## 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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Parti	Annual Report	identification information									
For calend	lar plan year 2014 or f	iscal plan year beginning 01/01/2	014	and ending 12/	/31/2014						
A This re	a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list  This return/report is for:  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)										
		a one-participant plan	a foreign plan	.,		,					
<b>B</b> This ret	urn/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						
	3	special extension (enter desc	ription)								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name	of plan	L.C. PROFIT SHARING PLAN			<b>1b</b> Three-dig						
					(PN) <b>•</b>	001					
					1c Effective of	date of plan 01/01/1993					
	sponsor's name and ad	ddress; include room or suite numb	er (employer, if for a single	e-employer plan)		Identification Number 91-1994054					
					2c Sponsor's telephone number						
	IN AVE., STE 102 V, WA 98022				360-825-1661 <b>2d</b> Business code (see instructions)						
					621210						
3a Plan a	administrator's name a	nd address XSame as Plan Spon	sor.		<b>3b</b> Administrator's EIN						
						20 11 11 11 11 11					
					<b>3c</b> Administrator's telephone number						
		e plan sponsor has changed since imber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN						
	sor's name	imber from the last return/report.			4c PN						
		s at the beginning of the plan year.									
<b>b</b> Total	number of participants	s at the end of the plan year			5b	8					
		account balances as of the end of			5c	7					
	,	articipants at the beginning of the p			5d(1)	8					
<b>d(2)</b> To	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)	7					
		erminated employment during the			5e	0					
		or incomplete filing of this retur			iso is ostablisho						
		ther penalties set forth in the instru									
SB or Sch		and signed by an enrolled actuary,									
SIGN	Filed with authorized	/valid electronic signature.	06/12/2015	WENDY WALKER	KER						
HERE	Signature of plan a	administrator	Date Enter name of individ		dividual signing as plan administrator						
SIGN											
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	ual signing as en	nployer or plan sponsor					
Preparer's		name, if applicable) and address (in				phone number (optional)					

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b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							× Ye	s No
	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 dete	rmined
Par –					1				
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End	of Year 426	850
	Total plan assets Total plan liabilities	7a 7b	4213	704				420	000
	et plan assets (subtract line 7b from line 7a)					426850			850
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
	Contributions received or receivable from:		(a) i mit am				(,		
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)	103	374					
	Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	100					10	374
	Benefits paid (including direct rollovers and insurance premiums	80							07.1
	to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		100					
	Other expenses	8g	54	128					428
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							946
	let income (loss) (subtract line 8h from line 8c)							7	340
Par	, , , , , , , , , , , , , , , , , , , ,	8j							
9a b Part	If the plan provides pension benefits, enter the applicable pension 2E 3B 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 3B 3D								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ			
С	Was the plan covered by a fidelity bond?			10c	X				25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
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 ben	efits under the plan? (See	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	end.)	10g		X			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Χ			
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			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a	<u> </u>		
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?	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·				<u> </u>	1	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter r Year	uling

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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?		🔲 Y	′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):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Parti		t Identification Information							
For caleng	ar plan year 2014 or		1/2014		12/31/2014				
A This re	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)								
		a one-participant plan	a foreign plan			•			
<b>B</b> This retr	turn/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:		DFVC p	rogram					
		special extension (enter desc	cription)						
Part II	Basic Plan Inf	ormation—enter all requested in	nformation						
1a Name			1001111000011		1b Three-digit				
WALKER &	، KRAUS, D.D.S., P.L	L.C. PROFIT SHARING PLAN			plan numbe				
					(PN) •				
					1c Effective da 01/01/1993				
<b>2a</b> Plan s WALKER &	sponsor's name and a KRAUS, D.D.S., P.L.	address; include room or suite numb L.C.	per (employer, if for a single-	employer plan)	2b Employer le (EIN) 91-19	dentification Number 994054			
					2c Sponsor's telephone number				
2949 GRIFF	FIN AVE., STE 102				(360) 825-1661  2d Business code (see instructions)				
ENUMCLAV	W. WA 98022				621210				
		and address X Same as Plan Spon	nsor.		3b Administrator's EIN				
					20 14-1-1-1				
					3C Administrator's telephone number				
4 If the r	name and/or EIN of the	he plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN				
name	e, EIN, and the plan nu	umber from the last return/report.		•					
	sor's name	44 Mar hardender of Mar also			4c PN				
		ts at the beginning of the plan year.				9			
		ts at the end of the plan year			- 5b	8			
comple	lete this item)	h account balances as of the end of		·	. 5c	7			
d(1) Tota	al number of active p	participants at the beginning of the p	olan year		5d(1)	8			
		participants at the end of the plan ye			5d(2)	7			
	er of participants that nan 100% vested	terminated employment during the		fits that were	5e	0			
Caution: A	A penalty for the late	e or incomplete filing of this retu	rn/report will be assessed :	uniess reasonable ca	use is establishe	d.			
Under pena SB or Sche	nalties of perjury and one detection and completed and com	other penalties set forth in the instru and signed by an enrolled actuary,	uctions. I declare that I have e	examined this return/re	port, including if a	policable a Schedule			
	true, correct, and con	nplete.	1.1.0.0.0	1 , 1 ,					
SIGN HERE	× L		16-9-2015	, ,	Walker				
	Signature of plan	administrator	Date	Enter name of individ	tual signing as pla	n administrator			
SIGN HERE	-					<del></del>			
THE R. P. LEWIS CO., LANSING, MICH.	Signature of empl	loyer/plan sponsor name, if applicable) and address (i	Date	Enter name of individ		ployer or plan sponsor			
Fiehaleis	name (including initi	name, ir applicable) and address (i	include room or suite number	r ) (optional)	Preparer's telepi	hone number (optional)			
ł									

6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	See instructions.)					X	Yes	П	No
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 condition	ons.)	······	····			X	Yes		No
_	If you answered "No" to either line 6a or line 6b, the plan cann							7			
P	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA section 40	21)?	······ <u>L</u>	Yes	∐No [	Not	deterr	nine	j
Pa	rt III   Financial Information										
7_	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	аг		
a	Total plan assets	. 7a	42190	4				4	26850		
b	Total plan liabilities	7b			$\top$						
c	Net plan assets (subtract line 7b from line 7a)	. 7c	42190	4	丁			4	26850		
8	Income, Expenses, and Transfers for this Plan Year	T41454	(a) Amount				/h)	Total			
a	Contributions received or receivable from:		(-)				13451	10441	urt.	WE'S	
	(1) Employers	8a(1)			1000		44			14	RE.
	(2) Participants	. 8a(2)						217			
	(3) Others (including rollovers)	. 8a(3)				PA;		0.00		7	a T
b	Other income (loss)	8b	1037	4	16						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		10					10374		
d	Benefits paid (including direct rollovers and insurance premiums				1500	818	11,653	- EV.	V.B	UZSI.	1
	to provide benefits)	. 8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e							. 3		
f_	Administrative service providers (salaries, fees, commissions)	. 8f			35				h, A		Œ
<u>g</u>	Other expenses	. 8g	542	3							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		e V	11				5428		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		W.					4946		_
j	Transfers to (from) the plan (see instructions)	. 8i				1 30	V, EWEY.		25.1	i (	
Pai	t IV Plan Characteristics	<u> </u>	······································								
	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Char	ontorio	tio Co	den in	Abo instr				—
-	2E 3B 3D	icatare cou	co nom the flot of Fight Offan	acteris	auc Co	ides in	me msuc	Cuons			
b											
Par	t V Compliance Questions										
10	10 During the plan year:						s No Amount				
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in							Aine	-		_
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corre	ction Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not in	clude transactions reported								
	on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?			10c	X					250	00
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond	d, that was caused by fraud								
	or dishonesty?			10d		X					
е	the and the arrangement ballet to arry brokers, agorito, or our	ner persons	by an insurance carrier,								
	insurance service, or other organization that provides some or all instructions.)	of the pene	nts under the plan? (See	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan					Х	<del></del> -				_
				10f							
<u>g</u>	7,111,111			10g		Х					
n	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	405		х					
-i	If 10h was answered "Yes," check the box if you either provided the			10h							
•	exceptions to providing the notice applied under 29 CFR 2520.10	1-3	notice of one of the	10i							
Part	The state of the s										
11	ls this a defined benefit plan subject to minimum funding requirem	ents? (If "V	as " see instructions and com	nloto	Sabaa	lulo CI	2 /Earm	Т			
	5500) and line 11a below)		es, see instructions and com	piete	SCHED	iule St	o (Form	ΙП	Yes	П	٧o
_11a	Enter the unpaid minimum required contribution for current year fr					11a					_
12											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			01 56	GUUIT (	JUZ 01	ERIOA!	Ц	163	M I	
a	If a waiver of the minimum funding standard for a prior year is beir			rtione	and s	nter #	l ne date of	the le	tor nel	ing	—
	granting the waiver.			th_	anu c	Day		Yea		ııy	

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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	Enter the minimum required contribution for this plan year			12b			
<u> </u>	Enter the amount contributed by the employer to the plan for this plan ye	ear		12c		-	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)	sult (enter a minus sign to the	left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the fun	nding deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets					<u> </u>	
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 employ	er this year		13a	T		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						☐ Yes	⊠ No
C	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)				•		·
	I3c(1) Name of plan(s):		1:	3c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)					<del></del>	
14a Name of trust					rust's EIN	*	
			İ				

× 3