Form 5500-SF Short Form Annual Return/Report of Small Empl Benefit Plan						OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee					etirement	2014			
	partment of Labor enefits Security Administration	Internal	This Form is Open to						
Pension Benefit Guaranty Corporation Public Inspection Public Inspection									
Part I		lentification Information							
For calenda	ar plan year 2014 or fisc	-			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) B This return/report is the first return/report a one-participant plan B This return/report is the first return/report the final return/report Image: the first return/report a short plan year return/report (less than 12 months)								
	L								
C Check box if filing under:						DFVC program			
			•						
Part II		mation—enter all requested inform	ation		4h ==				
1a Name BUCHANAN	-	HARING PLAN & TRUST			1b Thre plan (PN)	number			
					()	ctive date of plan			
	oonsor's name and addr & KIM, DDS, PLLC	ess; include room or suite number (e	employer, if for a single	-employer plan)	2b Emp (EIN	01/01/2001 Employer Identification Number (EIN) 26-2119766			
700 5TH AVE	NUE SUITE 1616				2c Sponsor's telephone number 206-343-8929				
	A 98104-5000				2d Business code (see instructions) 621210				
3a Plan administrator's name and address Same as Plan Sponsor.						3b Administrator's EIN			
		plan sponsor has changed since the	last return/report filed f	or this plan, enter the	4b EIN	inistrator's telephone number			
a Sponse		per from the last return/report.			4c PN				
5a Total r	number of participants a	t the beginning of the plan year			5a	24			
b Total r	number of participants a	t the end of the plan year			5b	21			
		count balances as of the end of the			5c	13			
d(1) Tota	al number of active parti	cipants at the beginning of the plan y	/ear		5d(1)	17			
d(2) Tota	al number of active parti	cipants at the end of the plan year			5d(2)	18			
e Numbe less th	r of participants that terr an 100% vested	ninated employment during the plan	year with accrued bene	efits that were	5e	0			
		incomplete filing of this return/re			se is estat	olished.			
Under pena SB or Sche	alties of perjury and othe dule MB completed and	r penalties set forth in the instruction signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedule			
SIGN	rue, correct, and comple Filed with authorized/va	lid electronic signature.							
HERE	Signature of plan ad	-	Date	Enter name of individu	as plan administrator				
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individual signing as employer or plan sp					
Preparer's		ne, if applicable) and address (includ	de room or suite numbe			s telephone number (optional)			
L		and OMB Control Numbers, see the ins		<u>85</u>		Eorm 5500-SE (2014)			

	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
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 conditions.)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
C	If the plan is a defined benefit plan, is it covered under the PBGC in				_				
	t III Financial Information								
_					Т				
7	Plan Assets and Liabilities	7-	(a) Beginning of Yea		_		(b) End of Year 1307476		
<u>a</u> b	Total plan assets Total plan liabilities	7a 7b	11010	104	_		1001410		
	Net plan assets (subtract line 7b from line 7a)	7b 7c	11610)34	+		1307476		
<u> </u>		70							
	Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from:								
	(1) Employers	8a(1)	289	977					
	(2) Participants	8a(2)	1015	542					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	301	97					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					160716		
d	Benefits paid (including direct rollovers and insurance premiums		142	74					
	to provide benefits)	8d	1-12						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g					14274		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		146442		
÷	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			-		110112		
ر ر		8j							
9a	Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								
54	2E 2F 2J 2K 3D			actori					
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in tl	he instructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	х		101542		
b	Were there any nonexempt transactions with any party-in-interest			TUA					
	on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	х		120000		
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud						
	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		4435		
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 vear e	nd.)	10q	Х		55026		
— <u> </u>	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR								
	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 2520.10			10i					
Part	Part VI Pension Funding Compliance								
11	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)								
<u>11</u> a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule 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.)								
a	If a waiver of the minimum funding standard for a prior year is bein	na amortiz	ed in this plan year, see instru	rtions	and	onter th	e date of the letter ruling		

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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 negative 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?		י 🗌 י	res 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 of the PBGC?	control		X 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	N(s)	13c(3) PN(s)			
Part VIII Trust Information (optional)				1			
14a Name of trust	14b Trust's EIN						

Form 5500-SF	Short Form Annual	Return/Report of Benefit Plan	Small Employe	e		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury								
Department of Labor Employee Benefits Security Administration	a) of This Form is Open to Public Inspection							
Pension Benefit Guaranty Corporation	Complete all entries in acc	ordance with the instructi	ons to the Form 5500-5	SF.				
	dentification Information	01/01/2014	and ending	12/31/	2014			
For calendar plan year 2014 or fisca						must attach a list		
A This return/report is for: B This return/report is:	a one-participant plan							
C Check box if filing under:	C Check box if filing under: special extension (enter description) DFVC program							
Dentill Denie Dien Infor	mation enter all requested in	and a second						
Part II Basic Plan Infor 1a Name of plan	Indion enter an requested in	normation		1b Three				
	PROFIT SHARING PLAN &	TRUST		plan number (PN) ▶ 001				
BUCHANAN KIM VUI (K)	PROPIT DIMANG ILL. I				tive date of 01/2001	fplan		
2a Plan sponsor's name and add BUCHANAN & KIM, DDS	tress; include room or suite numbe , PLLC	er (employer, if for a single-e	mployer plan)	2b Employer Identification Number (EIN) 26-2119766				
				2c Sponsor's telephone number (206) 343-8929				
700 5TH AVENUE SUITE 1610 US SEATTLE WA 98104-5000	5				d Business code (see instructions) 621210			
3a Plan administrator's name an	d address X Same as Plan Spo	onsor Name		3b Admi	Administrator's EIN			
				3c Admi	nistrator's	telephone number		
	plan sponsor has changed since	the last return/report filed for	this plan, enter the	4b EIN		and the second		
4 If the name and/or EIN of the name, EIN, and the plan num	ber from the last return/report.			4				
a Sponsor's name		un en		4c PN	and the second	24		
5a Total number of participants	at the beginning of the plan year	***************************************	***************************************	5a 5b	and the second secon	21		
b Total number of participants	at the end of the plan yearaccount balances as of the end of	the plan year (defined henel	it plans do not					
c Number of participants with a complete this item)	account balances as of the end of		******	5c		13		
	ticipants at the beginning of the pla			5d(1)		17		
	ticipants at the end of the plan yea			5d(2)		18		
Number of participants that t	erminated employment during the	plan year with accrued bene	efits that were	5e		0		
Caution: A penalty for the late	or incomplete filing of this retu	n/report will be assessed	unless reasonable cau	se is estal	blished.			
	ther penalties set forth in the instru and signed by an enrolled actuary,	ctions I declare that I have	examined this return/ret	oort. includi	ng, it appli	cable, a Schedule y knowledge and		
1 4 MI	Mh/		GLENN BUCHANAN					
SIGN HERE Signature of plan, add	Ainistrator	Date 13/2/15	Enter name of individua	al signing a	s plan adm	ninistrator		
MA.	M							
SIGN HERE Signature of employe	r/plan sponsor	Date 10 3 15	Enter name of individua	al signing a	s employe	r or plan sponsor e number (optional)		
Preparer's name (including firm	name, if applicable) and address;		(openenty)					
						E 5500 SE (201		

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62	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	the second s									
Ø	X Yes							Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility an If you answered "No" to either line 6a or line 6b, the plan canno	t use Form	5500-SF and must instead us	e Fo	rm 55	00.		_		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA section 4021)	?		Yes	No L	Not determined		
P	art III Financial Information									
7	Plan Assets and Liabilities (a) Beginning of Year (b) End of							/ear		
a	Total plan assets	7a	7a 1,161,034					,307,476		
b	Total plan liabilities									
C	Net plan assets (subtract line 7b from line 7a)						1,307,476			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from:	. 8a(1)	28,97	7						
(analysis) (state	(1) Employers	. 8a(2)	101,54							
	 (2) Participants	. 8a(3)								
b	Other income (loss)	8b	30,19	7						
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						160,716		
d	Benefits paid (including direct rollovers and insurance premiums		14,27	Λ.						
	to provide benefits)		14,27	**						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
<u>_f</u>	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g						14,274		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h . 8i			146,442					
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8j								
	Transfers to (from) the plan (see instructions)	. 0								
	art IV Plan Characteristics	in atturns and a	e from the List of Plan Characte	rictic	Code	e in th		s.		
9a	If the plan provides pension benefits, enter the applicable pension f	eature coue	I TOTT THE LIST OF FIGH CHARACTE	110110	Obde	o in ai	o mod donom			
					Cadao	in the	instructions			
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	s from the List of Plan Character	15116 1	20062	in the	1150 0010115			
			an a film and a second seco							
	art V Compliance Questions				Yes	No	A	mount		
<u>10</u>	the second se	itions within	the time period described in					an a		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corre	ction Program)	10a	x			101,542		
	b Were there any nonexempt transactions with any party-in-interes	t? (Do not i	nclude transactions reported	106		x				
	on line 10a.)			10b	x			120,000		
	c Was the plan covered by a fidelity bond?			100						
	d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		iu, illat was caused by liaud	10d		x				
	Were any fees or commissions paid to any brokers, agents, or ot	her persons	s by an insurance carrier,			1				
	insurance service, or other organization that provides some or all	l of the ben	efits under the plan? (See	10e	x			4,435		
-	instructions.)			10e		x				
	f Has the plan failed to provide any benefit when due under the pla			+						
	g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	nd.)	10g	x	ļ		55,026		
	h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	104		x				
	2520.101-3.)			10h						
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	a notice or one of the	101						
					1	4				
Lines	Part VI Pension Funding Compliance									
1	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)									
-	5500) and line 11a below) Image: Control of the second									
	2 Is this a defined contribution plan subject to the minimum funding					02 of E	ERISA?	Yes X No		
Statement of	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is be	ing amortiz	red in this plan vear. see instruct	tions.	and e	nter th	e date of the	e letter ruling		
	a If a waiver of the minimum funding standard for a prior year is be granting the waiver			nth		Da	ау	Year		

	Page 3-				ter i jani i kalendari kalendari kalendari kalendari kalendari kalendari kalendari kalendari kalendari kalendar
	Form 5500-SF 2014				
lf yo	Form 5500-SF 2014 u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		12b		
b	Enter the minimum required contribution for this plan year				
			10		
	Enter the amount contributed by the employer to the plan for this plan year		12c		
C	Enter the amount contributed by the employer to the practice of the practice of the second se	fa	12d		
					No N/A
	negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🛄	
е	Will the minimum funding amount reported on the receiption of Appendix				and the second
Part	VII Plan Terminations and Transfers of Assets		Ye	es X No	
13a	Has a resolution to terminate the plan been adopted in any plan year?		13a		
	the start he employed the employer this year				
	transferred to another plan, or brought to	under the co	ntrol	X	Yes No
b	Were all the plan assets distributed to participants or beneficialities, transferred to another plan(s) identify the plan to another plan(s) identify the		*********	1	
c	It during this plan year, any assets or liabilities were transferred from this plan to another planto, sectory	ie plan(s) to			
C	which assets or liabilities were transferred. (See instructions.)		:(2) EIN	(s)	13c(3) PN(s)
	(3c(1) Name of plan(s):	100	(=) =:::	(-/	
	(antional)				
Par	t VIII Trust Information (optional)		14b	Trust's EIN	
14a	Name of trust				