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) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit PLA ENDODONTICS, PS 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 001 Effective date of plan 01/01/2012 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number PLA ENDODONTICS, PS (EIN) 32-0338759 Sponsor's telephone number 253-770-1500 819 39TH AVENUE SW, SUITE B PUYALLUP, WA 98373 Business code (see instructions) 621210 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 32-0338759 PLA ENDODONTICS, PS 819 39TH AVENUE SW, SUITE B PUYALLUP, WA 98373 **3c** Administrator's telephone number 253-770-1500 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 5 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) 4 e Number of participants that terminated employment during the plan year with accrued benefits that were 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

belief, it is t	true, correct, and complete.					
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	LOUBNA PLA			
	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 spor			
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	an indeper 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	es 📗	No No
	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 det	ermine	;d
Par										
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End		1731	
	Total plan assets	7a 7b	1302	-00				20	1751	
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	76 7c	1302	288				201	1731	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
	Contributions received or receivable from:		` '	104			(4)			
	(1) Employers	8a(1)	451							
	(2) Participants	8a(2)	220	024						
	(3) Others (including rollovers)	8a(3) 8b	35	518						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7′	1443	
	Benefits paid (including direct rollovers and insurance premiums	- 00								
	to provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h							0	
	Net income (loss) (subtract line 8h from line 8c)	8i						7	1443	
	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics	<u> </u>								
b	ZE 2F 2G 2J 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charac	cterist		les in t	he instructi	ons:		
10	During the plan year:				Yes	No		Amount	<u> </u>	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		Χ				
	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				40	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
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		X				
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 a	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
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)							Ye	es 📗	No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (302 of	ERISA?	Ye	es X	No
1	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·				<u> </u>			
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne letter Year	ruling	_

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2014

This Form Is Open to Public Inspection

Pension Ber	nefit Guaranty Corporation	► Complete all entries in	accordance with the instru	ctions to the Form 55	00-SF.	- 45	me mopeodor.		
Part I		ldentification Information							
For calenda	r plan year 2014 or fis	cal plan year beginning	01/01/2014	and ending	12/	31/201	.4		
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a of participating employer information in accordance with the form instructions) a one-participant plan									
B This return/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 m									
C Check box if filing under: X Form 5558									
		i shecial exteriaion (anter desc							
Part II	Basic Plan Info	rmation—enter all requested in	nformation				٦		
1a Name o		401(k) Profit Shari	ng Plan	!	1b Thre plan (PN)	number	001		
						Effective date of plan 01/01/2012			
		dress; include room or suite numb	ber (employer, if for a single-e	mployer plan)		•	lfication Number		
Pla End	lodontics, PS) 32-03			
819 39t	h Avenue SW,	Suite B				nsor's teler -770-1	phone number 500		
					2d Business code (see instructions)				
Puyallu	P	WA 98373				.210			
3a Plan ac	iministrator's name an	id address 🔲 Same as Plan Spoi	nsor.			iinistrator's - 033875			
Pla End	lodontics, PS						telephone number		
					253-770-1500				
819 39t	h Avenue SW,	Suite B			255	- / / 0 - 1:	300		
Puyallu		WA 98373							
		e plan sponsor has changed since mber from the last return/report.	e the last return/report filed for	this plan, enter the	4b EIN		15 11 11 11		
a Sponso		noer from the last returnineport			4c PN				
· · · · · · · · · · · · · · · · · · ·		at the beginning of the plan year		•	5a		4		
		at the end of the plan year			5b		5		
C Numbe	er of participants with	account balances as of the end o	of the plan year (defined benef	it plans do not	5c		5		
		rticipants at the beginning of the			5d(1)		4		
d(2) Tota	al number of active pa	rticipants at the end of the plan ye	ear		5d(2)		4		
		erminated employment during the		its that were	5e		1		
		or incomplete filing of this retu		niess reasonable cau	se is estat	blished.			
Under pena SB or Sche	alties of perjury and ot	her penalties set forth in the instri nd signed by an enrolled actuary,	uctions, I declare that I have e	xamined this return/rep	ort, includi	ing, if appli	cable, a Schedule y knowledge and		
SIGN		Coll de		Loubna Pla					
HERE	Signature of plan a	dministrator	Date 10/13/15	Enter name of individual	ual signing	as plan ad	lministrator		
SIGN		197		Loubna Pla		,			
HERE	Signature of emplo	vosinlane no seco	Date (0(1))(5	Enter name of individe	uel cianina	ac employ	ret or nian enone or		
Preparers		ame, if applicable) and address (e number (optional)		
'	. -	•		·			ŕ		

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Form 5500-SF 2014		Раде 2		_					
 6a Were all of the plan's assets during the plan year invested in eliginary between the plan year invested in eliginary plan and the plan and report of the plan and the plan and the plan and the plan is a defined benefit plan, is it covered under the PBGC 	f an indepe / and condit not use Fo	ndent qualified public accountai ions.) rm 5500-SF and must instead	nt (IQI Juse	PA) F orm	 5500		X Yes	; []	No No
Part III Financial Information									
7 Plan Assets and Liabilities	(79 · 250) (76 · 60)	(a) Regioning of Van		Т		o) End of	- Vaar		
a Total plan assets	7a	(a) Beginning of Yea	028	8) <u> </u>		201	731
b Total plan liabilities				+					
C Net plan assets (subtract line 7b from line 7a)		1.3	028	8				201	731
8 Income, Expenses, and Transfers for this Plan Year	A N	(a) Amount				(b) To	tat		
a Contributions received or receivable from:	9 4					884 J	1 100		-4
(1) Employers	8a(1)	4	1510		<u> </u>			6	Ala Mar
(2) Participants	8a(2)	2	2282			800 SQ 800 SQ			jāji.
(3) Others (including rollovers)	8a(3)			100		<u> </u>	<u> </u>	149	- '.'
b Other income (loss)	8b	O ((X***********************************	351	8	<u> </u>	e 27			<u></u>
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		in Santan ar n			r - 10.5	1905 1337	714	443
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					terk tott	30 - 19 33 - 14		
Certain deemed and/or corrective distributions (see instructions)				20	- 92 S2	- No. 10 1	Val. 19	7 :	
f Administrative service providers (salaries, fees, commissions)				3			100 1 7		
g Other expenses							1017		7
h Total expenses (add lines 8d, 8e, 8f, and 8g)			178						
Net income (loss) (subtract line 8h from line 8c)			1,000					71	443
j Transfers to (from) the plan (see instructions)	_	3290 0 0		100	28	®vaji in da n	1.18	ight.	. :
D If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature coo	es from the List of Plan Charac	teristi	c Cod	es in the i	nstruction	าร:		
10 During the plan year:				Yes	No		mount		
Was there a failure to transmit to the plan any participant contrib	outions with	n the time period described in		103			шоши		
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fi b Were there any nonexempt transactions with any party-in-intere	duciary Cor	rection Program)	10a		x				
on line 10a.)			10b		ж				
C Was the plan covered by a fidelity bond?			10c	X				40	000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		х				
 Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or a instructions.) 	all of the ber	efits under the plan? (See	10e		х				
${f f}$ Has the plan failed to provide any benefit when due under the p	lan?		10f		x				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		ж				
h If this is an individual account plan, was there a blackout period 2520.101-3.)	•		10h		х		Y	. Wj.	100
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	101					1 (6) (6) 6 (7) 2 7 (7) 3	
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)							Ye	\$ []	No
11a Enter the unpaid minimum required contribution for current year					11a	•			***************************************
12 Is this a defined contribution plan subject to the minimum fundit						ISA?	Ye	s X	No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo									
If a waiver of the minimum funding standard for a prior year is be granting the waiver.	eing amorti:	ed in this plan year, see instru		, and e	enter the o		e letter r Year	uling	

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lf	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	
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 negative amount)	of a 12d	
ę	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?	Yes X	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	
d	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s) to	
	13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
	Trust Information (optional)		
14a	Name of trust	14b Trust's Ell	N