## 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.

4b EIN

4c PN

5a

5b

5c

5d(1)

5d(2)

5e

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: 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 **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit JADE ORTHODONTICS 401(K) PSP plan number (PN) ▶ 001 1c Effective date of plan 01/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number YIYU FANG DDS PS (EIN) 20-8051525 Sponsor's telephone number 509-736-2000 1410 N PITTSBURG ST STE B-2 KENNEWICK, WA 99336-8211 Business code (see instructions) 621210 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the

Total number of participants at the beginning of the plan year ......

Number of participants with account balances as of the end of the plan year (defined benefit plans do not

complete this item) ..... d(1) Total number of active participants at the beginning of the plan year.....

d(2) Total number of active participants at the end of the plan year.....

e Number of participants that terminated employment during the plan year with accrued benefits that were

**b** Total number of participants at the end of the plan year.....

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

helief it is true correct and complete

less than 100% vested.

a Sponsor's name

name, EIN, and the plan number from the last return/report.

DONOT, ICIO	irae, correct, and complete:			
SIGN HERE	Filed with authorized/valid electronic signature.			
	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include		oom or suite number	r) (optional)	Preparer's telephone number (optional)
İ				

3

3

3

Fo	rm 5500-SF 2014		Page <b>2</b>								
<b>b</b> Are you under 29	of the plan's assets during the plan year invested in eligible claiming a waiver of the annual examination and report of CFR 2520.104-46? (See instructions on waiver eligibility aswered "No" to either line 6a or line 6b, the plan cannot be a control of t	an indeper and conditi not use Foi	ndent qualified public accountations.)rm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.		п.	X Y	es [	No No
	n is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA section 40	)21)? .		Yes	No	<u> </u>	ot det	termi	ned
	Financial Information										
7 Plan Ass	ets and Liabilities		(a) Beginning of Yea				(b) E	nd of		4700	
	n assets	. 7a	3878	371					43	4702	2
	n liabilities	. 7b	0075						40	4700	
	assets (subtract line 7b from line 7a)	. 7с	3878	371					43	4702	
	Expenses, and Transfers for this Plan Year		(a) Amount				(k	) Tot	al		
	ions received or receivable from: loyers	. 8a(1)	305	555							
	cipants		186	648							
	rs (including rollovers)			0							
•	come (loss)		16	37							
	ome (add lines 8a(1), 8a(2), 8a(3), and 8b)								5	0840	)
	paid (including direct rollovers and insurance premiums										
to provid	e benefits)	. 8d	39	939							
<b>e</b> Certain d	leemed and/or corrective distributions (see instructions)	. 8e		0							
<b>f</b> Administ	rative service providers (salaries, fees, commissions)	. 8f		70							
<b>g</b> Other ex	penses	. 8g			_						
h Total exp	penses (add lines 8d, 8e, 8f, and 8g)	. 8h								4009	
	me (loss) (subtract line 8h from line 8c)								4	6831	
<b>J</b> Transfers	s to (from) the plan (see instructions)	· 8j									
Part IV	Plan Characteristics										
	n provides pension benefits, enter the applicable pension 2E 2F 2H 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the inst	ructio	ns:		
	an provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plan Chara	ctarist	ic Coc	las in t	ha inetri	ıction	c.		
in the pie	in provided wentare benefits, enter the applicable wentare r	catale ood	os nom the List of Flam offara	otoriot	10 000	100 111 0	110 111001	Jonon	J.		
Part V C	ompliance Questions										
10 During	the plan year:				Yes	No		Α	moun	t	
<b>a</b> Was th	ere a failure to transmit to the plan any participant contribu	utions withir	n the time period described in			.,					
	R 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X					
	nere any nonexempt transactions with any party-in-interes 10a.)			10b		Χ					
<b>C</b> Was th	e plan covered by a fidelity bond?			10c	X					4	40000
	plan have a loss, whether or not reimbursed by the plan's					X					
	onesty?			10d		^					
insuran	ny fees or commissions paid to any brokers, agents, or otl ce service, or other organization that provides some or all ions.)	of the bene	efits under the plan? (See	10e		X					
	plan failed to provide any benefit when due under the pla			10f		Χ					
<b>g</b> Did the	plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Χ					
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X					
	vas answered "Yes," check the box if you either provided to ons to providing the notice applied under 29 CFR 2520.10			10i							
Part VI Pe	ension Funding Compliance										
	defined benefit plan subject to minimum funding requirem								Y	es >	X No
	ne unpaid minimum required contribution for current year f					11a					
12 Is this a	a defined contribution plan subject to the minimum funding	g requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?	·	Y	es 🕽	X No
(If "Yes	" complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	able.)								
	ver of the minimum funding standard for a prior year is bei	-	· · ·		, and	enter th Day			letter ear	rulin	g

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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

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

## 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** 

Part I		ldentification Information								
For calend	ar plan year 2014 or f	fiscal plan year beginning 01/01/		and ending	12/31/2014					
A This return/report is for:  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 retu	urn/report is	the first return/report	the final return/report	eport						
		an amended return/report	a short plan year return	n/report (less than 12	months)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descri	iption)							
Part II	Basic Plan Info	ormation—enter all requested info	ormation							
1a Name	The state of the s	-	4		1b Three-digit	t				
Jade Orthod	dontics 401(k) PSP				plan numb	oer 001				
					(PN) 1c Effective d	ate of plan				
70					01/01/200					
2a Plan s Yiyu Fang D		ddress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b Employer I (EIN) 20-8	dentification Number				
, ,						telephone number				
1410 N Pitts	burg ST STE B-2					509) 736-2000				
	WA 99336-8211				2d Business of 621210	code (see instructions)				
		and address XSame as Plan Spons	or.			3b Administrator's EIN				
						3 E-10				
					3c Administrator's telephone number					
				5 NEW 76 70 WAI		- solun				
		ne plan sponsor has changed since t umber from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN					
	or's name				4c PN					
5a Total	number of participants	s at the beginning of the plan year			5a	3				
<b>b</b> Total	number of participants	s at the end of the plan year			5b	3				
		account balances as of the end of the			5c	3				
		articipants at the beginning of the pla			5d(1)	3				
<b>d(2)</b> Tot	al number of active pa	articipants at the end of the plan yea	г	***************************************	5d(2)	3				
		terminated employment during the pl			5e	2				
		or incomplete filing of this return			ause is establishe	d.				
Under pena	alties of perjury and o	ther penalties set forth in the instruct	tions, I declare that I have	examined this return/	report, including, if a	applicable, a Schedule				
	edule MB completed a true, correct, and com	and signed by an enrolled actuary, as	s well as the electronic ver	sion of this return/rep	ort, and to the best of	of my knowledge and				
SIGN	Ton	Ec	04/01/15	Dr. Yiyu Fang						
HERE	Signature of plan	administrator	Date	Enter name of indiv	vidual signing as pla	n administrator				
SIGN	Ton	lar	E4/67/15							
HERE		oyer/plan sponsor	Date	Enter name of indiv	vidual signing as em	ployer or plan sponsor				
Preparer's	name (including firm	name, if applicable) and address (inc	clude room or suite numbe	r) (optional)		hone number (optional)				
1										

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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 under 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 the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use Forn	ent qualified public accounta ns.) n 5500-SF and must instead	nt (IQ d use	PA) Form	5500.	overous services	X Yes X Yes Not deterr	No No
Par	t III Financial Information		· · · · · · · · · · · · · · · · · · ·			-			
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
a	Total plan assets	7a	38787					434702	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	38787	1				434702	7 8
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Γotal	
	Contributions received or receivable from:  (1) Employers	8a(1)	30558	5					
	2) Participants	8a(2)	1864	8					
	(3) Others (including rollovers)	8a(3)		0					
_b	Other income (loss)	8b	163	7		Non In			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						50840	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3939	9					
е	Certain deemed and/or corrective distributions (see instructions)	8e	(	0					
f ,	Administrative service providers (salaries, fees, commissions)	8f	70	0					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			19			4009	
ii	Net income (loss) (subtract line 8h from line 8c)	8i						46831	
j	Transfers to (from) the plan (see instructions)	8j							
Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature codes	s from the List of Plan Charac	cterist	ic Cod	les in ti	ne instruct	ions;	
10	During the plan year:				Yes	No		Amount	
а				10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X				40000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.)	of the benef	its under the plan? (See	10e		×			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х			
ī	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)							Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicab	le.)						
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.				and e	enter th Day	e date of	the letter rul Year	ing

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lf	you completed line 12a, complete lines 3, 9, and 10 of Sche	edule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year		12b			
	Enter the amount contributed by the employer to the plan for the	his plan year	12c	T		
d	Subtract the amount in line 12c from the amount in line 12b. E negative amount)	Enter the result (enter a minus sign to the left of a	12d			
е	Will the minimum funding amount reported on line 12d be met	t by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Asset	ts	-			
13a	Has a resolution to terminate the plan been adopted in any plan ye	ear?		Yes X	No	
	If "Yes," enter the amount of any plan assets that reverted to the	the employer this year	13a	1		
b	Were all the plan assets distributed to participants or beneficial of the PBGC?				☐ Ye	s X No
С	If during this plan year, any assets or liabilities were transferre which assets or liabilities were transferred. (See instructions.)					
	13c(1) Name of plan(s):		13c(2) [	EIN(s)	13c(	3) PN(s)
Part	VIII Trust Information (optional)	· · · · · · · · · · · · · · · · · · ·		3,		
	Name of trust		14b	Trust's EIN		