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.

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 final return/report **B** This return/report is the first return/report 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) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit KEN R. BURNETT D.D.S., P.S. 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2000 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number KEN R. BURNETT D.D.S., P.S. (EIN) 91-1957020 Sponsor's telephone number 206-583-6021 925 SENECA ST SEATTLE, WA 98101 Business code (see instructions) 621210 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 3 d(2) Total number of active participants at the end of the plan year..... 5d(2) 2 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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

beliet, it is t	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.						
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spons				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)			

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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 be a continuous control of the plan cannot be a control of the control of the plan cannot be a control of the cont	an indepe and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X Ye	
	f 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	ermined
Par	t III Financial Information		Г		-				
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End		1501
	Total plan assets	7a	4703	309				524	1501
	Total plan liabilities	7b	4703	R09				524	1501
	Net plan assets (subtract line 7b from line 7a)	7c		,00	+		/b\ T		1001
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai	
	(1) Employers	8a(1)	101	154					
	(2) Participants	8a(2)	204	100					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	236	538					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						54	1192
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
	Net income (loss) (subtract line 8h from line 8c)	8i						54	1192
J	Transfers to (from) the plan (see instructions)	8j							
9a b	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fe								
D (V 0 11 0 11								
Part					Vaa	Na	1		
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tions withi	n the time period described in		Yes	No		Amount	!
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		Χ			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				2500
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner person of the ber	s by an insurance carrier, efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan			10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ			
	If this is an individual account plan, was there a blackout period? (,	iog					
i	2520.101-3.)	ne require	d notice or one of the	10h		X			
D =1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Part 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	onto? (If "	Voc. " and instructions and com	nloto	Sahaa	امام داد	2 (Form		
	5500) and line 11a below)			· 	<u>.</u>	<u></u>		Ye	es X N
	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding			or se	ection (302 of	ERISA?	Ye	es X N
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir		·	ctions	and a	enter th	l ne date of th	ne letter	rulina
а	granting the waiver.	-			, and t	Day		Year	. umiy

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	n 5500), and skip to li	ne 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)	`		12d			
е	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?			Y	'es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?					Yes X N	o
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		1	3c(2) El	N(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)						
14a	Name of trust R. BURNETT, DDS, PS 401(K) PSP				rust's EIN 12037916		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Gueranty 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-8F.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part II Annual Repo	rt Identification Information		CHOILE ID LIE I CIMI DO	.	
For calendar plan year 2014 or		01/01/2014	and ending	12/31/2014	
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	lan (not multlemployer) yer information in accom m/report (less than 12)	rdance with the form	
C Check box if filing under:	x Form 5558	automatic extension		☐ DFVC pro	ogram
Part III Resic Plan In	formation enter all requested	Information			
1a Name of plan	D.S., P.S. 401(K) PROFIT			1b Three-digit plan numbe (PN) ► 1c Effective da	001
2a Plan sponsor's name and KEN R. BURNETT D.	address; include room or suite numb D.S., P.S.	er (employer, if for a single	-employer plan)	(EIN) 91-	entification Number 1957020
925 Seneca St US Seattle WA 99101				(206) 58	elephone number 3-6021 de (see instructions)
	and address X Same as Plan Sp	onsor Name		3b Administrate 3c Administrate	a's EIN a's telephone number
	the plan sponsor has changed since rumber from the last return/report.	the last return/report filed i	or this plan, enter the	4b EIN	
a Sponsor's name				4c PN	****
	ts at the beginning of the plan year			. <u>5a</u>	3
C Number of participants wit	h account balances as of the end of	the plan year (defined ben		5b 5c	4
, ,	articipants at the beginning of the pla			. 5d(1)	3
d(2) Total number of active of	participants at the end of the plan yea			. 5d(2)	2
• •	at terminated employment during the		efits that were	. 5e	0
Under penalties of perjury and SB of Schedule MB complete belief, it is the centers and to	₹705	ictions, I declare that I have	rexamined this return/r	eport, including, if an int, and to the best of	oficable, a Schedule my knowledge and
1/5H	1005				
Preparer's name (including fin	yer/plan sponsor n name, if applicable) and address; i	Date 多-シッソ nclude room or sulte numb	Enter name of individence (optional)		yer or plan aponsor one number (optional)

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6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.)									
b	Are you claiming a waiver of the annual examination and report of a									
_	•	Yes No								
	inder 29 CFR 2520.104-467 (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.									
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section 4021)? .	 [Yes	No Not determine			
ĨP.	irtili# Financial Information									
7	Plan Assets and Liabilities	77	(a) Beginning of Year				(b) End of Year			
а	Total plan assets	. 7a	470,30	9			524,501			
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	470,30	9			524,501			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from: (1) Employers	. 8a(1)	10,15	4						
_	(2) Participants	8a(2)	20,40		2.50					
	(3) Others (including rollovers)	8=(3)				. Ž				
ь	Other Income (loss)	8b	23,63	8		dive	organization de la company			
c	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. Bc					54,192			
d	Benefits paid (including direct rollovers and insurance premiums				di i		ph-Modern republication			
	to provide benefits)	. 8d				je skijelo. Rase 18.				
•	Certain deemed and/or corrective distributions (see instructions)	. 8e	<u> </u>				######################################			
<u> </u>	Administrative service providers (salaries, fees, commissions)	. 81								
9	Other expenses	. 8g . 8h	l Halling of the consideration							
h i	Total expenses (add lines 8d, 8e, 8f, and 8g)	. Bi					54,192			
-	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	. 81				20.5				
占	reasses to (roll) the past (see that dutions)	-				owners or				
		antim code	e from the List of Plan Characte	wietlo	Code	a in th	e instructions:			
34	2A 2E 2F 2J 2E 2R 3D	BBUNG COO	sa non ele cat or i lar oranaci	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:						
			from the List of Plan Character	letle f	Codos	la Ha	losta edicas:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Character	istic (Codes	In the	instructions:			
	If the plan provides welfare benefits, enter the applicable welfare fe	ature code:	s from the List of Plan Character	istic (Codes	In the	instructions:			
FE	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Character	istic (
10	If the plan provides welfare benefits, enter the applicable welfare fe Compliance Questions During the plan year:			istic (Yes	in the	instructions: Amount			
10	If the plan provides welfare benefits, enter the applicable welfare fe If V Compliance Questions During the plan year: Was there a fallure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fidure.	itions within	n the time period described in ction Progrem)	istic (
10	if the plan provides welfare benefits, enter the applicable welfare fe int V Compliance Questions During the plan year: Was there a fallure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest	rtions within clary Corre	n the time period described in ction Progrem)	10a		No X				
10	If the plan provides welfare benefits, enter the applicable welfare feart. Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) Were there any nonexempt transactions with any party-in-interest on line 10a.)	rtions within clary Corre	n the time period described in ction Progrem)	10a	Yes	No	Amount			
10	If the plan provides welfare benefits, enter the applicable welfare feart. Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	rtions within clary Corre 1? (Do not i	n the time period described in ction Program)	10a	Yes	No X				
10	If the plan provides welfare benefits, enter the applicable welfare feart. Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) Were there any nonexempt transactions with any party-in-interest on line 10a.)	rtions within clary Corre 1? (Do not i	n the time period described in ction Program)	10a	Yes	No X	Amount			
10	If the plan provides welfare benefits, enter the applicable welfare feat. Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution and DOL's Voluntary Fidure on the there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not raimbursed by the plan's or dishonesty?	rtions within ciary Corre ?? (Do not i fidelity bor	n the time period described in ction Program) nclude transactions reported nd, that was caused by fraud	10a 10b 10c	Yes	No X	Amount			
10	if the plan provides welfare benefits, enter the applicable welfare fearth. Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all	rtions within ciary Corre ?? (Do not i fidelity bor	n the time period described in ction Program) nclude transactions reported nd, that was caused by fraud	10a 10b 10c	Yes	No x x	Amount			
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	Form 5500-SF 2014	Page 3-				
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)	, and skip to line	13.			
<u>b</u>	Enter the minimum required contribution for this plan year		*******************************	12b		
<u>C</u>	Enter the amount contributed by the employer to the plan for this plan year	***************************************	100019040001111111111111111111111111111	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)			12d		
. e	Will the minimum funding amount reported on line 12d be met by the funding deadling	1e?			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 ₁	es X N	lo
	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 an of the PBGC?			ontrol		☐ Yes 🗓 No
c	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):		136	(2) EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
14a !	Name of trust			14b T	rust's EIN	
,	en R. Burnett, DDS, PS 401(k) PSP				91-203	7916