot	her penalties set forth in the instructions,	, I declare that I have	examined this return/re	port, ir	ncluding, if applica	
	chedule MB completed and is true, correct, and comp	nd signed by an enrolled actuary, as well plete.	I as the electronic vers	sion of this return/repor	t, and	to the best of my	knowledge and
SIGN HERE	Filed with authorized/	valid electronic signature.					
HEKE	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	dual sig	ning as employe	er or plan sponsor
Prepare		name, if applicable) and address; include	room or suite numbe				number (optional)
					1		

Form 5500-SF 2013 Page **2**

Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar .			(b) End of	Voar		
<u>'</u> a	Total plan assets	7a	(a) Beginning of Tea		+		(b) Liid Oi	53258	7	_
	Total plan liabilities	7b		0	+)	
	Net plan assets (subtract line 7b from line 7a)	7c	43064	11			532587		7	
	Income, Expenses, and Transfers for this Plan Year	- 10	(a) Amount				(b) Tot			
	Contributions received or receivable from:		(a) Amount				(b) 100	ai		
	(1) Employers	8a(1)	921	9						
	(2) Participants	8a(2)	2101	0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	7171	7						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						101946	6	
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								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						10194	6	
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 2G 2J 2K 2R	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instructior	ıs:		
Par	t V Compliance Questions									_
10	During the plan year:				Yes	No	Δ	mount		
a				10a		X	,	ou.ii		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
					X				500	
				10c					500	00
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 pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		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 require	d notice or one of the	10i						
Part		-				<u> </u>				
11	Is this a defined benefit plan subject to minimum funding requirem							☐ Yes	× I	No
110	5500) and line 11a below)								^	10
	Enter the unpaid minimum required contribution for current year fr		` '		-	11a	EDICAC	П vaa	▽ ,	N/a
12	Is this a defined contribution plan subject to the minimum funding	•		or se	ection	3U2 Of	EKISA?	Yes	^	No
	(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			ctions	and 4	enter ti	l ne date of the	letter ru	ling	
	granting the waiver.		Mon		, and t	Day		ear	ıy	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•	•		<u> </u>	461	ı			
b	Enter the minimum required contribution for this plan year					12b				

Page	3 -	. 1	
raye	J		

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?	🔲	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	N o
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			
	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) P	N(s)
Part	VIII Trust Information (optional)				
	Name of trust RRA ORTHODONTICS, PS 401(K) PROF		rust's EIN 680534670		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

2013

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Control	Pension Benefit Guaranty Corporation	► Complete all entries in accord	dance with the instru	ctions to the Form 550	0-SF.		
1777		t Identification Information					
Fo	r calendar plan year 2013 or f	iscal plan year beginning	01/01/2013	and ending	12	/31/2013	
Α	This return/report is for:	x a single-employer plan	a multiple-employer p	olan (not multiemployer)	L	a one-particip	oant plan
В	This return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)		
С	Check box if filing under:	x Form 5558	automatic extension		Γ	DFVC progra	ım
		special extension (enter description	n)		_	-	
P	art II Basic Plan Info	ormation enter all requested infor	mation				
-	Name of plan		<u>Inditori</u>		1b	Three-digit	
	Vierra Orthodontic	es, PS 401(k) Profit Sharing	a Plan		1 '	plan number	001
	Arerra Orthodomere	.s, 10 with Fibric Blazzin	g rian			(PN) ► Effective date o	L
						01/01/2003	. pian
2a	Plan sponsor's name and a Vierra Orthodontic	address; include room or suite number (e es, PS	employer, if for a single	e-employer plan)	ľ	Employer Identi (EIN) 75-29	ification Number 78104
						Sponsor's telep	
	PO Box C-96012					(425) 774-	
_	Bellevue	WA 98009-9612				Business code 621210	(see instructions)
3a	Plan administrator's name a	and address 🗓 Same as Plan Sponso	r Name 🔲 Same as	Plan Sponsor Address	3b /	Administrator's	EIN
					3c /	Administrator's	telephone number
4	If the name and/or EIN of the	he plan sponsor has changed since the I	ast return/report filed	for this plan, enter the	4b	EIN	
-		ımber from the last return/report.		F, T			
a	Sponsor's name				4c	PN	
5a	•	s at the beginning of the plan year			5a		6
b		s at the end of the plan year			5b		6
C		account balances as of the end of the p			5c		6
6a		s during the plan year invested in eligible				• • • • • • • • • • • • • • • • • • • •	X Yes No
b		of the annual examination and report of a					
	under 29 CFR 2520.104-46	? (See instructions on waiver eligibility a	and conditions.)	***************************************	*******	***************************************	X Yes No
	=	ither line 6a or line 6b, the plan canno					
С	If the plan is a defined bene	efit plan, is it covered under the PBGC in	isurance program (se	e ERISA section 4021)?		YesNo	Not determined
Ca	ution: A penalty for the late	or incomplete filing of this return/rep	port will be assesse	d unless reasonable ca	use is	established.	
		other penalties set forth in the instruction					
	or Schedule MB completed a lief, it is true, correct, and con	and signed by an enrolled actuary, as wanted and an arrow mplete.	ell as the electronic v	ersion of this return/repo	rt, and t	to the best of m	y knowledge and
s	IGN // // /	<u> </u>		Darin A. Vierra	, DDS	<u>;</u>	
Н	ERE Signature of plan adn	ninistrator	Date 9-11-11	Enter name of individua	al signir	ng as plan admi	inistrator
	IGN AAA			Darin A. Vierra	, DDS	,	
STANKS.	ERE Signature of employe	er/plan sponsor	Date GOLA	Enter name of individua	al signir	ng as employer	or plan sponsor
Pre	eparer's name (including firm	name, if applicable) and address; include	de room or suite numb	<u> </u>	,		number (optional)
]		
					No. of Contract of		
					10000		

p,	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		T		(b) End o	of Year
a	Total plan assets	7a	430,64		5			532,587
b	Total plan liabilities	7b		0				0
	Net plan assets (subtract line 7b from line 7a)	7c	430,64		532.			532,587
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:	0-/4)	9,21	Ω.				
	(1) Employers	8a(1)	21,01		ASSESSOR COMPANIES CONTRACTOR CON			
	(2) Participants	8a(2)	21,01	0				
	(3) Others (including rollovers)	8a(3) 8b	71 71					
<u>b</u>	Other income (loss)		71,71	. 1				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d						101,946
e	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						101,946
i	Transfers to (from) the plan (see instructions)	8j						
Pa	ert IV Plan Characteristics	······-						
-	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Charact	eristi	c Cod	es in t	he instruct	ions:
	2E 2G 2J 2K 2R							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	ristic	Code	s in the	e instructio	ons:
Pa	rt V Compliance Questions		14-00-1111/00-00-0					
10	During the plan year:		*		Yes	No		Amount
а								
	29 CFR 2510.3-102? (See instructions and DOL's voluntary Fluid			10a		х		
b		ciary Corre ? (Do not i	ection Program)nclude transactions reported	10a 10b		x		
	Were there any nonexempt transactions with any party-in-interest	ciary Corre ? (Do not i	ection Program) include transactions reported		х			50,000
	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	ciary Corre	nclude transactions reported	10b 10c	х	х		50,000
C	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ciary Corre	nction Program)	10b 10c 10d	х	x		50,000
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	fidelity boner person of the ben	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d	х	x x		50,000
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	fidelity boner person of the ben	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d	х	x		50,000
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ciary Corre	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d	х	x x		50,000
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	fidelity borner person of the ben sof year e	s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f	х	x x x		50,000
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (fidelity borner person of the ben so f year e See instru	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f 10g	x	x x x x		50,000
c d d e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.)	fidelity borner person of the ben so f year e See instru	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f 10g 10h	x	x x x x		50,000
c d d e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (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	fidelity both are person of the benunction of year of See instruction of the benunction of the benunct	ection Program)	10b 10c 10d 10e 10f 10g 10h	Sched	x x x x x	•	50,000
e f g h i	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (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 TO Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity both fidelity	ection Program)	10b 10c 10d 10e 10f 10g 10h	Sched	x x x x x	•	
e f g h i	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (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* TVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity borner person of the ben so of year e (See instruments? (If "	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	Sched	x x x x x 11a	***************************************	
c d f g h i Pan 111	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (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 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity both fidelity	ection Program)	10b 10c 10d 10e 10f 10g 10h	Sched	x x x x x 11a	***************************************	☐ Yes ☒ No
c d f g h i Pan 111	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (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 or tVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	fidelity borner person of the ben of year of year of See instruments? (If """""""""""""""""""""""""""""""""""	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i or sec	Sched	x x x x x tule S	ERISA?	☐ Yes ☒ No
c d d e f g h i 111 112 a	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (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 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for Is this a defined contribution plan subject to the minimum funding (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 being the plan in the pl	requirements applications appli	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i or sec	Sched	x x x x x tule S	ERISA?	Yes X No
c d d e f g h i 111 112 a	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (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 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for Is this a defined contribution plan subject to the minimum funding (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 being granting the waiver you completed line 12a, complete lines 3, 9, and 10 of Schedule	fidelity borner person of the ben sof year of See instruments? (If """""""""""""""""""""""""""""""""""	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	Schee	x x x x x tule S	ERISA?	Yes X No

	Form 5500-SF 2013		Page 3-					
С	Enter the amount contributed by the employer to the plan fo	r this plan year	**********		12c			
d	Subtract the amount in line 12c from the amount in line 12b negative amount)				12d			
е_	Will the minimum funding amount reported on line 12d be m	net by the funding deadline	9?		<u> </u>	Yes 🗌	No 🔲 N	1/A
Part	VII Plan Terminations and Transfers of As	sets						
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	o the employer this year	************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13a			
b	Were all the plan assets distributed to participants or benefice of the PBGC?						Yes X	No
С	If during this plan year, any assets or liabilities were transfer 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	i)	13c(3) PN	(s)
Part	VIII Trust Information (optional)					1		
14a t	Name of trust				14b Tr	ust's EIN		
V	7ierra Orthodontics, PS 401(k) Prof				•	68-05346	70	