Form 5500-SF	Short Form Annual Return/Report of Small Emplo					OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee R			etiremer		2014	
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).			This F	Form is Open to	
Pension Benefit Guaranty Corporation	Complete all entries in ac	, ,	,	00-SF.	Pub	Public Inspection	
	dentification Information						
For calendar plan year 2014 or fisc				31/2014			
 A This return/report is for: B This return/report is 	 a single-employer plan a one-participant plan the first return/report an amended return/report 	of participating emplo a foreign plan the final return/report	plan (not multiemployer) (pyer information in accord rn/report (less than 12 mo	lance wi	-		
C Check box if filing under:	Form 5558 special extension (enter descrip	·			DFVC progra	am	
	mation—enter all requested info	rmation		<u> </u>			
1a Name of plan PICKARD ORTHODONTICS 401(K)	PLAN			р	hree-digit lan number PN) ►	001	
				1c E	ffective date o	of plan 1/2010	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) PICKARD ORTHODONTICS					_		
				```	bhone number 32-0674		
PULLMAN, WA 99163				<b>2d</b> B	usiness code 6212	(see instructions) 10	
<b>3a</b> Plan administrator's name and address Same as Plan Sponsor. PICKARD ORTHODONTICS 1240 SE BISHOP BLVD				<b>3b</b> A	dministrator's	EIN 396141	
name, EIN, and the plan num	plan sponsor has changed since th ber from the last return/report.	ne last return/report filed	for this plan, enter the	4b E		2-0674	
a Sponsor's name	the bestering of the plop yoor			4C P	<u>N</u>	47	
<b>5a</b> Total number of participants a			-	5a	_	17	
	It the end of the plan year			5b		16	
complete this item)				5c		16	
<b>d(1)</b> Total number of active parti	icipants at the beginning of the plar	n year		5d(1)	)	13	
	icipants at the end of the plan year			5d(2	)	10	
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.				5e		3	
Caution: A penalty for the late or				se is es	stablished.		
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	er penalties set forth in the instructi d signed by an enrolled actuary, as	ions, I declare that I have	e examined this return/rep	oort, incl	uding, if applic		
31314	alid electronic signature.	07/01/2015	MICHAEL PICKARD	MICHAEL PICKARD			
HERE Signature of plan add		Date	Enter name of individu	ng as plan adr	ninistrator		
HERE	alid electronic signature.	07/01/2015	MICHAEL PICKARD				
Preparer's name (including firm name)		Date clude room or suite numbe	Enter name of individuer ) (optional)			er or plan sponsor e number (optional)	

	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in eligible assets? (See instructions.)</li> <li>in the plan year invested in the plan year invest</li></ul>								
С	If the plan is a defined benefit plan, is it covered under the PBGC in								
Pa	t III Financial Information								
7	7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year			
а	a Total plan assets		6183	32			761709		
b	Total plan liabilities	7b		0			0		
С			618332			761709			
8			(a) Amount				(b) Total		
а			50572						
	(1) Employers	8a(1) 8a(2)	50573		_				
	(2) Participants		61952		_				
<u> </u>	(3) Others (including rollovers)	8a(3)	350	0	_				
-	Other income (loss)	8b	350	140	_		4 47774		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		147571		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	41	94					
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g							
	h Total expenses (add lines 8d, 8e, 8f, and 8g)						4194		
	Net income (loss) (subtract line 8h from line 8c)	8h 8i					143377		
	j Transfers to (from) the plan (see instructions)								
Par	Part IV Plan Characteristics								
b	<ul> <li>9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:</li> <li>b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:</li> <li>Part V Compliance Questions</li> </ul>								
10	10 During the plan year:				Yes	No	Amount		
а	<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
С	C Was the plan covered by a fidelity bond?			10c	X		50000		
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		х			
е	• Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		x			
f	<b>f</b> Has the plan failed to provide any benefit when due under the plan?			10f		Х			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Х			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			iog					
	2520.101-3.)			10h		Х			
If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes X       No								
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								

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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						
<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 of a negative amount)						
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 under the of the PBGC?				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):				<b>13c(3)</b> PN(s)		
Part VIII Trust Information (optional)						
14a Name of trust			14b Trust's EIN			