Form 5500-SF		Short Form Annual	Short Form Annual Return/Report of Small Employee OMB N Benefit Plan							
	artment of the Treasury rnal Revenue Service	This form is required to be filed u		4065 of the Employee R	etireme	ent	2014			
	Pepartment of Labor Benefits Security Administration	Income Security Act of 1974 (EF		57(b) and 6058(a) of the		Form is Open to				
Pension Be	enefit Guaranty Corporation	 Complete all entries in acc 	cordance with the inst	tructions to the Form 5	500-SF.		lic Inspection			
Part I		Identification Information			104/004					
For calenda	ar plan year 2014 or fise	cal plan year beginning 01/01/2014		H	<u>/31/201</u>					
	eturn/report is for: eurn/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) (oyer information in accord nn/report (less than 12 mo	dance w	-				
C Check	box if filing under:	[DFVC progra	am						
		special extension (enter description	on)							
Part II	Basic Plan Infor	rmation—enter all requested inform	nation							
1a Name STEVEN T.						Three-digit plan number				
						(PN) ▶	001			
					10	Effective date o 01/01	of plan I/1994			
	ponsor's name and add KITTS, DDS, PLLC	dress; include room or suite number (employer, if for a single	employer plan)			fication Number			
1417 LAKESIDE COURT							onsor's telephone number 509-494-0121			
YAKIMA, WA 98902							iness code (see instructions) 621210			
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor.			3b /	Administrator's	EIN			
		plan sponsor has changed since the nber from the last return/report.	e last return/report filed	for this plan, enter the	4b		telephone number			
	sor's name				4c	1				
5a Total I	number of participants a	at the beginning of the plan year					12			
		at the end of the plan year			5b	<u> </u>	14			
comple	lete this item)	account balances as of the end of the			5c	;	12			
d(1) Tota	al number of active part	ticipants at the beginning of the plan	year		5d(1)	12			
		ticipants at the end of the plan year			5d(2	2)	12			
e Numbe less th	er of participants that ter an 100% vested	rminated employment during the plan	ı year with accrued ben	efits that were	5e	•	0			
Caution: A	A penalty for the late o	or incomplete filing of this return/re	eport will be assessed	l unless reasonable cau	use is e	established.				
SB or Sche	alties of perjury and oth edule MB completed and true, correct, and compl	ner penalties set forth in the instruction nd signed by an enrolled actuary, as w blete.	ns, I declare that I have vell as the electronic ve	examined this return/repersion of this return/report	port, inc t, and to	cluding, if applic the best of my	able, a Schedule knowledge and			
SIGN		valid electronic signature.	07/22/2015	STEVEN T. KITTS						
HERE	Signature of plan ad	Iministrator	Date	Enter name of individe	ual sigr	ning as plan adr	ninistrator			
SIGN HERE										
	Signature of employ		Date	Enter name of individ						
Preparers	name (including inm na	ame, if applicable) and address (inclu		er) (optional)			number (optional)			

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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								
	t III Financial Information			,		1			
7	Plan Assets and Liabilities (a) Beginning of Year						(b) End of Year		
<u>.</u> a	Total plan assets	7a	2523				237070		
<u> </u>	Total plan liabilities	7a 7b							
	Net plan assets (subtract line 7b from line 7a)					237070			
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) Total		
	Contributions received or receivable from:				(b) Total				
	(1) Employers	8a(1)			_				
	(2) Participants	8a(2)	288						
	(3) Others (including rollovers)	8a(3)		379					
b	Other income (loss)	8b	81	59					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		37846		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	529	31					
е	Certain deemed and/or corrective distributions (see instructions)	8e	1	50					
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					53081		
i	Net income (loss) (subtract line 8h from line 8c)						-15235		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	des in t	he instructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
	Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period described in				Anount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	rection Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x			
c	Was the plan covered by a fidelity bond?			10c	х		50000		
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	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 as	s of year e	end.)	10g	X		0		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		х			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required	d notice or one of the	10i					
Part						1			
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 fr					11a			
12	Is this a defined contribution plan subject to the minimum funding		· · · ·				ERISA? Yes X No		

(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 Enter the minimum required contribution for this plan year		12b						
C 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 (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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	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):	1	3c(2) El	IN(s)	13c(3) PN(s)				
Part VIII Trust Information (optional)								
14a Name of trust		14b ⊺⊧	rust's EIN					

			ual Return/Report Benefit Plan	of Small Employ	ee	OMB Nos. 1210-01 1210-00
	artment of the Treasury arnal Revenue Service	This form is required to be f	This form is required to be filed under sections 104 and 4065 of the Employee Retin Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Int Revenue Code (the Code).			
	epartment of Labor Benefits Security Administratio					
Pension B	enefit Guaranty Corporation	Complete all entries i	n accordance with the instru	uctions to the Form 5500	-SF.	Public Inspection
Part	Annual Report	rt Identification Informatio				
			01/2014	and ending 12/3	31/2014	
A This re B This ret C Check Part II 1a Name STEVEN T 2a Plans TEVEN T	eturn/report is for: turn/report is box if filing under: Basic Plan In of plan KITTS, DDS, PLLC	Inscar plan year beginning 01/0 X a single-employer plan Image: a one-participant plan 1 <	a multiple-employer pla of participating employ a foreign plan the final return/report a short plan year return automatic extension scription) information	an (not multiemployer) (File er information in accordan /report (less than 12 mont employer plan)	ers checking t ce with the fo hs) □ DFVC b Three-dig plan num (PN) ▶ c Effective 01/01/199 2b Employer (EIN) 20-1 2c Sponsor's	rm instructions) program pit ber 001 date of plan 94 Identification Number
AKIMA. W				1	621210	code (see instructions)
		the plan sponsor has changed sind		or this plan, enter the	1b EIN	
name	e, EIN, and the plan r	the plan sponsor has changed sind number from the last return/report.				
name a Spons	e, EIN, and the plan r sor's name				4b EIN 4c PN 5a	12
name a Spons 5a Total	e, EIN, and the plan r sor's name I number of participar	number from the last return/report.	٢		4C PN 5a	
name <u>a Spons</u> 5a Total b Total c Num	e, EIN, and the plan s sor's name I number of participar I number of participar ber of participants wi	number from the last return/report. Ints at the beginning of the plan yea nts at the end of the plan year th account balances as of the end	r of the plan year (defined bene	fit plans do not	1C PN	14
name a Spons 5a Total b Total c Numi comp	e, EIN, and the plan a sor's name number of participar number of participar ber of participants wi plete this item)	number from the last return/report. Ints at the beginning of the plan yea Ints at the end of the plan year	r of the plan year (defined bene	fit plans do not	4C PN 5a 5b	14 12
name <u>a</u> Spons 5a Total b Total c Numl comp d(1) To	e, EIN, and the plan a sor's name number of participar number of participar ber of participants wi plete this item) that number of active	number from the last return/report. Ints at the beginning of the plan yea ints at the end of the plan year th account balances as of the end participants at the beginning of the	of the plan year (defined bene plan year	fit plans do not	4C PN 5a 5b 5c 5d(1)	14 12 12
name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb	e, EIN, and the plan is sor's name i number of participar l number of participar ber of participants wi blete this item) otal number of active bet of participants tha	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year th account balances as of the end participants at the beginning of the participants at the end of the plan t terminated employment during th	of the plan year (defined bene plan year year e plan year with accrued bene	fit plans do not	4C PN 5a 5b 5C	14 12 12 12
name <u>a</u> Spons 5a Total b Total c Numl comp d(1) To e Numb less t	e, EIN, and the plan is sor's name i number of participar ber of participants wi blete this Item) tal number of active ber of participants that han 100% vested	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year th account balances as of the end participants at the beginning of the participants at the end of the plan it terminated employment during th	of the plan year (defined bene plan year year e plan year with accrued bene	fit plans do not	4c PN 5a	14 12 12 12 0
name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less t Caution: Under per SB or Sch	e, EIN, and the plan is sor's name inumber of participar ber of participants wi blete this item) tal number of active ber of participants tha than 100% vested A penalty for the la nalties of perjury and nedule MB completed	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year th account balances as of the end participants at the beginning of the participants at the end of the plan t terminated employment during the te or incomplete filing of this ret other penalties set forth in the inst d and signed by an enrolled actuary	of the plan year (defined bene plan year e plan year with accrued bene urn/report will be assessed ructions. I declare that I have	fit plans do not	4C PN 5a 5b 5c 5c 5d(1) 5d(2) 5e 5e a is establish stablish	14 12 12 12 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0
name a Spons 5a Total b Total c Numi comp d(1) To d(2) To e Numb less t Caution: Under per SB or Sch belief, it is	e, EIN, and the plan is sor's name i number of participar ber of participants wi blete this item) tal number of active ber of participants tha han 100% vested A penalty for the la nalties of perjury and	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year th account balances as of the end participants at the beginning of the participants at the end of the plan t terminated employment during the te or incomplete filing of this ret other penalties set forth in the inst d and signed by an enrolled actuary	of the plan year (defined bene plan year e plan year with accrued bene urn/report will be assessed ructions, I declare that I have y, as well as the electronic ver	fit plans do not fits that were unless reasonable cause examined this return/report, a	4C PN 5a 5b 5b 5c 5d(1) 5d(2) 5e 5e a is establish rt, including, it and to the bes	14 12 12 12 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less t Caution: Under per SB or Scr belief, it is SIGN HERE	e, EIN, and the plan is sor's name inumber of participar ber of participants wi blete this item) tal number of active ber of participants tha than 100% vested A penalty for the la nalties of perjury and nedule MB completed	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year th account balances as of the end participants at the beginning of the participants at the end of the plan year it terminated employment during the te or incomplete filing of this ret o ther penalties set forth in the inst d and signed by an enrolled actuary pemplete	of the plan year (defined bene plan year e plan year with accrued bene urn/report will be assessed ructions, I declare that I have y, as well as the electronic ver	fit plans do not fits that were unless reasonable cause examined this return/report, a	4C PN 5a 5b 5b 5c 5d(1) 5d(2) 5e 5e and to the bes 7 7 K; HA	f applicable, a Schedul t of my knowledge and
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less t Caution: Under per SB or Sch belief, it is SIGN HERE SIGN	e, EIN, and the plan a sor's name I number of participar ber of participants wi blete this item) otal number of active otal number of active ber of participants tha than 100% vested A penalty for the lan nalties of perjury and nedule MB completed strue, correct, and co X	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year th account balances as of the end participants at the beginning of the participants at the end of the plan year it terminated employment during the te or incomplete filing of this ret o ther penalties set forth in the inst d and signed by an enrolled actuary pemplete	of the plan year (defined bene plan year e plan year with accrued bene urn/report will be assessed iructions, I declare that I have y, as well as the electronic ver J 7-20-20/5 Date	fit plans do not fit plans do not fits that were unless reasonable cause examined this return/report, a $X \downarrow S feven$ Enter name of individua	4C PN 5a 5b 5b 5c 5d(1) 5d(2) 5e 5e 5 is establish rt, including, if and to the bes 7 7 K: HA 1 signing as p 1	14 12 12 12 12 12 00 Med. F applicable, a Schedul t of my knowledge and S S Ian administrator
name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less t Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan a sor's name number of participar ber of participants wi blete this item) bala number of active ber of participants tha than 100% vested A penalty for the la nalties of perjury and bedule MB completed strue, correct, and co Signature of plan	number from the last return/report. Ints at the beginning of the plan year Ints at the end of the plan year th account balances as of the end participants at the beginning of the participants at the end of the plan year it terminated employment during the te or incomplete filing of this ret other penalties set forth in the inst d and signed by an enrolled actuary participants administrator ployer/plan sponsor	of the plan year (defined bene plan year e plan year with accrued bene urn/report will be assessed tructions, I declare that I have y, as well as the electronic ver j 7-20-2015 Date Date	fit plans do not fit plans do not fits that were unless reasonable cause examined this return/report, a $X \downarrow S feven$ Enter name of individua Enter name of individua	4C PN 5a 5b 5b 5c 5d(1) 5d(2) 5e 5e 5 is establish rt, including, it and to the bes 7 7 K i H 2 al signing as p 1 al signing as e 1	14 12 12 12 12 12 12 12 12 12 12 12 12 12
name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less t Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan a sor's name number of participar ber of participants wi blete this item) bala number of active ber of participants tha than 100% vested A penalty for the la nalties of perjury and bedule MB completed strue, correct, and co Signature of plan	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year th account balances as of the end participants at the beginning of the participants at the end of the plan year it terminated employment during the te or incomplete filing of this ret other penalties set forth in the inst d and signed by an enrolled actuary participants administrator	of the plan year (defined bene plan year e plan year with accrued bene urn/report will be assessed tructions, I declare that I have y, as well as the electronic ver j 7-20-2015 Date Date	fit plans do not fit plans do not fits that were unless reasonable cause examined this return/report, a $X \downarrow S feven$ Enter name of individua Enter name of individua	4C PN 5a 5b 5b 5c 5d(1) 5d(2) 5e 5e 5 is establish rt, including, it and to the bes 7 7 K i H 2 al signing as p 1 al signing as e 1	14 12 12 12 12 12 12 12 12 12 12 12 12 12

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Page 2	2
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b	Were all of the plan's assets during the plan year invested in eligib 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 If you answered "No" to either line 6a or line 6b, the plan cann	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.			Yes	. [] I	
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance pro	gram (see ERISA section 40	21)? .	····· []	Yes	No [No	t dete	rminec	í
Pa	t III Financial Information			·							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Y	ear		
	Total plan assets	7a	25230	5					23707	0	
	Total plan liabilities	7b			_	_					
	Net plan assets (subtract line 7b from line 7a)	7c	25230	5			237070			0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					otal			
a	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)	2880	8		1			1		
	(3) Others (including rollovers)	8a(3)	87	9				33	2 N H		
b	Other income (loss)	8b	815					100			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Self.					3784	6	-
	Benefits paid (including direct rollovers and insurance premiums					E Pari		No.	0104		25
	to provide benefits)	8d	5293	1	1.5						
	Certain deemed and/or corrective distributions (see instructions)	8e	150)					20		
	Administrative service providers (salaries, fees, commissions)	8f			1,900						
	Other expenses	8g			199	1.16			흰방		S
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5308	1	_
	Net income (loss) (subtract line 8h from line 8c)	8i			_				-1523	5	
-	Transfers to (from) the plan (see instructions)	8j				2.01					
	t IV Plan Characteristics			_							
ya	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D	feature code	es from the List of Plan Chara	acteris	stic Co	des in	the instruc	tion	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Chara	teriet	ic Cod	es in t	he instruct	ione		·	
			nom the List of Flam onard	0001101		63 111		10115			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Correc	ction Program)	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					500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	I, that was caused by fraud	10d		х					<u> </u>
e	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		x					
f	Has the plan failed to provide any benefit when due under the plan			10f		х					—
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	d.)	10g	Х						0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х					i i
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)	ents? (If "Ye	es," see instructions and com	plete	Scheo	iule SE	3 (Form] Yes	 	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	302 of	ERISA?		Yes	s X I	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver	ng amortized	l in this plan year, see instrue Mon		, and e	enter th Day		the le		uling	

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.					
	Enter the minimum required contribution for this plan year			12b			
c	Enter the amount contributed by the employer to the plan for this plan year		—	12c	Τ-		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	(enter a minus sign to the left of a		12d			·
e	Will the minimum funding amount reported on line 12d be met by the funding				Yes	No	□ N/A
Part							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Π	Yes X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	ed to another plan or brought und	er the c	ontrol		 ∏ Ye	s 🛛 No
с	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), identify the p	lan(s) t	0			<u> </u>
1	3c(1) Name of plan(s):		13	Bc(2) E	N(s)	13c(3) PN(s)
			-		<u> </u>		<u>, (-7</u>
Part	VIII Trust Information (optional)						
14a	Name of trust		ľ	14b T	rust's El	N	