Form 5500-SF Short Form Annual Return/Report of Small Emplo						/ee OMB Nos. 121 121				
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ Department of Labor Employee Benefits Security Administration the Internal Revenue Code (the Code).						2013			
							s Open to Public			
Pension Be	enefit Guaranty Corporation	Complete all entries in accordation	ance with the instruc	ctions to the Form 550	0-SF.	Ins	spection			
Part I		lentification Information								
For calend	ar plan year 2013 or fisc			and ending 0	9/30/2	2014				
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-partici	pant plan			
B This ref	turn/report is:	the first return/report X t	he final return/report							
	[	] an amended return/report 🛛 🗙 a	short plan year return	n/report (less than 12 m	onths	)				
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am			
		special extension (enter description	)							
Part II	Basic Plan Inform	nation—enter all requested informat	tion							
1a Name					1b	Three-digit				
DONALD J.	MAYER, D.D.S., P.S. 40	1(K) PROFIT SHARING PLAN				plan number	001			
					10	(PN) ►	001			
					IC	Effective date o 01/01	•			
	ponsor's name and addr MAYER, D.D.S., P.S.	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi				
4257 45205					2c	Sponsor's telep	hone number			
4357 153RD BELLEVUE,	, WA 98006-2549				2d	Business code (see instructions				
<b>3a</b> Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ime Same as Plan	Sponsor Address	3b	621210 Administrator's EIN				
		plan sponsor has changed since the late	st return/report filed fo	or this plan, enter the	4b	EIN				
· · · ·	or's name				<b>4c</b> PN					
5a Total	number of participants at	the beginning of the plan year			5a		5			
<b>b</b> Total	number of participants at	the end of the plan year			5b		0			
		count balances as of the end of the pla			5c		0			
		luring the plan year invested in eligible					X Yes No			
b Are you under If you	ou claiming a waiver of th 29 CFR 2520.104-46? ( a answered "No" to eith	he annual examination and report of an See instructions on waiver eligibility an ler line 6a or line 6b, the plan canno plan, is it covered under the PBGC ins	n independent qualifiend conditions.)t t use Form 5500-SF	ed public accountant (IQ and must instead use	PA) Form	5500.	Yes No			
Caution: A	A penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ise is	established				
Under pen SB or Sche	alties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as wel	I declare that I have	examined this return/rep	oort, ir	ncluding, if applic				
SIGN	Filed with authorized/va	lid electronic signature.	12/09/2014	DONALD J. MAYER						
HERE	Signature of plan adr	ministrator	Date	Enter name of individ	ninistrator					
SICN			24.0							
SIGN HERE										
	Signature of employe	er/plan sponsor ne, if applicable) and address; include	Date	Enter name of individe	_		er or plan sponsor number (optional)			
i iepaiei S		ווכווועפ מוע מענופאא, וווכווועפ	room or suite numbe	r (opiionai)	i iet		המווואבו (טאנוטוומו)			

Par	t III Financial Information												
7	an Assets and Liabilities (a) Beginning of Ye					(b) End of Year							
а	tal plan assets								0				
b	Total plan liabilities	otal plan liabilities											
С	Net plan assets (subtract line 7b from line 7a) 7c 100550						0						
8	Income, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total							
а	Contributions received or receivable from:	tributions received or receivable from: Employers											
	(2) Participants	8a(2)											
		8a(3)											
· · ·	(3) Others (including rollovers) Other income (loss)	3											
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c		-					19723				
	Benefits paid (including direct rollovers and insurance premiums	00							10120				
	to provide benefits)	8d	1020450	0									
е	Certain deemed and/or corrective distributions (see instructions)	8e											
f	Administrative service providers (salaries, fees, commissions)	8f	478	0									
g	Other expenses	8g											
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						10	25230				
	Net income (loss) (subtract line 8h from line 8c)	8i						-10	05507				
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	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions					
	2E 2J 2K 2F 2G 3D		- from the List of Disc Observe			4							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	es from the List of Plan Charac	cterist		ies in ti	ne instruct	ions:					
Part	V Compliance Questions												
10	During the plan year:				Yes	No		Amo	unt				
	Was there a failure to transmit to the plan any participant contribu	tions withir	n the time period described in			V							
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		Х							
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х							
c	Was the plan covered by a fidelity bond?			10c	Х					2500	)00		
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd that was caused by fraud										
	or dishonesty?	•	•	10d		Х							
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	Х						68		
f	Has the plan failed to provide any benefit when due under the plan			10f		Х							
g						Х							
 h		-		10g									
	2520.101-3.)	(		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	1-3		10i									
Part								T					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No		
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) 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	ection 3	302 of	ERISA?	Π	Yes	X	No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,												
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc		, and e	enter th Day	ne date of t	he le Yea		ing			
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule												
	Enter the minimum required contribution for this plan year					12b							

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				
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?	. 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		X Yes	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):	3c(2) El	N(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

For	m 5500-SF	f Small Employ	OMB Nos, 1210 1210						
	tment of the Treasury nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employed				2013			
	partment of Labor enefits Security Administration	Retirement Income Security Act of the Interna	58(a) of This Form is Open to Publi Inspection						
	enefit Guaranty Corporation	tions to the Form 550							
Part I		entification Information							
For calenda	ar plan year 2013 or fisca		/01/2014	and ending	0.9	/30/2014			
A This return/report is for: 🛛 a single-employer plan 🗌 a multiple-employer plan (not multiemployer) 🗌 a one-participant plan									
B This ret									
		/report (less than 12 mo	onths)						
C Check b	pox if filing under:			DFVC program					
		special extension (enter description	·						
Part II		nation—enter all requested inform	ation						
<b>1a</b> Name		.S., P.S. 401(k) Profi	t Charing Plan		1b Thr	ree-digit n number			
Donard	U. Mayer, D.D.	.5., F.5. 401(K) FIOLI	C Dilating Fian	L	· ·	N) > 001			
					1c Effe	ective date of plan /01/1987			
2a Plan si	ponsor's name and addre	ess; include room or suite number (e	mplover, if for a single-	employer plan)		ployer Identification Number			
	J. Mayer, D.D.		····p···)··· ··············		1	N) 91-1175524			
4255 11						onsor's telephone number			
4357 15	53rd Ave SE					5-577-0318			
Bellevi	ue	WA 98006-2549			1	siness code (see instructions) 1210			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	Jame XSame as Plan	Sponsor Address		ministrator's EIN			
					20.04				
					<b>3c</b> Administrator's telephone number				
4 If the r	norma and/or Fibl of the n	lan anonar bar abangad since the	ast roturn/roport filed fo	this plan, option the	4b EIN				
		plan sponsor has changed since the l per from the last return/report.	ast return/report med to	i this plan, enter the					
	or's name				4c PN				
	1 1	t the beginning of the plan year			5a	5			
<b>b</b> Total i	number of participants at	t the end of the plan year			5b	0			
		count balances as of the end of the			5c	0			
		luring the plan year invested in eligib							
		ne annual examination and report of							
		See instructions on waiver eligibility							
		er line 6a or line 6b, the plan canr plan, is it covered under the PBGC ir							
( <del></del>									
		incomplete filing of this return/re							
SB or Sche		er penalties set forth in the instruction signed by an enrolled actuary, as we tete.							
RICH	A nr	EM/apa	In bilant	DONALD J. MAY	ER				
SIGN HERE	fortil	- Mapa	11/24/2014			e ee plan administrator			
	Signature of plan adr	ministrator	Date		iuai signin	g as plan administrator			
SIGN HERE	- Classifier of the		lual -!- !						
Preparer's	Signature of employe name (including firm nar		g as employer or plan sponsor r's telephone number (optional)						
	Standbergerer 🗸	an ann an an Anna an An		,					
					1				
					1				

7	rt III Financial Information Plan Assets and Liabilities		(a) Beginning of Year		T		(b) End o	f Year		
1		7.0		647	7	_	(b) End 0	Tear		
	Total plan assets	7a	100	97	_					
b	Total plan liabilities	7b	100	550						
_	Net plan assets (subtract line 7b from line 7a)	7c		550	1	(b) Total				
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		+	_	(0) 10	lai		
u	(1) Employers	8a(1)					_		_	
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	1	972	3					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				1972	
d	Benefits paid (including direct rollovers and insurance premiums	8d	102	045	0					
0	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	80			1					
f	Administrative service providers (salaries, fees, commissions)	8f		478	0					
a	Other expenses	8g			-					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	02523	
i	Net income (loss) (subtract line 8h from line 8c)		4		-			-1	.00550	
i	Transfers to (from) the plan (see instructions)	81								
, Do	rt IV Plan Characteristics	1 01			_					
b Par	If the plan provides welfare benefits, enter the applicable welfare f									
10	During the plan year:				Yes	No		Amount		
a		utions withi	n the time period described in	2						
112		uciary con	ection Program)	10a		Х				
ł	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10a 10b		x x				
1	on line 10a.)	t? (Do not	include transactions reported		X				25000	
_	on line 10a.)	t? (Do not s fidelity bo	include transactions reported	10b	x				25000	
(	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	t? (Do not s fidelity bo her person l of the ber	include transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c	x	x			25000	
(	<ul> <li>on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or al instructions.)</li> </ul>	t? (Do not s fidelity bo her person l of the ber	include transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d		x				
6	<ul> <li>on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or al instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> </ul>	t? (Do not s fidelity bo her person l of the ber an?	include transactions reported nd, that was caused by fraud s by an insurance carrier, lefits under the plan? (See	10b 10c 10d 10e		x				
1	<ul> <li>on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or al instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.)</li> </ul>	t? (Do not s fidelity bo her person l of the ber an? as of year o (See instru	include transactions reported nd, that was caused by fraud s by an insurance carrier, refits under the plan? (See end.)	10b 10c 10d 10e 10f		X X X				
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	<ul> <li>on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or al instructions.)</li> <li>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 lif this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided in the plan provided in the plan provide of the plan have any participant loans?</li> </ul>	t? (Do not s fidelity bo her person I of the ber an? as of year o (See instru- the require	include transactions reported and, that was caused by fraud s by an insurance carrier, refits under the plan? (See and.) uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g 10h		X X X X X				
	<ul> <li>on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or al instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>t VI Pension Funding Compliance</li> </ul>	t? (Do not s fidelity bo her person l of the ber an? as of year of (See instru- the require 01-3	include transactions reported nd, that was caused by fraud s by an insurance carrier, refits under the plan? (See end.) uctions and 29 CFR d notice or one of the Yes," see instructions and corr	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X dule SB		Ye	(	
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( 1 9 1 1 1 11 12	<ul> <li>on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or al instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>t VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)</li> <li>a Enter the unpaid minimum required contribution for current year Is this a defined contribution plan subject to the minimum funding (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 be granting the waiver.</li> </ul>	t? (Do not s fidelity bo her person l of the ber an? as of year o (See instru- the require 01-3 ments? (If ' from Scher g requirem w, as applic ing amortiz	include transactions reported ind, that was caused by fraud is by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the Yes," see instructions and corr dule SB (Form 5500) line 39 ents of section 412 of the Code sable.) red in this plan year, see instru- Mor	10b 10c 10d 10e 10f 10g 10h 10i 10i	X Schee ection	X X X X X X X dule SB	ERISA?	T Ye	es 🗌 N es 🕅 N	
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		i a l'hai			
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?	X `	Yes	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 th of the PBGC?			X Yes	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.)		~		
3	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
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Parl	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺	rust's EIN	1	