	5500.05	Short Form Annual Return/Report of Small Emplo					OMB Nos. 1210-0110
_	rtm 5500-SF	of Small Emplo	oyee				
Inter	epartment of Labor	This form is required to be filed un Income Security Act of 1974 (ER					2014
Employee B	enefits Security Administration	Re				orm is Open to lic Inspection	
	enefit Guaranty Corporation	Complete all entries in acco	ordance with the instr	ructions to the Form 55	500-SF.		
Part I		dentification Information		and anding 10	24/2014		
For calend	ar plan year 2014 of its	cal plan year beginning 01/01/2014			/31/2014	alian thin ha	
	turn/report is for:	a one-participant plan	of participating employ a foreign plan	lan (not multiemployer) yer information in accord		-	
<b>B</b> This ret	urn/report is	님 '님	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
	g	special extension (enter descriptio	on)				
Part II		rmation—enter all requested inform	ation		1b Th		
1a Name RONALD E	FROST DDS PS 401K	PLAN				ree-digit In number	
					19)	N) 🕨	001
					1c Eff	ective date o 01/01	f plan /1998
	ponsor's name and add FROST DDS PS	dress; include room or suite number (e	employer, if for a single-	-employer plan)	2b Em (El		fication Number 91001
5636 MUTIN	Y BAY ROAD				<b>2c</b> Sp	onsor's telep 425-88	hone number 3-4099
FREELAND,					<b>2d</b> Bus	siness code ( 6212	see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor.			<b>3b</b> Ad	ministrator's	
					<b>3c</b> Ad	ministrator's	elephone number
	<b>—</b>	plan sponsor has changed since the l	last return/report filed fo	or this plan, enter the	4b EI	N	
	or's name	hber from the last return/report.			<b>4c</b> PN	l	
		at the beginning of the plan year			5a		11
_		at the end of the plan year			5b		2
C Numb	er of participants with a	account balances as of the end of the p	plan year (defined bene	efit plans do not	5c		2
•	,	ticipants at the beginning of the plan y			5d(1)		9
<b>d(2)</b> Tot	al number of active par	ticipants at the end of the plan year			5d(2)		2
		rminated employment during the plan			5e		2
		or incomplete filing of this return/rep			ise is est	ablished	
Under pen SB or Sche	alties of perjury and oth edule MB completed an	er penalties set forth in the instruction d signed by an enrolled actuary, as we	s, I declare that I have	examined this return/rep	oort, inclue	ding, if applic	
SIGN	true, correct, and comp Filed with authorized/v	ralid electronic signature.	09/25/2015	RONALD E. FROST			
HERE	Signature of plan ac	Iministrator	Date	Enter name of individ	ual signing	g as plan adr	ninistrator
SIGN HERE	Circulations of operators		Data	Fatar come of individ			
Preparer's	Signature of employ name (including firm na	<b>/er/pian sponsor</b> ame, if applicable) and address (includ	Date de room or suite numbe	Enter name of individ er ) (optional)			number (optional)
		,		, , , , , , , , , , , , , , , , , , ,		,	9

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	an indeper	ndent qualified public accounta	nt (IC	PA)			X Yes	
	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		,					X Yes	s No
	If the plan is a defined benefit plan, is it covered under the PBGC in							Not dete	rmined
	t III Financial Information			, , .	·····	100			
	Plan Assets and Liabilities		(a) Reginning of Veg		Т		(b) End a	f Veer	
	Total plan assets	70	(a) Beginning of Yea		+		(b) End c	413	011
	Total plan liabilities	7a 7b			-				
	Net plan assets (subtract line 7b from line 7a)	76 7c	5618	393				413	011
	Income, Expenses, and Transfers for this Plan Year	. 70	(a) Amount				(b) To		-
	Contributions received or receivable from:		(a) Amount				(0) 10	nai	
	(1) Employers	. 8a(1)	51	96					
	(2) Participants	8a(2)	460	000					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	. 8b	113	815					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						62	511
	Benefits paid (including direct rollovers and insurance premiums	0.1	2073	328					
	to provide benefits)	. 8d	2010	.20					
	Certain deemed and/or corrective distributions (see instructions)	8e	40	)65					
	Administrative service providers (salaries, fees, commissions)	8f							
<u> </u>	Other expenses	8g						211	303
	Total expenses (add lines 8d, 8e, 8f, and 8g)				_			-148	
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)				_			140	502
-		- 8j							
	t IV Plan Characteristics	factura co	dog from the List of Plan Char	ootori	otio Co	doo in	the instruct	000	
Ja	If the plan provides pension benefits, enter the applicable pension $\ensuremath{2E}$ $\ensuremath{2J}$ $\ensuremath{2K}$ $\ensuremath{3D}$	reature co		acteri		ues in		0115.	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructio	ns:	
-									
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	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 Corr	ection 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				150000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
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 ben	efits under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the pla			10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X			
	If this is an individual account plan, was there a blackout period?			TUg		~			
	2520.101-3.)	·		10h		Х			
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									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	s 🗌 No
11a	Enter the unpaid minimum required contribution for current year fr	rom Sched	ule SB (Form 5500) line 39			11a	<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA?	Yes	s 🗙 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)						

Page 3 - 1

lf	ou 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			
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 (enter a minus sign to the left of a 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?	X	Yes No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1	3 <b>c(2)</b> El	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a Name of trust					

## 2014 Form 5500-SF e-file Signature Authorization

Ronald E. Frost DDS PS Ronald E. Frost DDS PS 401(k) Plan 001 5636 Mutiny Bay Road Freeland, WA 98249

Employer Identification Number: 91-1191001

Client Identification Number: 26280

You, as plan administrator, are authorizing that Martin Boyle PLLC electronically file the 2014 Form 5500-SF for Ronald E. Frost DDS PS 401(k) Plan as an EFAST2 Service Provider.

## Authorization

As plan administrator for Ronald E. Frost DDS PS 401(k) Plan, I authorize Martin Boyle PLLC to electronically file Form 5500-SF for the tax year 2014. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization & Jourd & Shut

Date: 10 ctober 6, 2015

De	orm 5500-SF apartment of the Treasury Internal Revenue Service	Short Form Annual	Return/Repor Benefit Plan		e	OMB Nos. 1210-0110 1210-0089
	Department of Labor Benefits Security Administration			4065 of the Employee Retirement 57(b) and 6058(a) of the Internal		2014
Pensior	n Benefit Guaranty Corporation		Revenue Code (the Code	e).	Th	is Form is Open to
		Complete all entries in acc	ordance with the ins	structions to the Form 5500-	SF. F	Public Inspection
Part I		dentification Information				
	idar plan year 2014 or fiscal		a	ind ending		
A This	Protection of the Protection o	a single-employer plan	a multiple-employer	plan (not multiemployer)		
		a one-participant plan	a foreign plan			
<b>B</b> This		the first return/report an amended return/report	the final return/repo a short plan year re	ort turn/report (less than 12 mont	hs)	
C Chec		Form 5558	automatic extension	1	DFVC	program
Part II		mation-enter all requested in				
	me of plan				1b	Three-digit plan
F	Ronald E. Frost I	DDS PS 401(k) Plan				number (PN) ► 001
2					1c	Effective date of plan 01/01/1998
2a Pla Ron	ald E. Frost DDS	ess; include room or suite numb PS	er (employer, if for a	single-employer plan)	2b	Employer Identification No. (EIN) 91-1191001
563	6 Mutiny Bay Roa	d			2c	Sponsor's telephone number 425-883-4099
Fre	eland	WA 98249			2d	Business code (see instr.)
3a Pla	n administrator's name and	address X Same as Plan Spo			3b	621210 Administrator's EIN
					3c	Administrator's telephone number
4 If the	e name and/or EIN of the plan s	ponsor has changed since the last retr	um/report filed for this of	in enter the name FIN	4b	EIN
and	the plan number from the last re	eturn/report. a Sponsor's name	and port lines for allo pre	in, ontor the name, Lin,	40	PN
5a Tota	al number of participants at	the beginning of the plan year			5a	11
b Tota	al number of participants at	the end of the plan year			5b	2
com	plete this item)	ount balances as of the end of th			5c	2
d(2) T	otal number of active particip	pants at the beginning of the plai	n year		5d(1)	9
e Nun	nber of participants that term	pants at the end of the plan year ninated employment during the p	· · · · · · · · · · · · · · · · · · ·		5d(2)	2
	than 100% vested	milated employment during the p	han year with accrued	benefits that were	5e	
		ncomplete filing of this return/r	eport will be assess	ed unless reasonable cause	is ostablic	2
Under per	nalties of perjury and other p	penalties set forth in the instruction	ons, I declare that I h	ave examined this return/report	t including	if applicable a
Schedule	SB or Schedule MB comple	ted and signed by an enrolled ad	ctuary, as well as the	electronic version of this return	n/report, and	d to the best of my
knowledge	and beher, it is true, correct	and complete.				
SIGN HERE	Signature of plan admir	ne	09/24/2015	Ronald E. Frost		
SIGN	gracere or plan autilit	isuditi	Date	Enter name of individual sig	ning as pla	n administrator
HERE	Signature of employer/p	lan sponsor	Date	Enter name of individual ala		
Preparer's		, if applicable) and address; inclu		Enter name of individual sig		
					rer a teleph	one number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2014)

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Form 5500-SF 2014

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					X Y	
b	Are you claiming a waiver of the annual examination and report of an independent qualified public		untant (IOE	Δ)		. <b>X</b> Y	es 🔄 No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions)					X Y	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and mu	ist ins	stead use I	Form I	5500		es 🗌 No
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		Γ	] Yes		юПN	ot determined
Pa	rt III Financial Information		·····				
7	Plan Assets and Liabilities		(a) Begini	aina a	f Vaar	(1-) 5-	
a	Total plan assets	7a	(a) begini		1893	(D) Er	nd of Year
b	Total plan liabilities	7b			2095		413011
C	Net plan assets (subtract line 7b from line 7a)	7c		56	1893		413011
8	Income, Expenses, and Transfers for this Plan Year	10	(a) A	moun		(b)	Total
а	Contributions received or receivable from:	/2017000010	(u) /	moun		<u></u>	Total
	(1) Employers	8a(1)		5	,196		
-		8a(2)			,000		
	(3) Others (including rellevere)	8a(3)				Second Second	
b	Other income (loss)	8b		11	, 315		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				CISCON IN	62,511
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d		207	328		
e	Certain deemed and/or corrective distributions (see instructions)	8e			1	S.S. Barders	
f	Administrative service providers (salaries, fees, commissions)	8f		4	065	all the	Contraction of the
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		del de			211,393
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					-148,882
	Transfers to (from) the plan (see instructions)	8j					
-	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of	Plan	Characteris	stic Co	des in th	ne instruc	tions:
h	2E 2J 2K 3D						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of I	Plan C	Characteristi	c Cod	es in the	instruction	ons:
Par	t V Compliance Questions						
10	During the plan year:						
<u>-10</u> a				Yes	No	Am	ount
ч	Was there a failure to transmit to the plan any participant contributions within the time period des 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	scribed					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions		10a		X		
~	on line 10a )	10 MOL BONGO MARK	second V				
c	Was the plan covered by a fidelity bond?	<u></u>	10b		x		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused l		<u> </u>	x			150000
	or dishapastu?	by frat					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance ca	<u></u>	10d		X		
	insurance service, or other organization that provides some or all of the benefits under the plan?	rrier,					
	instructions.)	(See	10-				
f	Has the plan failed to provide any benefit when due under the plan?		10e		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		X		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				4		
	2520.101-3.)		10h		x		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u></u>					
	exceptions to providing the notice applied under 29 CFR 2520.101-3		10i				
Par	VI Pension Funding Compliance				110		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions	s and	complete S	Schedu	le SR		
	Form 5500) and line 11a below)			Shouu	.5 50		es 🗌 No
<u>11a</u>	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) I	ine 39	)	 	11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec	tion 30	2 of ERISA?				es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, s	see ins	structions. a	and en	ter the d	ate of the	e letter ruling
	granting the waiver.		Month	Da		Year	o.con runny

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Ronald	Ε.	Frost	DDS	PS
	Γ.			

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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.					
b	Enter the minimum required contribution for this plan year		12b	T		
			1120			
C	Enter the amount contributed by the employer to the plan for this plan year		12c	T		
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 Part	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?		X	Yes	No	
	in res, enter the amount of any plan assets that reverted to the employer this year		13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under the co	ontrol		☐ Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	ne plan(s) to		I		
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Deut						
Part						
14a N	ame of trust	14b Tru	st's Ell	N	2	