Form 5500-SF	Short Form Annu	•	ort of Small Emplo	Employee OMB Nos. 1210 1210				
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Pla		-	2	015		
Department of Labor Employee Benefits Security Administration	Income Security Act of 197		6057(b) and 6058(a) of the		This For	m is Open to Inspection		
Pension Benefit Guaranty Corporation			nstructions to the Form 55	500-SF.				
Part IAnnual ReportFor calendar plan year 2015 or f	t Identification Information		and ending 11	/30/2015				
A This return/report is for:	a single-employer plan		er plan (not multiemployer) g employer information in ac		0			
B This return/report is	the first return/report	\times the final return/rep	ort eturn/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extensi	on		FVC prograr	n		
Part II Basic Plan Inf	ormation—enter all requested in							
1a Name of plan	, P.S. 401K PROFIT SHARING PL			(PN)	umber	001		
				1C Effecti	ve date of p 01/01/2			
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.		instructions)	2b Emplo (EIN)	yer Identific 91-137	ation Number 6127		
DENNIS L. BRADSHAW, D.D.S.,	ce, country, and ZIP or foreign pos P.S.	stal code (li foreign, see	Instructions)	2c Spons	or's telepho 509-547			
403 W. COURT ST. PASCO, WA 99301				2d Busine	ess code (se 621210	e instructions)		
				-				
3a Plan administrator's name a	and address XSame as Plan Spor	nsor.		3b Admin	istrator's Ell	N		
-								
	ne plan sponsor has changed since umber from the last return/report.	e the last return/report fil	ed for this plan, enter the	4b EIN 4c PN				
-	s at the beginning of the plan year			5a		6		
	s at the end of the plan year			5b		0		
	account balances as of the end o			5c		0		
d(1) Total number of active particular	articipants at the beginning of the p	olan year		5d(1)		0		
e Number of participants that	articipants at the end of the plan ye t terminated employment during th	e plan year with accrue	d benefits that were less	5d(2) 5e		0		
Caution: A penalty for the late Under penalties of perjury and c SB or Schedule MB completed a	e or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary,	rn/report will be asses uctions, I declare that I h	sed unless reasonable cau ave examined this return/rep	oort, including	g, if applicat			
belief, it is true, correct, and conSIGNFiled with authorized	nplete. d/valid electronic signature.	01/29/2016	DENNIS L. BRADSHA	W				
HERE Signature of plan	administrator	Date	Enter name of individu	ual signing as	s plan admir	istrator		
SIGN HERE Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ual signing as	s employer o	or plan sponsor		
	name, if applicable) and address (Preparer's t				
For Panerwork Reduction Act Not	ice and OMB Control Numbers, see t	he instructions for Form !	500-SE		Fr	rm 5500-SF (2015)		

	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) independent 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) inf you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 											
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No Not determined				
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning	n of Yea	ar			(b) End of Year				
a	Total plan assets	7a	(u) Boginnig	205				0				
-	Total plan liabilities	70 7b			0		0					
-	Net plan assets (subtract line 7b from line 7a)	70 70		205	735		0					
-			(a) Amount									
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	(a) Anount				(b) Total				
a	(1) Employers	8a(1)	0									
	(2) Participants	8a(2)			0							
	(3) Others (including rollovers)	8a(3)			0							
b	Other income (loss)	8b			720							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						720				
	Benefits paid (including direct rollovers and insurance premiums											
	to provide benefits)	8d		205	861							
е	Certain deemed and/or corrective distributions (see instructions)	8e			0							
f	Administrative service providers (salaries, fees, commissions)	8f			594							
g	Other expenses	8g		0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						206455				
i	Net income (loss) (subtract line 8h from line 8c)	8i						-205735				
j	Transfers to (from) the plan (see instructions)	8i		0								
Par	Part IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2F 2G 2E 2K 2R 2J 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in	the instructions:				
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Plar	n Chara	acterist	ic Cod	les in th	ne instructions:				
Par	V Compliance Questions											
10	During the plan year:				Yes	No	N/A	Amount				
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period					Anount				
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	iduciary Correction			X						
	Program)			10a		Х						
0	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x						
C	Was the plan covered by a fidelity bond?			10c	Х			50000				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		Х						
e	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 instructions.).			10e		Х						
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х						
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	he require	d notice or one of the	10i								
j	Did the plan trust incur unrelated business taxable income?			10j								

Part	VI Pension Funding Compliance	-						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500) and line 11a below)			Sched	ule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	D			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th	ne Code	e or se	ction 3	802 of E	RISA?	Yes X	No

Form 5500-SF 2015

Page **3** - 1

-					Т					
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf	you c	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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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 Y	es No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					0			
D		e PBGC?				X Yes	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I						
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Dert	1/111	Truck Information								
Part		Trust Information		116	T	15.1				
14a	Name	e of trust		14b Trust's EIN						
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		1						
15a	Is th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- ased safe arbor nethod	L1	ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Yes			No			
16a	Chec	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цp	Ratio ercentag est		verage enefit test			
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No				
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Yes						
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Ye	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A			

For	m 5500-SF	Short Form Annu	al Return/Repor	t of Small Empl	oyee		OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nat Revenue Service	This form is required to be file	Benefit Plan	4065 of the Employee R	atiromont		2015			
De	partment of Labor enefits Security Administration	Internal	This Form is Open to Public Inspection							
Pension Be	nefit Guaranly Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 5	500-SF.	Put	and inspection			
Part I	Annual Report	Identification Information					D.			
For calenda	ar plan year 2015 or fis	scal plan year beginning	01/01/2015	and ending		30/201				
A This ret	urn/report is for:	X a single-employer plan		olan (not multiemployer) mployer information in a	•	-				
		a one-participant plan	a foreign plan							
B This retu	ırn/report is	the first return/report	x the final return/report							
		an amended return/report	🗙 a short plan year retu	rn/report (less than 12 m	ionths)					
C Check b	oox if filing under:	Form 5558	automatic extension		[] I	DFVC prog	jram			
		special extension (enter desci	ription)							
Part II	Basic Plan Info	rmation-enter all requested in	formation							
1a Name o DENNIS		D.D.S., P.S. 401K PR	OFIT SHARING PL	AN	(PN)	number	001			
						tive date $01/200$				
Mailing	address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C			· ·	loyer Ident) 91-13	ification Number 76127			
		e, country, and ZIP or foreign post D.D.S., P.S.	al code (if foreign, see ins	tructions)	 2c Sponsor's telephone number 509-547-9549 2d Business code (see instructions) 					
DENNIE		5.5.5.7 2.5.								
4403 W	. COURT ST.					210	(see instructions)			
PASCO		WA 99301								
					3c Adm	inistrator's	telephone number			
		e plan sponsor has changed since nber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
a Sponse					4c PN					
5a Total r	number of participants	at the beginning of the plan year			5a		6			
		at the end of the plan year			5b		0			
		account balances as of the end of			5c		0			
d(1) Tota	al number of active par	rticipants at the beginning of the pl	an year				C			
		rticipants at the end of the plan ye			5d(2)	_	0			
		terminated employment during the			5e	1	0			
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	d unless reasonable ca	use is estal	blished.				
SB or Sche	alties of perjury and ot dule MB completed an rue, correct, and com	her penalties set forth in the instru nd signed by an enrolled actuary, a plete.	ctions, I declare that I have as well as the electronic ve	e examined this return/re ersion of this return/repo	port, includi rt, and to the	ng, if appli best of m	cable, a Schedule y knowledge and			
SIGN	Klemi (Al	1-25-16	DENNIS L. BRA	DSHAW					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing	as plan ad	ministrator			
SIGN HERE					- 12 i=	15				
	Signature of emplo	yer/plan sponsor ame, if applicable) and address (ii	Date	Enter name of individ		as employ s telephon				
				,						
		and OMB Control Numbers, see th					Form 5500-SE (2015)			

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 If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a ions.)	ccounta	ant (IQ	PA)				Yes Yes		No No
	If the plan is a defined benefit plan, is it covered under the PBGC in							No	Not	detern	ninec	1
Pai	t III Financial Information		P									
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r			(b) End	of Ye	ar		
а	Total plan assets	7a		20)573	5						0
b	Total plan liabilities	7b				0						0
С	Net plan assets (subtract line 7b from line 7a)	7c		20)573	5						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) T	otal			
а	Contributions received or receivable from:					0						
	(1) Employers	8a(1)			_	-	_		_		-	
	(2) Participants	8a(2)		0							_	
	(3) Others (including rollovers)	8a(3)		0						_	_	
b	Other income (loss)	8b			72	0						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		_	_						7	20
	Benefits paid (including direct rollovers and insurance premiums	6.4		20	0586	1						
	to provide benefits)	8d				0					_	
	Certain deemed and/or corrective distributions (see instructions)	8e			59	-		_				
	Administrative service providers (salaries, fees, commissions)	8f			55		-			_	-	
	Other expenses	8g				-			_		0.04	FF
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		_	_		_		_		064	
	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>			_					- 2	057	35
	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	8j	J			0						
B	2F 2G 2E 2K 2R 2J 3D If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Chara	icterist	ic Coc	les in the	e instruct	ions:			
10	t V Compliance Questions During the plan year:				Yes	No	N/A		۸m	ount		
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x			<u> </u>			
	reported on line 10a.)			10b		x			_			
C				10c	X				_		50	0000
d	by fraud or dishonesty?			10d		Х						
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		x						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	ənd.)	10g		Х						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х						
	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require 1-3	d notice or one of the	10i								
j	Did the plan trust incur unrelated business taxable income?			10j	_							
Part	VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes		No
11 a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				_	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection	302 of E	RISA?		Yes	Х	No

	Form 5500-SF 2015 Page 3 -						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver		ter the Day		e letter ruli /ear	ng	
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				
			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 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 pBGC?		trol	X	Yes 🗌 I	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)	s) to					
1	13c(1) Name of plan(s): 13	c(2) El	N(s)		13c(3) P	N(s)	
Part	VIII Trust Information						
14a	Name of trust	1	1 4b ⊺r	ust's EIN			
14c	Name of trustee or custodian	-	14d Trustee's or custodian's telephone number				
Part	t IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?	[Yes		No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employe matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas bar	sign- ed safe bor thod	ADP/ACP test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	[Yes No				
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	[Rat per tes	centage	Average benefit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Yes		No		
17a	Has the plan been timely amended for all required tax law changes?		Yes		No No	🗌 N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted, Enter for tax law changes and codes).	the ap	oplicabl	e code	(See ir	nstructions	
_	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is s advisory letter, enter the date of that favorable letter and the letter's serial number					or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the da determination letter	te of th	ne plan	's last favo	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?		Yes		No		
19	Were in-service distributions made during the plan year?		Yes		No		
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of whether or retired), as required under section 401(a)(9)?		Yes		No	□ N/A	