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

2014

This Form is Open to Public Inspection

	ort identification information			10.1.10.0.1.1				
For calendar plan year 2014 c				/31/2014				
A This natural frame of in fac-	X a single-employer plan		plan (not multiemployer)					
A This return/report is for:	a one-participant plan	a foreign plan	oyer information in accord	dance with the fori	n instructions)			
B This return/report is	the first return/report	the final return/report	•					
• This return/report is	님 '	<u>=</u>		ontho)				
	an amended return/report	a short plan year ret	ırn/report (less than 12 m	onins)				
C Check box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
Ç	special extension (enter des	scription)						
Dort II Doois Dien Ir	nformation—enter all requested	to to more than						
Part II Basic Plan Ir 1a Name of plan	ilormation—enter all requested	Information		1b Three-digit				
•	. EMPLOYEES' PROFIT SHARING	PLAN AND TRUST		plan numb				
				(PN) ▶	001			
				1c Effective d	ate of plan 01/01/1988			
2a Plan snonsor's name and	address; include room or suite nun	her (employer if for a single	e-employer plan)		dentification Number			
TOM K. MICHAEL, D.D.S., P.S.		iber (employer, ir for a singi	e employer plan		91-2009917			
				` '	telephone number			
703 VALLEY MALL PARKWAY					9-884-6901			
EAST WENATCHEE, WA 98802-4839				2d Business code (see instructions)				
20 Diamentoletatatata					S21210			
3a Plan administrator's name	e and address XSame as Plan Spo	onsor.		3b Administrat	ors EIN			
				3c Administrat	or's telephone number			
4 If the name and/or FIN of	the plan sponsor has changed since	ce 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				
	nts at the beginning of the plan yea			5a	7			
·	nts at the end of the plan year			5b	7			
	ith account balances as of the end			5c	7			
'	participants at the beginning of the			5d(1)				
. ,	participants at the end of the plan			5d(2)	7			
	at terminated employment during the				7			
	di terminated employment during the			5e	0			
	te or incomplete filing of this retu			use is established	d.			
	d other penalties set forth in the inst							
belief, it is true, correct, and c	d and signed by an enrolled actuary omplete.	r, as well as the electronic v	ersion of this return/repor	t, and to the best t	or my knowledge and			
SIGN Filed with authoriz	ed/valid electronic signature.	01/28/2015	TOM K. MICHAEL, PF	TOM K. MICHAEL, PRESIDENT				
HERE Signature of pla	n administrator	Date	Enter name of individ	ual signing as pla	n administrator			
SIGN				<u> </u>				
HERE	ployer/plan sponsor	Date	Enter name of individ	ual signing as em	oloyer or plan sponsor			
	m name, if applicable) and address				none number (optional)			
1				l ·				

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b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a nunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot waiter the second s	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.		X Ye	es 🗌 N	10 10
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No L	Not det	ermined	
Par										
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End	of Year 409	5081	_
	Total plan assets	7a	33908	741				403	J90 I	_
	Fotal plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	35989	941				409	5981	_
	ncome, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) T			_
	Contributions received or receivable from:						(5) 1	Otai		
	1) Employers	8a(1)	1344	159						
	2) Participants	8a(2)								
-	3) Others (including rollovers)	8a(3)	0005							
	Other income (loss)	8b	3625	081						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						49	7040	
	Benefits paid (including direct rollovers and insurance premiums o 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 ·	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						49	7040	
j	Transfers to (from) the plan (see instructions)	8j								
Par										
9a	If the plan provides pension benefits, enter the applicable pension to 2A 2E 2G 2R 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ons:		_
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amoun	t	
а	Was there a failure to transmit to the plan any participant contribut		•	100		X				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'			10a						_
	on line 10a.)	`	•	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				50000)0
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud							_
	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.)	of the ber	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	า?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X				_
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instr	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 2520.101	ne require	d notice or one of the	10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Ye	es N	lo
11a	Enter the unpaid minimum required contribution for current year fro	om Sched	dule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction (302 of	ERISA?	Ye	es X N	ю
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)							
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day		ne letter Year	ruling	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		D	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Tressury Internal Review Service

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4965 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 1210-0080

2014

This Form is Open to Public Inspection

For	art I Annual Repo calendar plan year 2014 or	rt Identification Informatio	01/01/2014	and ending	12/31/201	4			
	pur jun su iva	X a single-employer plan	a multiple-amployer of	an (not multiemployer) (Filers checking this b	ox must attach a list			
A This return/report is for: of participating employer information in accordance with the form instructions)									
-		a one-participant plan							
BT	his return/report is	the first return/report	the final return/report		and the second second				
		an amended return/report	a short plan year return	Vreport (less than 12 m	onina)				
Co	theck box if filing under:	Form 5558	automatic extension		☐ DFVC prog	am			
	SOUTH RESIDENCE OF THE SECOND	special extension (enter des	scription)						
Par	t II Basic Plan Inf	ormation—enter all requested	information						
The same of the same of	lame of plan	Office of the sal requested	RAISE STREET		1b Three-digit				
		.S., P.S. EMPLOYEES'	PROFIT SHARING P	LAN AND TRUST	plan number (PN)				
					1C Effective date 01/01/19				
TOM	K. MICHAEL, D.D.		ber (employer, if for a single-	employer plan)	2b Employer Idea (EIN) 91-2				
703	VALLEY MALL PAR	RWAY			2c Sponsor's telephone number 509-884-6901				
FAST	WENATCHEE	WA 98802-48	30		The contract of the contract o	e (see instructions)			
many-franchiscopies		nd address XSame as Plan Spo			3b Administrator	's EIN			
		Total and International Control of the			The Property of the Control of the C				
					3c Administrator's telephone number				
nan	ne. EIN, and the plan nur	plan sponsor has changed since other from the last return/report.			4b EIN 4c PN				
	nsor's name	at the beginning of the plan year			5a				
		at the end of the plan year							
comp	plete this item)	ccount balances as of the end o			5c				
d(1) To	otal number of active part	icipants at the beginning of the	plan year		5d(1)				
d(2) To	otal number of active part	icipants at the end of the plan ye	ear		5d(2)				
e Numb	er of participants that ter	minated employment during the	plan year with accrued ben	efits that were	5e				
-		r incomplete filing of this retu	The state of the s		cause is establishe	ed.			
audion:	or permity for the later	er parallise set forth in the instri	uctions, I declare that I have as well as the electronic ve	examined this return raion of this return/rep	report, including, if port, and to the best	applicable, a Sched of my knowledge ar			
Inder per B or Sch	natities of perjury and other nedule MB completed and	signed by an enrolled actuary.							
Inder per 38 or Sch selief, it is	nathes of perjury and other nedule MB completed and true, correct and comp	oned by an enrolled actuary.	1-77-15	TOM K. MICH	AEL, PRESIDE	NT			
Inder per 38 or Sch selief, it is BIGN	natties of perjury and other sedule MB completed and true, correct and completed Signature of plan ad			The same of the sa	AEL, PRESIDE				
Inder per SB or Sch belief, it is SIGN IERE	true, correct and comp		1-27-15	The same of the sa					
Under per 58 or Sch belief, it is SIGN IERE	Signature of plan ad	ministrator	1-77-/5 Date	Enter name of ind	ividual signing as pla	an administrator			
Under per SB or Sch belief, it is SIGN HERE SIGN HERE	Signature of employ	ministrator er/plan sponsor	1-7-7-/5 Date	Enter name of ind	ividual signing as planting as planting as er	an administrator			
Under per SB or Sch belief, it is SIGN HERE SIGN HERE	Signature of employ	ministrator	1-7-7-/5 Date	Enter name of ind	ividual signing as planting as planting as er	an administrator			
Under per SB or Sch belief, it is SIGN HERE SIGN HERE	Signature of employ	ministrator er/plan sponsor	1-7-7-/5 Date	Enter name of ind	ividual signing as planting as planting as er	an administrator			

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	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								ш п.	es [No No
C	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										
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of	Year		
a	Total plan assets	7a		9894	1		(-)			409	5983
b	Total plan liabilities	7b									
107	Net plan assets (subtract line 7b from line 7a)	7c	35:	9894	1					409	5983
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tot	al		
а	Contributions received or receivable from: (1) Employers	8a(1)	13	3445	9		1. 7.				
0	(2) Participants	8a(2)									
70	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	3(6258	1						
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								49	7040
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									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								200 - 1244	(
-	Net income (loss) (subtract line 8h from line 8c)	8 i								49	7040
J	Transfers to (from) the plan (see instructions)	8 j									
	t IV Plan Characteristics	NO W					20.0				
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2R 3D	feature co	des from the List of Plan Chara	acteris	itic Co	des in	the instr	uctic	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	cteristi	c Cod	es in t	he instru	ction	ıs:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Α	mour	nt	
9	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary 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					50	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х					
е		ner persons of the ben	s by an insurance carrier, efits under the plan? (See	10e		х					
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х					
ji				10i							
Part					*						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								∏ Υ	es	No
118	Enter the unpaid minimum required contribution for current year fr				-	11a					
12	Is this a defined contribution plan subject to the minimum funding					0.1000	ERISA?		ΠY	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•					50/50/50				
а	If a waiver of the minimum funding standard for a prior year is being	ng amortize	ed in this plan year, see instru		and e		e date o			ruling	g
	granting the waiver.		Моп	πh		Day		. Y	ear_		

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lf you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and sk	ip to line 13.					
b Ent	ter the minimum required contribution for this plan year				12b			
C Ent	ter the amount contributed by the employer to the plan for this plan year				12c			
	ptract the amount in line 12c from the amount in line 12b. Enter the result gative amount)				12d			
e Wil	I 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							
13а на	s a resolution to terminate the plan been adopted in any plan year?				Y	es X No	į.	- 15
If "	Yes," enter the amount of any plan assets that reverted to the employer th	nis year			13a			
	ere all the plan assets distributed to participants or beneficiaries, transferre				ontrol		Yes	X No
	luring this plan year, any assets or liabilities were transferred from this pla ich assets or liabilities were transferred. (See instructions.)	n to another pla	n(s), identify the	plan(s) to	ì			
13c(1	I) Name of plan(s):			130	c(2) Ell	N(s)	13c(3)	PN(s)
Part VII 14a Nam	Trust Information (optional) le of trust				4b Tr	ust's EIN		