-	Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan				oyee	OMB Nos. 1210-0110 1210-0089					
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee					2014					
Employee Be	epartment of Labor enefits Security Administration	7(b) and 6058(a) of the).	Internal	This Form is Open to Public Inspection							
Complete all entries in accordance with the instructions to the Form 5500-SF.											
Part I Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014											
Not calculate plan year 2014 of its beginning On on 2014 and chaing 12012014 Image: A single-employer plan Image: A single-employer plan Image: A single-employer plan Image: A single-employer plan											
A This ret	A This return/report is for: a one-participant plan A This return/report is for: a one-participant plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a l of participating employer information in accordance with the form instructions) a foreign plan										
B This retu	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)						
C Check b	box if filing under:	Form 5558	automatic extension		_ D	FVC program					
		special extension (enter description	on)								
Part II	Basic Plan Infor	mation—enter all requested inform	nation								
1a Name JOHN B. GC	of plan	M.S. 401(K) PROFIT SHARING PLA			1b Thre plan (PN)	number					
					()	ctive date of plan					
	ponsor's name and add ESSMAN, JR., D.D.S.,	Iress; include room or suite number (e M.S., INC. P.S.	employer, if for a single-	employer plan)	2b Emp (EIN	08/01/2003 loyer Identification Number) 73-1664402					
224.00 OL VM						onsor's telephone number					
POULSBO, V	IPIC COLLEGE WAY N VA 98370	W, SUITE			2d Busi	360-779-7912 siness code (see instructions) 621210					
3a Plan ad	dministrator's name and	d address XSame as Plan Sponsor.			3b Adm	3b Administrator's EIN					
						inistrator's telephone number					
name,		plan sponsor has changed since the aber from the last return/report.	last return/report filed fo	or this plan, enter the	4b EIN 4c PN						
- <u>-</u> ·		at the beginning of the plan year			5a	6					
		at the end of the plan year			5b	5					
C Numb	er of participants with a	ccount balances as of the end of the	plan year (defined bene	fit plans do not	5c	5					
	,	icipants at the beginning of the plan			5d(1)	5					
d(2) Tota	al number of active par	ticipants at the end of the plan year			5d(2)	5					
		minated employment during the plan			5e	0					
Caution: A Under pena SB or Sche	A penalty for the late of alties of perjury and oth	r incomplete filing of this return/re er penalties set forth in the instructior d signed by an enrolled actuary, as w	port will be assessed on the second s	unless reasonable cau examined this return/rep	ort, includi	ng, if applicable, a Schedule					
SIGN	Filed with authorized/v	alid electronic signature.									
HERE	Signature of plan ac	ual signing	as plan administrator								
SIGN HERE											
		Signature of employer/plan sponsor Date Enter name of individu ame (including firm name, if applicable) and address (include room or suite number) (optional) Image: Comparison of the sponsor of t				as employer or plan sponsor					
Preparer's	name (including firm na	ine, ii applicable) and address (inclu	ae room or suite numbe	ι) (ορτιοπαι)	Preparer's	s telephone number (optional)					

	Were all of the plan's assets during the plan year invested in eligibl 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 If you answered "No" to either line 6a or line 6b, the plan canne	an indeper and condit	ndent qualified public accountations.)	nt (IQ	(PA)		 Yes No
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	10536				1056762
	Total plan liabilities	7b					
	Vet plan assets (subtract line 7b from line 7a)	7c	10536	60			1056762
8 Income, Expenses, and Transfers for this Plan Year			(a) Amount			(b) Total	
а	Contributions received or receivable from:	0-(4)	157	759			
	(1) Employers	8a(1)	475		_		
	(2) Participants	8a(2)		389			
	(3) Others (including rollovers)	8a(3)	713				
	Other income (loss)	8b	710	074	_		407070
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		137072
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1339	70			
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					133970
i	Net income (loss) (subtract line 8h from line 8c)	8i					3102
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics	-,	1				
9a b Part	If the plan provides pension benefits, enter the applicable pension in 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare ference of the second s						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut		-	10-		х	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10a 10b		x	
c	Was the plan covered by a fidelity bond?			100 10c	х		50000
d				TUC	~		00000
	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		x	
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 as	s of year e	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (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 2520.101			10i			
Part	VI Pension Funding Compliance						
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 free	om Sched	ule 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 applic	able.)				

Page **3 -** 1

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		
		-		
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?	. 🗌 \	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 under the of the PBGC?			Yes 🗙 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.)			
1	3c(1) Name of plan(s): 1	3c(2) El	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	lame of trust	14b T	rusťs EIN	

JOHN B. GOESSMAN, JR., D.D.S., M.S. 401(K) PROFIT SHARING PLAN

721567960

Form 5500-SF	Short Form Annual F	/ee	CMB Nos. 1210-0110 1210-0086					
Department of the Tribeaury Internal Revenue Garvice		2014						
Department of Lebor Employee Boretta Security Administration	Referement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of This Form is Open to Internal Revenue Code (the Code).							
Fension Benefit Guaranty Corporation	 Complete all entries in acco destification information 	rdance with the instru	ctions to the Form 560	0-SF,				
For calendar plan year 2014 or flac	dentification Information	01/01/2014	and ending	12/31/2014				
	x a single-employér pisn		tan (not multiemployer) (yer information in accord					
B This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/report						
l	an amandad return/report	a short plan year retu	m/report (less than 12 m	ion(hs)				
C Check box if filing under:	Form 5558	automatic extension on)		DFVC progr	am			
Basic Plan Infor	mation — enter at requested info				····			
1a Name of plan			······	1b Three-digit				
John B. Goessman, Jr	r. D.D.S., M.S. 401(k) P	rofit Sharing P.	lan	plan number (PN) ►	001			
		•		1c Effective date (
79 Elen spectore name and add	ress; include room or suite number (lomptours If for a circle	omployee plag)	08/01/2003				
	c., D.D.S., M.S., Inc. P		-Burbioyea phang	2b Employer Ident (EIN) 73-16				
27190 Olympic College Way	. 1894 - F-11-1		·	2c Sponsor's telep (360) 779-				
Trade offering controle way				2d Business code	(see instructions)			
UE Poulabo WA 98370	d address 🖪 Same as Pian Spons	or Nama	<u></u>	62121.0 3b Administratoria	EN			
		ich intajradi .			EIN			
				3C Administrator's	telephone number			
,								
name, EIN, and the plan numl	plan sponsor has changed since the ber from the last return/report.	last return/report filed f	or this plan, enter the	4b ERI				
a Sponsor's name	·····		····	4C PN				
	t the beginning of the plan year I the end of the plan year			5a	6			
· · · · · · · · · · · · · · · · · · ·	it the end of the plan year coount balances as of the end of the	plan year (defined ben	efit plans do not	5c	5			
complete this item)					5			
C(1) Total number of active partie	cipants at the beginning of the plan y	/02/		5d(1)	5			
d(2) Total number of active partie	· · ·			ōd(2)	5			
e less than 100% vosted	minated employment during the pla	n year with accrued ber	ents that were	5e	0			
Caution: A penalty for the late o	r incomplete filing of this return/r	eport will be assessed	unises reesonable cat	use is established.				
Under penalties of perjury and oth	er penalties set forth in the instruction d signed by an enrolled actuary, as y	ons, I declare that I have	examined this return/re	port, including, if apoli	cable, a Schedule y knowledge and			
ans 14	un 12	3-6-201+	John A	Goessme	n Sr.			
Signature of plan admit	histrator	Date	Enter name of individua					
Quelos 3 1	una Gr	3-6.2015		DESSMEN				
Signature of emphysr/	plen sponsor	Date	Enter name of individua					
Preparer's name (including firm na	sme, If applicable) and address; incl	ide room or suite numb	er (optional)	Preparar'a telephone				
		,						
	otice and OMB Control Numbers,	aee ine instructions fi	x rom 6600-SF.	F	om 6500-SF (2014) v,140124			

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	Form 5500-SF 2014		Page 2						
	Were all of the plan's assets during the plan year invested in eligible	•	• •					XYes No	
b.	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6h, the plan canno	nd condition of use Form	na.) n 5600-SF and must instead v	se F	orm 5:	100.		X Yes No	
¢	if the plan is a defined banefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA section 402))? .	[] Yes	No 🗌	Not determine	
	Financial Information		· · ·						
	Plan Assets and Liabälles		(a) Beginning of Yeat				(b) End o	f Year	
a	Total plan assets	78	1,053,60	50				1,056,762	
b	Totel plan liabilities	. 7b							
	Net plan assets (subtract line 7b from line 7a)	. 7c	1,053,6	50	1			1,056,762	
	income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	ntal	
	Contributions received or receivable from:		+ F 171				dat det a		
	(1) Employers	. 6=(1)	15,7						
	(2) Participants	<u>. 8a(2)</u>	47,5			int jit oz			
	(3) Others (including rollovers)	<u>. 8a(3)</u>	2,3(_		1939 (U	asni tari		
	Other Income (loss)	"Bb	71,3"		1296				
	Total income (add ince 5a(1), 5a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. Öc		- ME		HARN MER		137,072	
	to provide benefits)	. 8d	133,91	70		- Anginis			
,	Certain deemod and/or corrective distributions (see instructions)	. 80					en en bel		
-	Administrative service providers (selaries, faes, commissions)	. 81	4 ×						
	Other expenses	. 8g	· · · · · · · · · · · · · · · · · · ·				Costinue.		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						133,970	
	Net income (loss) (subtract line 6h from line 6c)	. 81	a e se diales a sua de la fraga Silfenden (h. 1996), se se de la fraga					3.102	
	Transfers to (from) the plan (see instructions)	- 84			1212	whete:	si na si	sonal as traces.	
9 a	If the plan provides pension benefits, enter the applicable pension f	eature code	s from the List of Plan Charack	eristic	Code	s in the	instructio	ns:	
\square	If the plan provides pension benefits, enter the applicable pension f $2E$ 2π $2G$ $2J$ $2K$ $3D$ If the plan provides welfare benefits, enter the applicable welfare fe		•						
\square	2E 2F 2G 2J 2K 3D		•						
b 10	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe Compliance Questions During the plan year:	ature codes	from the List of Plan Cherecter				instruction		
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4.4 4.1

Form 5500-SF 2014	Page 3-			
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	**************		2b	÷
C Enter the project contributed to the second second second	· · ·			
C Enter the amount contributed by the employer to the plan for this plan y	Bäf		2c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the megative amount)	asult (enter a minus sign to the left	ofa 1	2d	
e Will the minimum funding amount reported on line 12d be met by the ful	nding deadline?		Yes	
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 employ	/er this year		32	130
b Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	fattar to another size of houses			Yes X No
C If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another plan(s), Identify th	e plan(s) to	<u></u>	
13c(1) Name of plan(s):		13c(2)	EIN(e)	13c(3) PN(s)
				ioclof (inta)
Sectional Trust Information (optional)				
14a Name of Just				·····
		14	b Trust's Ei	N
John B. Goessman, Jr., D.D.S., M.S. 401(k) Profit	: Sharing Plan		72-15	67960

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