Form 5500-SF Short Form Annual Return/Report of Small Employers			oyee	e	OMB Nos. 1210-0110 1210-0089				
Inter	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee R					2014			
Employee B	epartment of Labor enefits Security Administration					This F	Form is Open to lic Inspection		
	Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I         Annual Report Identification Information           For calendar plan year 2014 or fiscal plan year beginning         01/01/2014         and ending         12/31/2014									
	A single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a li								
	urn/report is for: urn/report is	a single-employer plan       a multiple-employer plan (not multiemployer) (Filers checking this box must attach a lof participating employer information in accordance with the form instructions)         a one-participant plan       a foreign plan         the first return/report       the final return/report         an amended return/report       a short plan year return/report (less than 12 months)							
		Form 5558	automatic extension			am			
	box if filing under:	special extension (enter description			DFVC program				
			,						
Part II		mation—enter all requested informa	tion				1		
1a Name JOHN R. KII	of plan DD, D.D.S., P.S. SAVIN	IGS PLAN			10	Three-digit plan number	001		
					1c	(PN) ► Effective date of	of plan		
		ress; include room or suite number (en	nployer, if for a single-	employer plan)	2b		1/1995 ification Number		
JOHN R. KID	D, D.D.S., P.S.				20	653358 ohone number			
510 N. MAIN						509-68	34-5800		
COLVILLE, V	VA 99114				2d Business code (see instructions) 621210				
	dministrator's name and	d address Same as Plan Sponsor. 510 N. MAIN			<b>3b</b> Administrator's EIN 91-1653358				
<ul> <li>4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the</li> <li>4b EIN</li> </ul>							34-5800		
	or's name	ber from the last return/report.			4c	PN			
5a Total r	number of participants a	at the beginning of the plan year			58	a	10		
<b>b</b> Total r	number of participants a	at the end of the plan year			51	b	10		
comple	ete this item)	ccount balances as of the end of the pl			<b>5c</b>		10		
<b>d(1)</b> Tota	al number of active part	icipants at the beginning of the plan ye	ar		5d(	1)	7		
		icipants at the end of the plan year			5d(	(2)	8		
Number of participants that terminated employment during the plan year with accrued benefits that were     less than 100% vested					50	e	0		
Under pena SB or Sche	alties of perjury and othe edule MB completed and true, correct, and compl		, I declare that I have	examined this return/rep	oort, in	cluding, if applic	cable, a Schedule / knowledge and		
SIGN	Filed with authorized/va	alid electronic signature. 03/17/2015 JOHN R. KIDD, DDS							
HERE	Signature of plan ad	ministrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE					lual signing as employer or plan sponsor				
Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional) JODI CALHOUN RANDALL & HURLEY INC. 601 W. RIVERSIDE, SUITE 1600 SPOKANE, WA 99201				Preparer's telephone number (optional) 509-838-5500					

	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
b	<b>b</b> 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.)							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
С	If the plan is a defined benefit plan, is it covered under the PBGC in							
	rt III Financial Information	•	<b>0</b> (	,		1		
7	Plan Assets and Liabilities		(a) Beginning of Vea	r			(b) End of Year	
<u>'</u> a	Plan Assets and Liabilities (a) Beginning of Yet (b) (c) Beginning of Yet (c)						1526019	
	Total plan liabilities	7u 7b	2	269			269	
	Net plan assets (subtract line 7b from line 7a)	7c	15245	540			1525750	
	Contributions received or receivable from:		(u) Anount					
	(1) Employers	8a(1)	511		_			
	(2) Participants	8a(2)	436	655				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	710	)91				
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		165891	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1491	13				
	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	86 8f	155	68				
g	Other expenses	8g						
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					164681	
i	Net income (loss) (subtract line 8h from line 8c)	8i					1210	
j	Transfers to (from) the plan (see instructions)	8i						
Par	rt IV Plan Characteristics	J						
	If the plan provides pension benefits, enter the applicable pension f	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:	
	2E 2J 2K 2A 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in tl	he instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribut	tions within	the time period described in		103		Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х		
b	<ul> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>		-	10b		х		
с	Was the plan covered by a fidelity bond?			10c	Х		500000	
d				100	~			
	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		
f				10f		Х		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)						113	
h	<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х		
i	· · ·							
Part	Part VI Pension Funding Compliance							
11								
11a	<b>1a</b> Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 <b>11a</b>							
12								
14	(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							

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
<b>b</b> Enter the minimum required contribution for this plan year		12b					
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c					
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d					
e 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?		· 🗆 ۲	Yes X No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a					
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder the	control		Yes 🗙 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):	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)				
Part VIII Trust Information (optional)							
14a Name of trust				14b Trust's EIN			

	========		-1.D.4	- 6 O		OMB Nos. 1210-0110			
Form 5500-SF		Short Form Annual Return/Report of Small Empl Benefit Plan				1210-0089			
Inter	nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R				2014			
Department of Labor Employee Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					Internal	This Form is Open to Public Inspection			
	Pension Benefit Guaranty Corporation     Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I		dentification Information	01/01/0014		10/	21/2014			
For calend	ar plan year 2014 or fiso		01/01/2014	and ending		31/2014			
	turn/report is for: urn/report is	X a single-employer plan       a multiple-employer plan (not multiemployer) (Filers checking this box must attach a lis of participating employer information in accordance with the form instructions)         a one-participant plan       a foreign plan         the first return/report       the final return/report         an amended return/report       a short plan year return/report (less than 12 months)							
C Charles	have if filling sound and	Form 5558	automatic extension		Пы	FVC program			
C Check	box if filing under:	special extension (enter descri			U				
Part II	Basic Plan Infor	mation—enter all requested info	ormation						
1a Name	of plan	, P.S. Savings Plan			1b       Three-digit         plan number       0.0.1         (PN) ▶         1c       Effective date of plan				
20. Dia						01/1995			
	ponsor's name and add . Kidd, D.D.S.	ress; include room or suite numbe , P.S.	er (employer, if for a single-o	employer plan)	(EIN)	oyer Identification Number 91-1653358			
510 N.	Main				2c Sponsor's telephone number 509-684-5800				
Colvil	le	WA 99114			2d Business code (see instructions) 621210				
	dministrator's name and		or.		3b Administrator's EIN				
	. Kidd, D.D.S.	L_J '			91-1653358				
510 N. Main						<b>3c</b> Administrator's telephone number 509-684-5800			
Colvil	le	WA 99114							
		plan sponsor has changed since t ber from the last return/report.	he last return/report filed fo	r this plan, enter the	4b EIN				
	or's name				4c PN				
5a Totalı	number of participants a	t the beginning of the plan year		••••••	5a	10			
<b>b</b> Total r	number of participants a	t the end of the plan year			5b	10			
	· ·	ccount balances as of the end of t		•	5c	10			
<b>d(1)</b> Tota	al number of active part	cipants at the beginning of the pla	an year		5d(1)	7			
<b>d(2)</b> Tota	al number of active part	icipants at the end of the plan yea	r		5d(2)	8			
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0			
Caution: A	penalty for the late of	r incomplete filing of this return	/report will be assessed ι	inless reasonable cau	ise is estab	lished.			
SB or Sche		er penalties set forth in the instruc I signed by an enrolled actuary, as ete	•	,					
SIGN	MARINS	127		John R. Kidd,	DDS				
HERE	Signature of plan ad	77 77 7				ual signing as plan administrator			
SIGN	mola	AT.		John R. Kidd,	and the second				
HERE									
	/Signature of employ	errpian sponsor me, if applicable) and address (inc	Date clude room or suite number			as employer or plan sponsor telephone number (optional)			
Preparer's harne (including firm name, if applicable) and address (include room or suite number ) (optional) Jodi Calhoun					509-838-5500				
Randall	l & Hurley Inc					000-000-000			
601 W.	Riverside, Su	ite 1600							
Spokane	2	WA 99201							

Form	5500-	٠SF	2014
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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					•••••••••	X Yes No	
D.	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.)							
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No Not determined	
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
а	Total plan assets	7a	15:	2480	9		1526019	
b	Total plan liabilities	7b		26	9		269	
C	Net plan assets (subtract line 7b from line 7a)	7c	15:	2454	0		1525750	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:			5114	5			
	(1) Employers	8a(1)		-		· .		
	(2) Participants	8a(2)		1365	5			
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b	-	7109	1			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					165891	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14	1911	3			
e	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f	-	1556	8			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					164681	
i	Net income (loss) (subtract line 8h from line 8c)						121(	
j	Transfers to (from) the plan (see instructions)							
Pa	t IV Plan Characteristics		I					
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructions:	
	2E 2J 2K 2A 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in tl	he instructions:	
Par					N.	N-	- · · · · · · · · · · · · · · · · · · ·	
10	During the plan year: Was there a failure to transmit to the plan any participant contribut	tiona withi	n the time period described in	<b></b>	Yes	No	Amount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х		
b						х		
	on line 10a.)			10b				
С	Was the plan covered by a fidelity bond?			10c	Х		500000	
d		•	•			х		
	or dishonesty?			10d				
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		
f	f Has the plan failed to provide any benefit when due under the plan?					х		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				х		113	
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			10g		v		
	2520.101-3.)			10h		X		
i	If 10h was answered "Yes," check the box if you either provided the	•		40.				
D	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i	L		L	
Part				mlete	Calter		) /Earm	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							

 11a
 Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 ......
 11a

 12
 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...
 Yes X

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

No