Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					oloyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee Retirem							
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections Revenue Code (the C		ne Internal	Internal This Form is C Public Inspe			
Pension Be	enefit Guaranty Corporation	Complete all entries in	accordance with the in	nstructions to the Form	5500-SF.	Public	rinspection		
Part I		lentification Information							
For calenda	ar plan year 2014 or fisca	7			12/31/2014				
A This ret	urn/report is for:	a single-employer plan a one-participant plan the first return/report		er plan (not multiemploye ployer information in acc ort		-			
		an amended return/report	a short plan year re	eturn/report (less than 12	months)				
C Check b	box if filing under:	Form 5558	automatic extension	on		DFVC program			
	[	special extension (enter desci	ription)						
Part II	Basic Plan Inform	nation—enter all requested ini	formation						
1a Name JENNIFER L	•	PLLC 401(K) PROFIT SHARIN	G PLAN		(PN)	number	002 olan		
	ponsor's name and addr ASHMORE DDS MSD	ess; include room or suite numb PLLC	er (employer, if for a sin	gle-employer plan)	2b Empl (EIN)		cation Number		
1425 N.F. FR	ANKLIN AVENUE				2c Spor	nsor's teleph 360-479	one number -2323		
	N, WA 98311-3027				2d Busir	ness code (s 621210	ee instructions)		
3a Plan a	dministrator's name and	address XSame as Plan Spons	sor.		<b>3b</b> Admi	nistrator's E			
		lan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN				
name, <b>a</b> Sponso	•	per from the last return/report.			<b>4c</b> PN				
- <u>-</u>		the beginning of the plan year					10		
		the end of the plan year					7		
C Numb	er of participants with ac	count balances as of the end of	the plan year (defined b	enefit plans do not	5c		7		
•	,	cipants at the beginning of the pl			 5d(1)		8		
<b>d(2)</b> Tota	al number of active partie	cipants at the end of the plan ye	ar		5d(2)		7		
e Numbe less th	r of participants that tern an 100% vested	ninated employment during the p	blan year with accrued b	enefits that were	5e				
		incomplete filing of this return			ause is estab	lished.			
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, a	ctions, I declare that I ha	ave examined this return/	report, includir	ng, if applica			
SIGN	Filed with authorized/va	lid electronic signature.							
HERE	Signature of plan adr	histrator Date Enter name of ind			ividual signing as plan administrator				
SIGN HERE									
	Signature of employe	er/plan sponsor ne, if applicable) and address (ir	Date	Enter name of indiv			or plan sponsor umber (optional)		
BALL & TRE 400 WARRE		חפ, זו משטונכמטופ) מונו מטטופטט (זו				360-479-	、 <b>·</b> · <i>·</i> /		
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.		F	orm 5500-SF (2014)		

6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)				Yes No
b	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						X Yes No
	If you answered "No" to either line 6a or line 6b, the plan canne						
С	If the plan is a defined benefit plan, is it covered under the PBGC in						
Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	17013				564542
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	17013	887			564542
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	<b>a</b> (1)					
	(1) Employers	8a(1)	120	040	-		
	(2) Participants	8a(2)	120				
	(3) Others (including rollovers) Other income (loss)	8a(3)	457	<b>'</b> 04			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c		01			57744
	Benefits paid (including direct rollovers and insurance premiums	00					01144
	to provide benefits)	8d	11945	589			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1194589
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			_		-1136845
j	Transfers to (from) the plan (see instructions)	8j					
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 2R 3B	feature co	odes from the List of Plan Chara	acteri	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
				otonio			
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	
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		140000
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See			10e		х	
f	Has the plan failed to provide any benefit when due under the plan			10f		х	
g	· · · · ·			-		X	
9 h				10g		^	
<u> </u>	2520.101-3.)			10h		Х	
	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		Х	
Part							
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	om Scheo	dule 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	e or se	ection	302 of	ERISA? Yes X No
	(If "Yes " complete line 12a or lines 12b, 12c, 12d, and 12e below	as annlic	able )				I

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
<b>b</b> Enter the minimum required contribution for this plan year		12b			
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c			
<b>d</b> 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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder the	control		Yes 🗙 No	
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to			
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)	
Part VIII Trust Information (optional)					
			14b Trust's EIN		

Form 5500-SF	Short Form Annual Return/F Benefit	Plan	•	OMB	Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefite Security Administration	This form is required to be filed under set Retirement Income Security Act of 1974 (EF	RISA), and sections 6057(	e Employee b) and 6058(a)	2	014
Penalon Benefit Guaranty Corporation	of the Internal Revenue Complete all entries in accordance with		Form 6500-SE		rm is Open Inspection
	Identification Information			torubia	mspecton
For calendar plan year 2014 or fi	scal plan year beginning 01./01/20	14 and	ending 1	2/31/20	)14
A This return/report is for:		de-employer plan (not multier			
	1 1 1	cipating employer information	In accordance with	i the form instr	uctions)
B This return/report is		gn plan al return/report			
<b>A</b>		t plan year return/report (le	ss than 12 monti	ns)	
C Check box if filing under:		atic extension		DFVC progra	am
Part II   Basic Plan Infor	special extension (enter description) mation - enter all requested information			<u> </u>	, <u></u>
1a Name of plan	indition enter all requested information	16	Three-digit		1
JENNIFER L. ASHM	ORE DOS MAD PLLC	10	plan number (F	PN)	002
401(K) PROFIT SH		10	Effective date		
				1/1989	
	s; include room or suite number (employer, if for si	ngle-employer plan) 2b	Employer iden		iber (EIN)
JENNIFER L. ASHMO	ORE DDS MSD PLLC			122250	
	F & T & T F M & T F F M	2c	Sponsor's tele		ər
1425 N.E. FRANKL	IN AVENUE	2d	0-479-23		
BREMERTON	WA 98311-3027	Zu	Business code 6212		(ons)
3a Plan administrator's name an		3b	Administrator's		
		Зс	Administrator's	telephone n	umbər
	olan sponsor has changed since the last return	n/report filed for this 4b	EIN		
	I the plan number from the last return/report.			<del></del>	
a Sponsor's name		4c	PN		
5a Total number of participants	at the beginning of the plan year	5a	1		10
	at the end of the plan year				7
	account balances as of the end of the plan ye				
benefit plans do not comple	te this item)	5c			7
d (1) Total number of active p	articipants at the beginning of the plan year				88
d (2) Total number of active p	articipants at the end of the plan year	<u>5d(</u>	2)		7
• •	terminated employment during the plan year v				
benefits that were less than			المحتمد المحتمد المحتمد المحتمد المحتم الم		
Caution: A penalty for the fate Under penalties of perjury and ot Schedule SB or Schedule MB co my knowledge and bellet. The true	or incomplete filing of this return/report wil her penalties set forth in the instructions, I dec mpleted and signed by an enrolled actuary, as a, correct, and complete.	ll be assessed unless rea clare that I have examined a well as the electronic ver	this return/report slon of this return	s established t, including, if t/report, and i	applicable, a to the best of
0 I					
SIGN	10-12-15	Vennifer As	hmore		
Signature of plan admin	Istrator Date	Enter name of individual	signing as plan a	dministrator	
SIGN C	10-12-15	L. C. A	- l		
HERE			shmorc		
Signature of emptoyer/p	· · · · · · · · · · · · · · · · · · ·	Enter name of individual			
Preparer's name (including firm r	name, If applicable) and address (include room	n or suite number) (optiona	il) Preparer's tele	sphone numb	er (optional)
			(360)479	-6868	
BALL & TREGER, LI	'B		1000/4/2	/-0000	
400 WARREN AVE, S					
BREMERTON	WA 98337-1408				
	····		<u> </u>		
For Paperwork Reduction Act N 418671 10-19-14	lotice and OMB Control Numbers, see the it	nstructions for Form 550	0-SF.	Form	5500-SF (2014) v.140124

Form 5500-SF 2014			Page	2			
6a Were all of the plan's assets during the plan year invested in eligible assets?	(See instr	uctions.)				X Yes	No
<b>b</b> Are you claiming a waiver of the annual examination and report of an indepen	ident qua	lified public	acco	untant			
(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and							No No
If you answered "No" to either line 6a or line 6b, the plan cannot use For						<b>—</b> —	
<u>C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see Part III Financial Information</u>	IN CRIDA SI		<u>r</u>		63	No Not de	termined
7 Plan Assets and Liabilities	1 1	(a) Begi	nnina	of Ye	ar	(b) End of Y	
a Total plan assets	7a	<u> </u>		013			64542
b Total plan liabilities	76						
C Net plan assets (subtract line 7b from line 7a)	. 70		17	013	87_	5	64542
8 Income, Expenses, and Transfers for this Plan Year		<u>(a)</u>	Amo	int		(b) Total	
a Contributions received or receivable from:						-	
(1) Employers	. 8a(1)						
(2) Participants	. 8a(2)		<u>.</u>	120	<u>40  </u>	····-	
(3) Others (including rollovers)	. 8a(3)			4	~		
b Other Income (loss)	<u>8b</u>			457	<u>V4</u>	STATEMENT	57744
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>. 8c</u>	·					2//44
d Benefits paid (including direct rollovers and insurance premiums to provide	. 8d		11	945	20	STATEMENT	2
e Certain deemed and/or corrective distributions (see instructions)	. 8e		<u>+_+</u>	243	~_	DIRIOMONI	
f Administrative service providers (salaries, fees, commissions)	. 8f					·····	
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					11	94589
i Net Income (loss) (subtract line 8h from line 8c)	. 81					-11	36845
Transfers to (from) the plan (see instructions)	. 81						
Part IV Plan Characteristics							
Part V Compliance Questions							
10 During the plan year:	norled day	oribad		Yes	No	<u>Amount</u>	·
Was there a failure to transmit to the plan any participant contributions within the time in 29 CFA 2510.3-1027 (See Instructions, and DOL's Voluntary Fiduciary Correct			10a		x		
b Were there any nonexempt transactions with any party-in-interest? (Do not in		12110/11/11	<u>. IVP</u>				· · · · ·
transactions reported on line 10a.)			10b		x		
C Was the plan covered by a fidelity bond?			10c	Х		1	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bo							40000
was caused by fraud or dishonesty?							40000
Were any fees or commissions paid to any brokers, agents, or other persons			10d		x		40000
	s by an Ind	aurance	<u>10d</u>		x		40000
carrier, Insurance service, or other organization that provides some or all of	s by an Ind	aurance	<u>10d</u>		1		40000
carrier, insurance service, or other organization that provides some or all of the plan? (See instructions.)	a by an ina he benefi	ts under	10e		x		.40000
carrier, insurance service, or other organization that provides some or all of the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?	s by an ins he benefi	ts under	10e 10f		X X		.40000
<ul> <li>carrier, Insurance service, or other organization that provides some or all of the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan?</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as of year a</li> </ul>	by an ing he benefi nd.)	ts under	10e		x		.40000
<ul> <li>carrier, Insurance service, or other organization that provides some or all of the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan?</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as of year e</li> <li>h If this is an individual account plan, was there a blackout period? (See instructions)</li> </ul>	a by an ine the benefit nd.)	aurance ts under	<u>10e</u> 10f 10g		x x x		40000
<ul> <li>carrier, Insurance service, or other organization that provides some or all of the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan?</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as of year e</li> <li>h If this is an individual account plan, was there a blackout period? (See instruand 29 CFR 2520.101-3.)</li> </ul>	by an instant	surance ts under	10e 10f		X X		.40000
<ul> <li>carrier, Insurance service, or other organization that provides some or all of the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan?</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as of year e</li> <li>h If this is an individual account plan, was there a blackout period? (See instruand 29 CFR 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the require</li> </ul>	a by an ind the benefit	surance ts under	10e 10f 10g 10h		x x x x		.40000
<ul> <li>carrier, Insurance service, or other organization that provides some or all of the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan?</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as of year e</li> <li>h If this is an individual account plan, was there a blackout period? (See instruand 29 CFR 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the require of the exceptions to providing the notice applied under 29 CFR 2520.101-3.</li> </ul>	a by an ind the benefit	surance ts under	<u>10e</u> 10f 10g		x x x		40000
<ul> <li>carrier, Insurance service, or other organization that provides some or all of the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan?</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as of year end the plan have any participant loans? (If "Yes," enter amount as of year end 29 CFR 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the require of the exceptions to providing the notice applied under 29 CFR 2520.101-3.</li> <li>Part VI Pension Funding Compliance</li> </ul>	a by an ine the benefit nd.) ections d notice o	Surance ts under	10e 10f 10g 10h		x x x x x		
<ul> <li>carrier, Insurance service, or other organization that provides some or all of the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan?</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as of year a</li> <li>h If this is an individual account plan, was there a blackout period? (See instruand 29 CFR 2520.101.3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the require of the exceptions to providing the notice applied under 29 CFR 2520.101.3</li> <li>Part VI Pension Funding Compliance</li> </ul>	a by an int the benefit nd.) totions d notice o Yes," see	surance ts under 	10e 10f 10g 10h 10h 10i	comp	x x x x x		. <u>40000</u>
<ul> <li>carrier, Insurance service, or other organization that provides some or all of the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan?</li></ul>	a by an ind the benefit and.) totions d notice o Yes," see	surance ts under r one instruction	10e 10f 10g 10h 10l s and ine 39	comp	X X X X	 	
<ul> <li>carrier, Insurance service, or other organization that provides some or all of the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan?</li></ul>	a by an ind the benefit and.) totions d notice o Yes," see lule SB (F ction 412 o	surance ts under r one instruction	10e 10f 10g 10h 10l s and ine 39	comp	X X X X	 	
<ul> <li>carrier, Insurance service, or other organization that provides some or all of the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan?</li></ul>	a by an ind the benefit and.) totions d notice o Yes," see lule SB (F ction 412 o abje.)	surance ts under r one instruction orm 5500) [ f the Code of	10e 10f 10g 10h 10l s and ine 39 sectlo	comp	X X X X lete		No X No
<ul> <li>carrier, Insurance service, or other organization that provides some or all of the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan?</li></ul>	a by an ind the benefit and.) notions d notice o Yes," see <u>lule SB (F</u> <u>ction 412 o</u> <u>able.)</u> ad In this	surance ts under r one instruction orm 5500) [ f the Code of	10e 10f 10g 10h 10l s and ine 39 sectlo	comp	X X X X Iete 11e of ERIS		No X No

418572 10-13-14