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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

Part I Annual Repo	rt Identification Information	1								
For calendar plan year 2015 or	fiscal plan year beginning 01/01/	/2015 and ending 12	2/31/2015							
A This return/report is for:	a single-employer plana one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_						
B This return/report is	the first return/report an amended return/report									
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension	☐ DF\	/C program						
Part II Basic Plan In	formation—enter all requested in	nformation								
1a Name of plan	401(K) PROFIT SHARING PLAN &		1b Three-d plan nur (PN) ▶	mber 001						
			1c Effective	e date of plan 01/01/1982						
Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)			2b Employer Identification Number (EIN) 20-1136015							
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) COBERT G. BERMAN, D.D.S., P.S.				r's telephone number 206-622-2999						
25 TERRY AVE N, STE 100 EATTLE, WA 98109			2d Busines	s code (see instructions) 621210						
3a Plan administrator's name	and address XSame as Plan Spor	nsor.	3b Adminis	trator's EIN						
			3c Adminis	trator's telephone number						
	the plan sponsor has changed since number from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN	91-1118718						
a Sponsor's name ROBERT	G. BERMAN, D.D.S., P.S.		4c PN	001						
5a Total number of participan	nts at the beginning of the plan year.		5a	12						
b Total number of participan	nts at the end of the plan year		5b	12						
complete this item)	th account balances as of the end of	f the plan year (defined benefit plans do not	5c	11						
d(1) Total number of active p	participants at the beginning of the p	olan year	5d(1)	9						
• •		ear	5d(2)	3						
than 100% vested		e plan year with accrued benefits that were less	5e	5						
		rn/report will be assessed unless reasonable cau actions, I declare that I have examined this return/re								
oridor portation of porjuly and	other perialities set forth in the libit	John To Colare that I have examined this return/re	port, including,	ii applicable, a concaule						

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 true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/06/2016	ROBERT BERMAN		
HERE	Signature of plan administrator	ninistrator Date Enter name of individual signi			
SIGN					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		
Preparer's name (including firm name, if applicable) and address (include room or suite number)		er) Preparer's telephone number			

Form 5500-SF 2015		Page 2							
 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes X Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No 📗	Not determ	nined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		751	561				71498	33
b Total plan liabilities	7b		754	561				71.400	22
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A		301			(b) T	71498)3
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otai	
(1) Employers	8a(1)		54	758					
(2) Participants	8a(2)		57	894					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		4	794					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11744	16
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		147	602					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		6	422					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							15402	24
i Net income (loss) (subtract line 8h from line 8c)	8i							-3657	' 8
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 2K 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructi	ons:	
Part 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 described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest					X				
reported on line 10a.)			10b		^				
C Was the plan covered by a fidelity bond?			10c	X					200000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persons	by an insurance he benefits under			X				
the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the pla			10e						
			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a		,	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						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			,			<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a		<u></u> l	
12 Is this a defined contribution plan subject to the minimum funding						-	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial		telephone number			
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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Employee Barnellus Security Administration
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OMB Nos. 1210-0110 1210-0086

2015

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Ent	celendar plan year 2016 or f	territaire vers bedreies	01/01/2015	and and lan	20/2	1 /55	
	coronan para your zoro us i					1/20	
_	This return/report is for: This return/report is:	a one-participant plan the first return/report an amended return/report	a list of participating e a foreign plan the final return/report	an (not multiemployer) mployer Information in a π/report (less than 12 π	sccordance	king th with th	is box maest attach e form instructions)
	Check box if fliing under:	Form 5558 special extansion (enter descri	* =			XFVC p	aodism
Ð	Basic Plan Int	ormation — enter all requested	Information			1	
1a	Name of plan	D.D.S. 401(R) PROFIT SE	ř		PN	ก คนฑ์ป () ▶	er l
						/01/1	
2a	Malihin Address (include re	toyer, if for a single-employer plan) com, ept., suite no. and street or P.O ncs, country, and ZIP or foreign post D.D.S., P.S.	. Box) al code (if foreign, sea instr	uctions)	2c Spc	V) 20 MBO 6	dentification Number -1136015 telephone number
	225 TERRY AVE N. 8	STE 100			2d Bus		22-2999 2008 (see instructions)
2-	US REATTLE WA 98109	and oddress X Same as Plan Spo				بـــــــــــــــــــــــــــــــــــــ	tor's FIN
		,			3c Adr	ninistra	tor's telephone number
4	name, EfN, and the plen re	he plan sponsor has changed since tumber from the last return/report.	•	·	4b EIN	91-	1118718
<u> </u>	Sponsor's name ROBERS	F G. REPHAN, D.D.S., P.S.	•		4c PN	001	
		ts at the beginning of the plen year			5a		12
b		is at the end of the plan year			5b		1.2
C	Number of participants with	h account belonces as of the end of t	the plan year (defined band	for pleme do not	5c		11
d(articipants at the beginning of the pla			5d(1)		9
d(articipants at the end of the plan year			5d(2)		3
e		t terminated employment during the			5e		5
Ca		te or incomplete filling of this retur			tion in note		
Un SE	der pensities of perjury and	other penalties set forth in the instru- land signed by an enrolled actuary, :	ctions. I declare that I have	examined this return/re	ennt includ	lina If	nnicable a Schedule
	1/1/1/19	Be-	6-6-16	Kobert	R.Z	ر ک	nan
	ME Square of set of	Organization:	(Dāje)	Enter name of heavily			
132	TI SHR	Br.	1.1.11		9/8/	- 1394 I	adia (adaya)
	Signature of employ	ornigh sconsors	0000	Enter name of Individu			
Pr		n name, if applicable) and address; in					hone number
		. ,,			,	- www	1 Mar 1 Mar 1 Mar 1

	Form 5500-SF 2015		Page 2					-		
ŧ W	ore all of the plan's assets during the plan year invested in eligible	esseig? (See instructions.)		******		-11		. [Yes No
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 weiver eligibility and conditions.) If you answered "No" to either line 62 or line 65, the plan cannot use Form 5500-SF and must instead use Form 5500,								- <u>L</u>	KYes No	
	the plan is a defined benefit plan, is it covered under the PBGC in							<u> </u>	3No E	Not determine
HAP THE	Financial Information	acama pr	ogram (assezuten)	11 702	1)1			<u> </u>	1,40	T I AOT GETER II BUTE
	an Assets and Liabibles	10 to the second	(a) Beginning o	. V.				1		·
	Vial plan assets	. 7a				┼		10) (End of	
	tal plan liabilities	7b	· · · · · · · · · · · · · · · · · · ·	51,5	0.1	†		- -		714,983
	et plan assets (subtract line 7b from line 7a)	. 7c	7.	51.5	6 1	1		Ť		714,983
l In	come, Expenses, and Transfers for this Plan Year	No.	(a) Amoun			\vdash		1	(b) Tob	
	ontribusions received or receivable from: Employers	=-(4)		54,7	E0		i di			sia del Latra
	Participents	. 6e(1) . 8e(2)		57.8	-	Sugar Sugar				
_	Others (including rollovers)	. Be(3)						Maria de la composición dela composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición dela		
	her Income (loss)	8b	·	4,7	94					N. K. W. T. T. M. W. J. J. J. P. T. S.
	tal income (add finas 8a(1), 8a(2), 8a(3), and 8b)	. Bc		ME	Malika	1	THE PERSON			117.446
1 6	melits peid (including direct rollovers and insurance premiums		_	477					j. dv.	
	provide benefits)	80	1	47,6	UZ		opie grown en			
	iministrative service providers (salaries, fees, commissions)	- 80 - 84		6,4	22		er Telephone	ر اله العوا		
	her expenses	. 8g	. ,		~~				e de las proces	
	otal expenses (and lines 8d, 8e, 8f, and 8g)	. Bh								154,024
	et income (loss) (subtract line 8h from line 8c)	. Bi	szon k azennen i parta tu					1	· · · · · · · · · · · · · · · · · · ·	(36,578)
	ensions to (from) the plan (see instructions)	. 8i		- Paren America	2		Sec.	KĖ		The second second
\perp	Plan Characteristics the plan provides pension benefits, enter the applicable pension for 2X 2E 2F 2H 2J 2E 3D the plan provides welfare benefits, enter the applicable welfare fea	···						<u>:</u>]		
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	Form 5500-SF 2015 Page	3-			1	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan that the waiver.	year, see	înstructions, and	enter the	date of the lett	er rulina
-	con completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ϵ	a.	fonth l	Эау	Year	
b	Enter the minimum required contribution for this plan year	op to nite	1174	425		
C	Enter the amount contributed by the employer to the plan for this plan year	*********		12b	1	
d	Subtract the amount in line 12c from the amount in line 12b, Enter the result (enter a minus negative amount)	gion to the	100 ml	126		·········
e Samuel	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes No	□ N/A
	Plan Terminations and Transfers of Assets	1			<u> </u>	band 19/7
13a	Has a resolution to terminate the plan been adopted in any plan year?			Tye	s X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	*********	***************************************	13a	110	
	Were all the plan assets distributed to participants or beneficiaties, transferred to another pl of the PBGC?	lan, or broi	ight under the c	ontrol		s X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another play which assets or liabilities were transferred. (See instructions.)	an(s), iden	lify the plan(s) to			v (<u></u>) 110
1	3c(1) Name of plan(s):		13	c(2) EIN(s	13c	(3) PN(s)
		ï				
	Trust Information				1	
14a n	lame of trust			14b Tru	ist's EIN	
14c	Name of truetee or custodian			14d Tru telepi	istee or custodi ione number	en's
	IRS Compliance Questions		· · · · · · · · · · · · · · · · · · ·		1	444
15a	s the plan a 401(k) plan;			☐ Yes] No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee disactly described and 401(m)(2)?			Desi	gn- cd safe	PIACP
1	of ADP/ACP test, did the 401(k) plan perform ADP/ACP teating for the plan year using the "cubesting method" for nonhighly compensated employees (Treas. Reg. section 1,401(k)-2(a)(2)(a)(2)(ii))?	irrent year (ii) and 1,4	01(m)-	☐ Yes	□ No	ļ
	Check the box to indicate the method used by the plan to settisfy the coverage requirements (1		entage L Av	arege nefit Test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a his plan with any other plans under the permissive aggregation rules?	(4) by con	nbining	Yes	□ No	
17a	las the Plan been timely amended for all required law changes?	***	·~~~~~~~~~~	Yes	☐ No	□ N/A
	Date of the last plan amendment/restatement for the required tax law changes was adopted astructions for tax law changes and codes).				le code(See
	fithe plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submidvisory letter, enter the date of that favorable latter / / and the letter					DF
17d	If the plan is an individually-designed plan and recieved a favorable determination letter from etermination letter / /	iRS, ples	moer. se enter the date			
	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section nade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the t	1022(i)(2) J.S. Virgin	has been Islands)?	☐ Yes	☐ No	
19 \	Vere in-service distributions made during the plan year?	***********		Yes	Ů No	
1	Yes, enter amount			19	1	
20 V	Vere minimum required distributions made to 5% owners who have attained age 70 % (reger of retired) as required under section 401(a)(b)?	dless of w	rether or	Yes	☐ No	□ N/A

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