#### 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

Pa	rt I Annual Report	t Identification Information	1				
For o	calendar plan year 2015 or f	fiscal plan year beginning 01/01/	2015 and ending 12	2/31/20	15		
<b>A</b> T	his return/report is for:	a single-employer plan  a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac		-		
В ті	his return/report is	the first return/report an amended return/report	a foreign plan  the final return/report  a short plan year return/report (less than 12 me	onths)			
C	Check box if filing under:	Form 5558	automatic extension	,	DFVC prog	ram	
Pa	rt II   Basic Plan Info	ormation—enter all requested in	nformation				
	Name of plan ERT G. BERMAN, D.D.S. C	ASH BALANCE PENSION PLAN			Three-digit plan number (PN)	002	
				1c	Effective date o	f plan 1/2003	
	Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.			Employer Identi (EIN) 20-1	fication Number 136015	
	RT G. BERMAN, D.D.S., P.	tal code (if foreign, see instructions)	2c Sponsor's telephone number 206-622-2999				
25 TE EAT	ERRY AVE N, STE 100 TLE, WA 98109			2d	Business code (	see instructions)	
3a	Plan administrator's name a	and address XSame as Plan Spon	sor.	3b /	Administrator's	EIN	
				3c /	Administrator's t	elephone number	
4		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN 91-1	118718	
а	Sponsor's name ROBERT (	G. BERMAN, D.D.S., P.S.		4c	PN 0	02	
5a	Total number of participants	s at the beginning of the plan year.		5a	1	12	
b	Total number of participants	s at the end of the plan year		5b	<b>)</b>	12	
С	Number of participants with complete this item)	account balances as of the end of	the plan year (defined benefit plans do not	50	;		
d(	1) Total number of active pa	articipants at the beginning of the p	olan year	5d(	1)	7	
	-		ear	5d(	2)	2	
e	Number of participants tha than 100% vested	t terminated employment during th	e plan year with accrued benefits that were less	5e		10	
			n/report will be assessed unless reasonable cau				
			actions, I declare that I have examined this return/report				

belief, it is true, correct, and complete. 06/06/2016 Filed with authorized/valid electronic signature. **ROBERT BERMAN SIGN HERE** 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 sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

	Form 5500-SF 2015		Page 2						
<b>b</b> A	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 nder 29 CFR 2520.104-46? (See instructions on waiver eligibility a group answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi	ndent qualified public a	ccount	ant (IQ	PA)			X Yes No
	the plan is a defined benefit plan, is it covered under the PBGC in					_	_	No 🗆	Not determined
Part					02.7.		. 00		
	lan Assets and Liabilities		(a) Beginning	of Vo	ar .			(b) End	of Vear
	otal plan assets	7a	(a) Degiiiiiii		3794			(b) Lila	893900
	otal plan liabilities	7b							
	let plan assets (subtract line 7b from line 7a)	7c		743	3794				893900
	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal
<b>a</b> C	contributions received or receivable from:	8a(1)	(1)		<b>7</b> 500			\.,'	
(2	2) Participants	8a(2)							
(3	3) Others (including rollovers)	8a(3)							
<b>b</b> 0	ther income (loss)	8b		-7	394				
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							150106
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d							
	ertain deemed and/or corrective distributions (see instructions)	8e							
	dministrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g							
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i N	let income (loss) (subtract line 8h from line 8c)	8i							150106
_ j T	ransfers to (from) the plan (see instructions)	8j							
Part	IV Plan Characteristics								
B   Part \	f the plan provides welfare benefits, enter the applicable welfare for Compliance Questions	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	e instructi	ons:
	During the plan year:				Yes	No	N/A		Amount
а	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 F	Fiduciary Correction	10a		X			
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?				X				20000
	Did the plan have a loss, whether or not reimbursed by the plan's			10c					20000
	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 the plan? (See instructions.)	ne or all of	the benefits under	10e		X			
	Has the plan failed to provide any benefit when due under the pla			10f		Χ			
	Did the plan have any participant loans? (If "Yes," enter amount a					X			
	If this is an individual account plan, was there a blackout period?			10g		^			
	2520.101-3.)			10h					
	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 \	/I Pension Funding Compliance								
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•			•				X Yes N
11a	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	ction :	302 of F	RISA?	Yes X N

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	(If "Ye	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 in ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal	
b	Enter ti	he 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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	s $\square$ No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No
С	If duri	PBGC?ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifications are considered from the plan to another plan(s) and the plan to another plan (s).				<u> </u>	
		assets or liabilities were transferred. (See instructions.)  lame of plan(s):	13c(2)	FIN(s)		13c(3) F	PN(e)
	100(1)	tuno oi piuntoj.	130(2)	L114(3)		130(3)	· <b>v</b> (3)
Dant		Turnet lafe una eti a c					
Part	Name c	Trust Information		14h 1	Γrust's Ell	N	
ı <del>T</del> a	Name C	n trust		175	iusi s Lii	14	
14c	Name	of trustee or custodian				s or custodia e number	an's
					tolophon	o mambon	
Par	t IX	IRS Compliance Questions		ı			
15a	Is the	plan a 401(k) plan?		Ye	s	No	
					esign-		
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)?			ased safe arbor	∐ ADF test	P/ACP
450					ethod		
150		.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		∐ Ye	S	No	
	2(a)(2)	(ii))?		□ Ri	atio		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con must have any other plans under the permissive aggregation rules?		Ye	s	No	
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plants of the plants of the favorable letter/ and the letter's serial representations.		t to a fa	vorable I	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 fa	vorable	
18	Is the I	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. Virgir		Yes	\$	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
		," 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

## **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

## Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

		r plan year 2015		ear beginning	01/01/2015		and endi	ng 12/3	1/2015	
		off amounts to r								
<u> </u>	Caution:	: A penalty of \$1	,000 will be ass	essed for late fili	ng of this report	unless reasonable ca	ause is establish	ed.		
	Name of p						B Three-dig	git		
R	OBERT G	. BERMAN, D.D	S. CASH BAL	ANCE PENSION	PLAN		plan num	ber (PN)	•	002
_	<b>5</b> 1			<b> </b>	5500.05		D = .			-14.1
	•	isor's name as s i. BERMAN, D.D		a of Form 5500 o	r 5500-SF		<b>D</b> Employer		ion Number (E	:IN)
K	JBERT G	. BERWAN, D.D	J.S., P.S.					20-1136	5015	
_	<b>.</b>	V 0: 1				n	7 400 /			500
트	Type of pla	an: X Single	Multiple-A	Multiple-B	F	Prior year plan size:	100 or fewer	101-50	00 More th	an 500
Р	art I	<b>Basic Inforn</b>	nation							
1	Enter th	ne valuation date	e: N	Month 12	Day <u>31</u>	Year <u>2015</u>	_			
2	Assets:	:								
	<b>a</b> Mark	et value						2a		732287
	<b>b</b> Actua	arial value						2b		732287
3	Funding	g target/participa	ant count break	down		(1)	Number of	(2) Ves	ted Funding	(3) Total Funding
	•					ра	rticipants	T	arget	Target
	<b>a</b> For re	etired participan	ts and beneficia	aries receiving pa	yment		0		0	0
	<b>b</b> For to	erminated veste	d participants				10		25699	25699
	<b>C</b> For a	ctive participant	s				2		502394	502394
	<b>d</b> Total	l					12		528093	528093
4						(b)	.П			
-								4a		
	_					on rule for plans that				
						g loading factor		4b		
5	Effectiv	e interest rate						5		6.22%
6	Target	normal cost						6		146868
Sta	tement b	y Enrolled Actu	ıary					,		
										ed assumption was applied in and such other assumptions, in
				perience under the plan		oro (taning into account inc.)	saperiories er ario piari	4114 10400110	ioro oripoolationo) c	and odon outer documptione, in
,	SIGN									
	IERE								03/29/20	016
		•	Signa	ture of actuary					Date	
RC	BERT M.	HANESS	_	•					14-049	45
			Type or pr	int name of actua	ary			Most re	ecent enrollme	ent number
НА	NESS & A	ASSOCIATES, L	LC		•				916-435	5-9830
		•		irm name				elephone		ding area code)
	D. BOX 83									<b>3</b> ,
KC	CKLIN, C	A 90011								
			Α	and of the Comm			_			
			Addı	ress of the firm						
	•	has not fully refl	ected any regul	ation or ruling pro	omulgated under	the statute in comple	eting this schedu	ıle, check	the box and s	ее
instr	uctions									_

Page	2	_

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances							
							(a) C	Carryover balance		(b) i	Prefundi	ng balance	
7					cable adjustments (line 13 f			21	416			163776	
8					unding requirement (line 35				0			0	
9	Amount	t remainir	ng (line 7 minus lin	ie 8)			. 21416					163776	
10	Interest	on line 9	using prior year's	actual ret	urn of			1:	523			11644	
11	Prior ye	ar's exce	ess contributions to	be added	to prefunding balance:								
	<b>a</b> Prese	ent value	of excess contribu	ıtions (line	38a from prior year)							70069	
					sa over line 38b from prior ye interest rate of $\underline{6.45}\%$							0	
	<b>b(2)</b> In	iterest on	line 38b from pric	r year Sch	edule SB, using prior year's	actual							
	return											0	
	C Total available at beginning of current plan year to add to prefunding balance											70069	
	d Portion of (c) to be added to prefunding balance											50000	
12	Other re	eductions	s in balances due t	o elections	or deemed elections				0			0	
13	Balance	at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line 12	)		22	939			225420	
P	art III	Fun	ding Percenta	iges									
14	Funding	g target a	ttainment percenta	age							14	88.71 %	
15	Adjuste	d funding	g target attainment	percentag	e						15	132.43 %	
16					of determining whether car						16	103.92 %	
17	If the cu	ırrent val	ue of the assets of	f the plan is	s less than 70 percent of the	e funding ta	rget, enter s	uch percentage			17	%	
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:							
(M	(a) Dat IM-DD-Y		<b>(b)</b> Amount pa employer(		(c) Amount paid by employees		Date D-YYYY)	(b) Amount paid employer(s)	by	(0	Amou empl	nt paid by oyees	
01	1/22/2015	5		7500	0	11/23/2	2015	7500			)		
03	3/31/2015	5		15000	0	12/16/2	2015		7500			0	
05	5/28/2015	5		15000	0	02/24/2	2015		7500			0	
07	7/14/2015	5		15000	0	04/28/2	2015		7500			0	
09	9/16/2015	5		15000	0	06/18/2	2015		7500			0	
10	0/14/2015	5		7500	0	08/18/2	2015		15000		1	0	
						Totals ▶	18(b)	1	57500	18(c)		0	
19	Discour	nted emp	loyer contributions	- see inst	ructions for small plan with	a valuation	date after th						
	<b>a</b> Conti	ributions	allocated toward u	inpaid min	mum required contributions	from prior	years	<b></b>	9a			0	
	<b>b</b> Contr	ributions	made to avoid res	trictions ac	ljusted to valuation date			<u> </u>	9b			0	
					uired contribution for current y	ear adjuste	d to valuation	date1	9c			161608	
20													
	a Did the plan have a "funding shortfall" for the prior year?												
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?								Yes No					
	<b>C</b> If line	20a is "	Yes," see instruction	ons and co	mplete the following table a								
Liquidity shortfall as of end of o					nd of quarte	arter of this plan year (3) 3rd (4) 4th					1		
		(1)	0		0		(0)	0			<i>\'')</i> 70	0	
			v					•					

Page	2	-
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Pa	rt II	Begir	ning of Year	Carrvov	er and Prefunding Ba	alances							
. •	•		9 0 00.	- uy - v	or and restanding 2.		(a) C	Carryover balance		(b) F	Prefund	ing balan	ce
7		Ū			cable adjustments (line 13 f								
8			•	•	unding requirement (line 35								
9	Amoun	t remaini	ng (line 7 minus lin	ie 8)									
10	Interest	t on line 9	using prior year's	actual ret	urn of%								
11	Prior ye	ear's exce	ess contributions to	be added	to prefunding balance:								
	<b>a</b> Prese	ent value	of excess contribu	utions (line	38a from prior year)								
					Ba over line 38b from prior ye interest rate of%								
	<b>b(2)</b> Ir	nterest or	line 38b from pric	r year Sch	nedule SB, using prior year's	actual							
					ear to add to prefunding balar								
	<b>d</b> Porti	on of (c)	to be added to pre	funding ba	alance								
12	Other r	eductions	s in balances due t	o elections	s or deemed elections								
13	Balance	e at begir	nning of current ye	ar (line 9 +	- line 10 + line 11d – line 12	)							
P	art III	Fun	ding Percenta	iges									
14	Funding	g target a	ttainment percenta	age							14		%
15	Adjuste	ed funding	g target attainment	percentag	je						15		%
16	-		• .		of determining whether car		-	•		e	16		%
17	If the co	urrent val	ue of the assets of	the plan i	s less than 70 percent of the	e funding targ	et, enter s	such percentage			17		%
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:							
(M	(a) Dat IM-DD-Y		( <b>b)</b> Amount pa employer(		(c) Amount paid by employees	( <b>a)</b> Da (MM-DD-)		( <b>b)</b> Amount pa employer(		(0		ınt paid b loyees	У
09	9/29/201	5		7500	0								
11	1/18/201	5		7500	0								
12	2/09/201	5		7500	0								
01	1/04/201	6		7500	0								
						Totals b	40(5)			40(-)	1		
40						Totals ▶	18(b)			18(c)			
19			-		tructions for small plan with								
					imum required contributions			İ	19a 19b				
					ijusted to valuation date			ŀ	+				
20				<u>'</u>	uired contribution for current y	ear adjusted t	o valuation	n date	19c				
20		-	outions and liquidity						L		Г	Yes	No
	a Did the plan have a "funding shortfall" for the prior year?												
	<b>C</b> If line	e 20a is "	Yes," see instruction	ons and co	emplete the following table a	s applicable:							
	•	(4)	,		Liquidity shortfall as of e	nd of quarter					(4)		
		(1) 19	St		(2) 2nd		(3)	3rd			(4) 4t	n	

_									
			ns Used to Determine	Funding Target and Targe	et Normal Cost				
21	Discount	t rate:		T					
	<b>a</b> Segm	ent rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield	d curve	e used
	<b>b</b> Applic	able month (	enter code)			21b			0
22	Weighte	d average ret	irement age			22			65
23	Mortality	table(s) (see	e instructions) X Pro	escribed - combined Pre	scribed - separate	Substitut	te		
Pa	rt VI N	liscellane	ous Items						
24		J	•	uarial assumptions for the current			· · -	d Yes	X No
25	Has a m	ethod change	been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No
26	Is the pla	an required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		Yes	X No
27	If the pla	n is subject to	o alternative funding rules, en	er applicable code and see instruc	ctions regarding	27	<u> </u>		
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years				
28			•	years		28			0
29				I unpaid minimum required contrib					
				anpaid minimum required certain		29			0
30	Remaini	ng amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31	Target n	ormal cost ar	nd excess assets (see instruct	ions):					
	<b>a</b> Target	normal cost (	(line 6)			31a			146868
	<b>b</b> Exces	s assets, if ap	oplicable, but not greater than	line 31a		31b			0
32	Amortiza	ation installme	ents:		Outstanding Bala	ance	Installr	nent	
	a Net sh	ortfall amortiz	zation installment			0			0
	<b>b</b> Waive	r amortizatior	n installment			0			0
33	If a waiv	er has been a	approved for this plan year, en	ter the date of the ruling letter gran		33			0
34	Total fun	ding requiren	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			146868
				Carryover balance	Prefunding bala	nce	Total ba	lance	
35			use to offset funding	0		0			0
36						36			146868
37	Contribu	tions allocate	d toward minimum required c	ontribution for current year adjuste	d to valuation date	37			161608
38	`	,	ess contributions for current ye			<u> </u>			
			•	u. (000 monutation)		38a			14740
				prefunding and funding standard c		38b			0
39				ear (excess, if any, of line 36 over		39			0
40				S		40			0
	rt IX		•	Pension Relief Act of 2010					0
			de to use PRA 2010 funding re			•			
				·		П	2 plus 7 years	15 \	years
	<b>b</b> Eliaible	e plan vear(s)	) for which the election in line	41a was made					<u></u>
42						42	<u> </u>		
			celeration amount to be carrie			43			

#### Form 5500-SF

# Short Form Annual Return/Report of Small Employee Benefit Plan

1210-0089 Department of the Transpay Intermal Revenue Service This form is required to be filled under sections 104 and 4065 of the Employee 2015 Ratherment Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of Department of Labor Employee Benefite Security Administration This Corm is Open to Public the Internal Revenue Code (the Code). Penalon Barnell Gussenly Corporation Inspection Complete all entries in accordance with the instructions to the Form 6500-SF. MA MARKET Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 n single-employer plan a multiple-amployer plan (not multiemployer) (Filers checking this box must attach A This return/report is for: a list of perticipating employer information in accordance with the form instructions) a one-participant plan a foreign plan B This return/report is: the first return/report the final return/report. an amended return/report a short plan year return/report (lass than 12 months) C Check box if filling under: Form 5558 DFVC program special extension (enter description) Part | Basic Plan Information --- enter at requested information 1a Name of plan 1b Three-digit plan number ROBERT G. BERMAN, D.D.S. CASH BALANCE PERSION PLAN 002 (FN) 🕨 1C Effective date of plan 01/01/2003 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) (EIN) 20-1136015 ROBERT G. BERMAN, D.D.S., P.S. 2C Sponsor's telephone number (206) 522-2999 2d Business code (see instructions) 225 TERRY AVE N. STR 100 621210 US SEATINE WA 98109 3a Plan administrator's name and address 🗓 Same as Plan Sponsor Name 3b Administrator's EIN 3C Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the **4b** FIN 91-1118710 name. EIN, and the plan number from the last return/report. A Sponsor's name ROBERT G. RERMAN, D.D.S., P.S. 4c PN 002 5a Total number of participants at the beginning of the plan year. 12 Total number of participants at the and of the plan year 12 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c d(1) Total number of active participants at the beginning of the plan year 5d(1) 7 d(2) Total number of active participants at the end of the plan year 5d(2)7 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 10 Caution: A pensity for the late or incomplate 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 Schedula 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, permect/and complete. 10-Signature of plan administrator Signatura of employer plan aponso Enter name of individual signing as employed or plan sponsor Dee Preparer's name (including firm name, if applicable) and address; include room or suite number Preparer's telephone number

OMB Nos. 1210-0110

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6a	Were sit of the plan's easets during the plan year invested in eligible	manufacture (	Cas between t							
Ь	Are you claiming a waiver of the annual examination and report of a	<del>-  </del>	Yes	No						
	tinder 29 CFR 2520.104-467 (See Instructions on waiver eligibility 6		X Yes	lata.						
	in you arrawered "No" to either ima 62 or Ene 65, the plan compo	-	<u> </u>	IIAD						
c	If the plan is a defined benefit plan, is it covered under the PBGC in	emissice bi	ogram (see ERISA sectio	on 40	21)?		.∐Ye	s.	0 Not deter	mined
15.1	Financial Information									
7	Plan Assets and Liabilities	Asi essa	of Year							
3	Total plan assets	(n) eac								
b	Total plan labilities	<del></del>	893,90	D.						
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7b 7c	7	43,	794	+		-	893,90	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun		,,,,	_		flat	Total	<u> </u>
8	Contributions received or receivable from: (1) Employers									
	(2) Participants	88(1)	1	57 .	500	- 2				de de
	(3) Others (Including rollovers)	84(2)				-	Marie a video		LLZarler enda	
ь	Other income (loss)	8b							3-4-1-1 <b>3</b> -11-2	
	Total income (add lines Sa(1), Sa(2), Sa(3), and Sb)	Bc Bc	( Paras socialisticamentes	7,3	94) 136 ma			aris fire		
d	Benefits paid (including direct reliovers and insurance premiums	00							150,10	6
	to provide benefits)	8d								
-	Certain deemed and/or corrective distributions (see instructions)	5e								li jor tvi
1	Administrative service providers (sateries, fees, commissions)	8f						1 132		100
ä	Other expenses	8g					ي شداد دند درو مي دد		The state of the s	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	Bh	2000 AC 2000 B							
1	Net income (lose) (subtract line 8h from line 8v)	81			r Payas				150,10	6
	Transfers to (from) the plan (see instructions)	₽j						enimentario. Projection		100 - T
	Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe							:1	- Care :	
for the latest to	If the plan provides welfere benefits, enter the applicable welfare feat	ture codes	from the List of Plan Cha	arack	alstic	Code	s in the	instructio	ris:	
10	During the plan year:	<del></del>			Yes	No		- <del>}</del>		
a	Was there a failure to transmit to the plan any participant contributi	ons within	the time period	Т	130	140			Amount	
	described in 29 CFR 2510,3-1027 (See instructions and DOL's Vol Program)	untary Fid	udary Correction	10a		x				
þ	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in	clude transactions	10b		×				
C	Was the plan covered by a fidelity bond?			10c			and the same	- 1	200,	000
d	Did the plan have a loss, whether or not reimbursed by the plan's fl by freud or dishonesty?	delity bon	J, Bret was caused	100		x			200,	500
8	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	r persons or all of th	by an insurance na benefits under	10e		x				
f		?		107		X		+		
g			-11			┢	141414	<u> </u>		
h	If this is an individual account plan, was there a blackrast period? (5)	See instruc		10g		X				
i	2520.101-3.) 10h  If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the rotice applied under 29 CFR 2520.101-3 10N									
1	Did the plan trust incur unrelated business taxable income?									
45,	Pension Funding Compliance		•	101		<u> </u>			#- <u></u>	
11	5500) and line 11a below) X Yes No									
112	Enter the unpaid minimum required contribution for current year fro	m Schedu	le SB (Form 5500) line 4(	D			11a			0
12		quiramen	te of section 412 of the C	ode o	y seci	ion 3		RIBA7 _	Yes X	No
								-		

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
B If a warver of the minimum funding standard for a prior year is being amortized in a granting the waiver.	his plan year, see instructions, Month	and enter the	date of the letter ruling
If you completed line 12a, complete lines 3, 8, and 16 of Schedule MB (Form 5500	), and skip to line 13.	Day	Year
b Enter the minimum required contribution for this plan year		12b	
c Enter the amount contributed by the employer to the plan for this plan year		120	
o Subtract the amount in line 12c from the amount in line 12b, Enter the result (enter negative amount)	a minus sign to the left of a	126	
<ul> <li>Will the minimum funding amount reported on line 12d be met by the funding dead</li> </ul>	ne?		Yes No No
Plan Terminations and Transfers of Assets			I NO LINA
13a Has a resolution to terminate the plan been adopted in any plan year?		जिंग ८	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		··· 1	e 🗆 No
b Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?	Al a late with the	e control	
C If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See Instructions.)	other plan(s), identify the plan(s	3) to	Yes & No
13a(1) Name of plan(a):		da - 100 100 100	<u>. †</u>
		13c(2) EIN(s	13c(3) PN(s)
Trust Information			
4a Name of trust		4.46	, h
		<b>145</b> Tո	HE EIN
14c Name of trustee or custodian		444 ==	istos or custodian's
			igue ilamper. Igue or chelodisu.2
De Camplian			
IRS Compliance Questions			
15a is the plan a 401(k) plan:		Yes	No
45h um/s:		Desi	
15b if "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emprescripting contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ployee deferrals and employer		ADPIACP
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using		meu	KOG
testing method* for nonhighty compensated employees (Tress. Reg. section 1,401(k) 2(a)(2)(ii))?	g the "current year -2(e)(2)(f) and 1,401(m)-	☐ Yess	□ No
168 Check the box to indicate the method used by the plan to satisfy the coverage requin		Ratio	Average Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) an this plan with any other plans under the permissive aggregation rules?	d 401(a)(4) by combining	Yes	□ No
7a Has the Plan been timely amended for all required law changes?		☐ Yes	□ No □ N
17b Date of the lest plan amendment/restatement for the required tax law changes was a	dopted / / Enter	the applicate	
17c if the pion eponeur is an adopter of a pre-approved master, promype (M&P), or voter advisory letter enter the data of the firm and the data of the second letter and the sec	he submitter plan that is subjec	t to a favorab	le IRS ordniem ov
17d if the plan is an individually-designed plan and recieved a favorable determination let determination let	ter from IRS, please enter the c	tate of plan's	last favorable
18 Is the Ptan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ER(SA made), American Samos, Guarn, the Commonwealth of the Northern Mariana Islands		☐ Yen	∏ No
19 Were in-service distributions made during the plan year?		- Yes	□ No
it Yes, enter amount			<del>                                     </del>
20 Wars minimum required distributions made to 5% owners who have attained age 70 to get retired) as required under section 401(a)(b):	/ / · · · · · · · · · · · ·	19	
not retired) as required under section 401(a)(9)?	regardless of whether or	Yes	□ No □ N

# Schedule SB, Part V Summary of Plan Provisions

#### Robert G. Berman, D.D.S. Cash Balance Pension Plan 91-1118718 / 002

For the plan year 01/01/2015 through 12/31/2015

Employer: Robert G. Berman, D.D.S.

Type of Entity - S-Corporation

EIN: 91-1118718 TIN: Plan #: 002 Plan Type: Cash Balance

Dates: Effective - 01/01/2003 Year end - 12/31/2015 Valuation - 12/31/2015

Top Heavy Years - 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2011, 2012, 2013, 2014, 2015

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - N/A Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 65

Early - Not provided

<u>Average Compensation:</u> Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits.

Pay Credits - Classification Pay Credit Formula

A \$152,000 B \$1,000

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.

Service is calculated using all years of service

<u>Present Value of Accrued Benefit:</u> Based on the Hypothetical Account Balance.

# Schedule SB, Part V Summary of Plan Provisions

### Robert G. Berman, D.D.S. Cash Balance Pension Plan 91-1118718 / 002

For the plan year 01/01/2015 through 12/31/2015

#### Actuarial Equivalence:

Pre-Retirement - Interest - 5.5%

Mortality Table - None

Post-Retirement - Interest - 5.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

# Schedule SB, Part V Statement of Actuarial Assumptions/Methods

#### Robert G. Berman, D.D.S. Cash Balance Pension Plan 91-1118718 / 002

For the plan year 01/01/2015 through 12/31/2015

Valuation Date: 12/31/2015

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is Life Annuity

permitted under IRC 430(h)(2)(C)

Interest Rates -

pormitted direct into 100(ii)(2)(0)											
Segment #	Year	Rate %									
Segment 1	0 - 5	1.35									
Segment 2	6 - 20	4.01									
Segment 3	> 20	5.04									

Segment rates for the Valuation Date as

Segment rates as of September 30, 2014 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA					
Segment #	Year	Rate %			
Segment 1	0 - 5	4.72			
Segment 2	6 - 20	6.11			

Segment 3

> 20

6.81

Pre-Retirement - Mortality Table - None

Turnover/Disability - None Salary Scale - 3%

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 15C - 2015 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

**Discrimination Test Assumptions:** 

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - G83M - 1983 Group Annuity (male)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use average compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

401(a)(26) Testing:

Compensation - Use average compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

## SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

	► File as an attachme		500-5r.			
	calendar plan year 2015 or fiscal plan year beginning 01/01/	/2015	and ending	12/31/2	2015	
•	Round off amounts to nearest dollar.					
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reasonable ca	use is established	l		
	Name of plan		B Three-digit			
Rob	ert G. Berman, D.D.S. Cash Balance Pension Plan		plan numbe	er (PN)	002	
CF	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	entification Nu	umber (EIN)	
Rob	ert G. Berman, D.D.S.		91	-1118718	X 4975.03 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
November 2010			280720			
E	ype of plan: X Single Multiple-A Multiple-B	Prior year plan size:	100 or fewer	101-500	More than 500	
P	art I Basic Information					
1	Enter the valuation date: Month 12 Day 31	Year 2015				
2	Assets:					
	a Market value			2a	732,287	
	<b>b</b> Actuarial value			2b	732,287	
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Targ	-	(3) Total Funding Target	
	a For retired participants and beneficiaries receiving payment	0		0	0	
	b For terminated vested participants	10		25,699	25,699	
		2		502,394		
	<b>c</b> For active participants	12		528,093		
4	If the plan is in at-risk status, check the box and complete lines (a) and	(b)	П			
	a Funding target disregarding prescribed at-risk assumptions			4a		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transit at-risk status for fewer than five consecutive years and disregarding	ion rule for plans that		4b		
5	Effective interest rate			5	6.22 %	
6	Target normal cost			6	146,868	
To ac co	tement by Enrolled Actuary the best of my knowledge, the information sopplied in this schedule and accompanying schedule coordance with applicable law and regulations. In my opinion, each other assumption is reasonable mbination, offer my best estimate of anticipated experience under the plan.  BIGN HERE	s, statements and attachments (taking into account the exp	nts, if any, is complete a perience of the plan and	reasonable expe	h presribed assumption was applied in ctations) and such other assumptions, in 29/2016	
	Signature of actuary				Date	
	Robert M. Haness			14-0	04945	
	Type or print name of actuary				enrollment number	
	Haness & Associates, LLC				435-9830	
	Firm name P.O. Box 836		Tel	ephone numb	per (including area code)	
	US Rocklin CA 95677		_			
	Address of the firm					
	e actuary has not fully reflected any regulation or ruling promulgated under ructions	er the statute in comp	leting this schedu	le, check the	box and see	

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Schedule SB (Form 5500) 2015	Page <b>2</b>	

Pai	rt II Be	eginning of Year C	Carryov	er and Prefunding Bala	ances						
						(a)	Carryover balance		(b)	Prefundi	ng balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)							163,776			
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							0			0
9							21,	416			163,776
10								523			11,644
11				d to prefunding balance:			·				·
	<b>a</b> Present	value of excess contrib	utions (lin	e 38a from prior year)							70,069
	b(1) Intere	st on the excess, if any	y, of line 3	8a over line 38b from prior ye	ar						
	Sche	dule SB, using prior yea	ar's effect	ive interest rate of 6.45	<u> </u>						0
	b(2) Intere	est on line 38b from pric	or year Sc	hedule SB, using prior year's	actual						
	returr	· I •••••	•••••								0
	C Total ava	ailable at beginning of c	current pla	an year to add to prefunding b	alance .						70,069
	<b>d</b> Portion o	of (c) to be added to pre	efunding b	alance							50,000
12	Other reduc	tions in balances due t	to election	s or deemed elections				0			0
13	Balance at	peginning of current year	ar (line 9	+ line 10 + line 11d - line 12) .			22,	939			225,420
Pa	rt III I	unding Percenta	ges					•			
14	Funding tar	get attainment percenta	age	•••••		• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			14	88.71 %
15	Adjusted fu	nding target attainment	t percenta	ge		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			15	132.43 %
16				s of determining whether carry						16	103.92 %
17	If the currer	nt value of the assets of	f the plan	is less than 70 percent of the	funding to	arget, ente	r such percentage			17	%
Pa	rt IV	Contributions and	d Liquid	lity Shortfalls							
18	Contribution	ns made to the plan for	the plan y	ear by employer(s) and empl	oyees:						
(MI	(a) Date M-DD-YYYY	(b) Amount pa employer(s)		(c) Amount paid by employees		) Date D-YYYY)	(b) Amount p employer				unt paid by loyees
01/	22/2015		7,500		02/24	2015		7,5	00		
03/	31/2015	1	L5,000		04/28	3/2015		7,5	00		
05/	28/2015	1	L5,000		06/18	3/2015		7,5	00		
07/	14/2015	1	L5,000		08/18	3/2015		15,0	00		
09/	16/2015	1	L5,000		09/29	/2015		7,5	00		
10/	14/2015		7,500			3/2015		7,5	00		
_11/	23/2015		7,500		12/09	/2015		7,5	00		
			/2016		7,5						
					Totals	` ,	•	.57,50	00 18(c	)	0
19				structions for small plan with a				<del>-</del> -			
	_			nimum required contributions		-		19a			0
				idjusted to valuation date				19b			0
				required contribution for current	nt year ac	justed to v	aluation date '	19c			161,608
20	-	ontributions and liquidity									
		_		the prior year?ly installments for the current							∴ Yes
				complete the following table as			-				
		,		Liquidity shortfall as of end			an year				
	(*	) 1st		(2) 2nd		(3)	3rd			(4) 41	h

Discount rates   Segment rates   1st segment   2nd segment   3rd segment   N/A, full yield curve used   6.11 % 6.81 %	Pa	art V	Assumption	ons Used To Determine	Funding Target and Targ	et Normal Cost					
b Applicable month (enter code)	21	Discou	int rate:								
22   Mortality table(s) (see instructions)   Prescribed - combined   Prescribed - separate   Substitute		a segment also.									
Part VI   Miscellaneous items   Prescribed - combined   Prescribed - separate   Substitute		<b>b</b> Applicable month (enter code)									
Part VII Miscellaneous items  24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	22										
4 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	23	Mortali	ity table(s) (se	e instructions) X Pr	rescribed - combined Pres	scribed - separate	Substitu	ite			
attachment	Pa	rt VI	Miscellane	eous items							
25   Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	24	Has a	change been i	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	e instruction	ns regarding required			
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment											
27   If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.   28											
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years  28  Unpaid minimum required contributions for all prior years (line 19a).  29  Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).  30  Remaining amount of unpaid minimum required contributions (line 28 minus line 29).  30  Remaining amount of unpaid minimum required contributions (line 28 minus line 29).  31  Target normal cost and excess assets (see instructions):  31  Target normal cost (line 6).  31  Amortization installments:  32  Amortization installments:  33  Amortization installments:  34  Net shortfall amortization installment  55  Waiver amortization installment before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)  34  Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)  35  Balances elected for use to offset funding requirement (line 34 minus line 35).  36  Additional cash requirement (line 34 minus line 35).  37  Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).  38  Present value of excess contributions for current year (see instructions)  39  Unpaid minimum required contribution for current year (secess, if any, of line 36 over line 37).  39  Unpaid minimum required contribution for current year (secess, if any, of line 36 over line 37).  39  Unpaid minimum required contribution for current year (secess, if any, of line 36 over line 37).  39  Unpaid minimum required contribution for current year (secess, if any, of line 36 over line 37).  39  Unpaid minimum required contribution for current year (secess, if any, of line 36 over line 37).  39  Unpaid minimum required contribution for current year (secess, if any, of line 36 over line 37).  30  Unpaid minimum required contribution for current year (secess, if any, of line 36 over line 37).			-		·		d attachme	nt Yes X No			
28 Unpaid minimum required contributions for all prior years			-	•	• •	• •	27				
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).  30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).  30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).  31 Target normal cost and excess assets (see instructions):  a Target normal cost (line 6).  31 Target normal cost (line 6).  31 Target normal cost (line 6).  32 Amortization installments:  a Net shortfall amortization installment  0 Uststanding Balance  Installment  0 0  0 0  33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year ) and the waived amount  34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)  34 146,868  37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)  38 Present value of excess contributions for current year (see instructions)  a Total (excess, if any, of line 37 over line 36).  39 Unpaid minimum required contribution for current year (excess, if any, of line 38a attributable to use of prefunding and funding standard carryover balances  39 Unpaid minimum required contribution for current year (see instructions)  39 Unpaid minimum required contribution for current year (excess, if any, of line 38 attributable to use of prefunding and funding standard carryover balances  39 Unpaid minimum required contribution for current year (see instructions)  30 Unpaid minimum required contribution for current year (see, if any, of line 36) over line 36) over line 36 over line 37)	Pa	rt VII	Reconcili	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
(line 19a)	28	Unpaid	d minimum req	uired contributions for all prior	years		28	0			
Part VIII Minimum Required Contribution For Current Year  31 Target normal cost and excess assets (see instructions):  a Target normal cost (line 6)	29		' '			' '	29	0			
31 Target normal cost and excess assets (see instructions):  a Target normal cost (line 6)	30	Remai	ning amount o	of unpaid minimum required co	ntributions (line 28 minus line 29)		30	0			
a Target normal cost (line 6)	Pa	rt VIII	Minimum	<b>Required Contribution</b>	For Current Year						
b Excess assets, if applicable, but not greater than line 31a	31	Target	normal cost a	nd excess assets (see instruc	tions):						
32 Amortization installments:  a Net shortfall amortization installment		<b>a</b> Targ	et normal cost	t (line 6)			31a	146,868			
a Net shortfall amortization installment		<b>b</b> Exce	ess assets, if a	pplicable, but not greater than	line 31a		31b	0			
b Waiver amortization installment	32	Amorti	zation installm	ents:		Outstanding Bala	ance	Installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month		a Net s	shortfall amort	ization installment			0	0			
(Month DayYear) and the waived amount		<b>b</b> Waiv	ver amortizatio	n installment	• • • • • • • • • • • • • • • • • • • •		0	0			
Carryover balance Prefunding Balance Total balance  35 Balances elected for use to offset funding requirement	33						33	0			
35 Balances elected for use to offset funding requirement	34	Total fu	unding requirer	ment before reflecting carryover	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	146,868			
requirement					Carryover balance	Prefunding Bala	ance	Total balance			
36 Additional cash requirement (line 34 minus line 35)	35	Balanc	ces elected for	use to offset funding							
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		require	ement	• • • • • • • • • • • • • • • • • • • •	0		0	0			
(line 19c)							36	146,868			
38 Present value of excess contributions for current year (see instructions)  a Total (excess, if any, of line 37 over line 36)	37						37	161 608			
a Total (excess, if any, of line 37 over line 36)	38							1017000			
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances  38b  Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)							38a	14.740			
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)								-			
						-					
40 Unpaid minimum required contributions for all years				·			40	-			
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)	Pai						)				
41 If an election was made to use PRA 2010 funding relief for this plan:	41	If an ele	ection was mad	de to use PRA 2010 funding re	elief for this plan:						
a Schedule elected		a Sche	edule elected.				[	2 plus 7 years 15 years			
<b>b</b> Eligible plan year(s) for which the election in line 41a was made		<b>b</b> Eligil	ble plan year(s	s) for which the election in line	41a was made		. 20	08 2009 2010 2011			
42 Amount of acceleration adjustment								_			
43 Excess installment acceleration amount to be carried over to future plan years	43	Excess	installment ac	celeration amount to be carrie	d over to future plan years		43				

# Schedule SB, line 22 - Description of Weighted Average Retirement Age

Robert G. Berman, D.D.S. Cash Balance Pension Plan 91-1118718 / 002 For the plan year 01/01/2015 through 12/31/2015

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

# Schedule SB, line 19 -Discounted Employer Contributions

## Robert G. Berman, D.D.S. Cash Balance Pension Plan 91-1118718 / 002

For the plan year 01/01/2015 through 12/31/2015 Valuation Date: 12/31/2015

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Den esited Contribution	04/22/2045	Ф7 F00					
Deposited Contribution  Applied to Quarterly Contribution	01/22/2015 04/15/2015	\$7,500	7.020	0	7.500	6.00	0
• •	02/24/2015	7,500	7,938	0	7,500	6.22	U
Deposited Contribution	02/24/2015	\$7,500	7 400	0	7 100	6.22	0
Applied to Quarterly Contribution		7,109	7,483	0	7,109	6.22	0 0
Applied to Quarterly Contribution	07/15/2015 03/10/2015	391 \$7,500	412	U	391	0.22	U
Deposited Contribution Applied to Quarterly Contribution	07/15/2015	7,500	7,876	0	7,500	6.22	0
	03/31/2015	\$7,500 \$7,500	7,070	U	7,500	0.22	U
Deposited Contribution  Applied to Quarterly Contribution	07/15/2015	6,718	7,030	0	6,718	6.22	0
Applied to Quarterly Contribution  Applied to Quarterly Contribution	10/15/2015	782	818	0	782	6.22	0
	04/28/2015	\$7,500	010	U	102	0.22	U
Deposited Contribution Applied to Quarterly Contribution	10/15/2015	7,500	7,813	0	7,500	6.22	0
	05/13/2015	\$7,500 \$7,500	7,013	U	7,500	0.22	U
Deposited Contribution	10/15/2015		6 574	0	6 227	6.22	0
Applied to Quarterly Contribution	01/15/2016	6,327	6,574		6,327	6.22	
Applied to Quarterly Contribution		1,173	1,219	0	1,173	0.22	0
Deposited Contribution	05/28/2015	\$7,500	7 774	0	7.500	6.00	0
Applied to Quarterly Contribution	01/15/2016	7,500	7,774	0	7,500	6.22	0
Deposited Contribution	06/18/2015	\$7,500	4.040	0	0	0.00	0
Applied to MRC	12/31/2015	1,564	1,616	0	0	6.22	0
Applied to Quarterly Contribution	01/15/2016	5,936	6,131	0	5,936	6.22	0
Deposited Contribution	07/01/2015	\$7,500	7 700	0	0	0.00	0
Applied to MRC	12/31/2015	7,500	7,730	0	0	6.22	0
Deposited Contribution	07/14/2015	\$7,500	7 74 4	0	0	0.00	0
Applied to MRC	12/31/2015	7,500	7,714	0	0	6.22	0
Deposited Contribution	08/17/2015	\$7,500	7.074	0	0	0.00	0
Applied to MRC	12/31/2015	7,500	7,671	0	0	6.22	0
Deposited Contribution	08/18/2015	\$7,500	7.000	0	0	0.00	0
Applied to MRC	12/31/2015	7,500	7,669	0	0	6.22	0
Deposited Contribution	09/01/2015	\$7,500	7.050			0.00	
Applied to MRC	12/31/2015	7,500	7,652	0	0	6.22	0
Deposited Contribution	09/16/2015	\$7,500	7.000			0.00	
Applied to MRC	12/31/2015	7,500	7,633	0	0	6.22	0
Deposited Contribution	09/29/2015	\$7,500			_		
Applied to MRC	12/31/2015	7,500	7,616	0	0	6.22	0
Deposited Contribution	10/14/2015	\$7,500	7.507			0.00	
Applied to MRC	12/31/2015	7,500	7,597	0	0	6.22	0
Deposited Contribution	11/18/2015	\$7,500			_		
Applied to MRC	12/31/2015	7,500	7,554	0	0	6.22	0
Deposited Contribution	11/23/2015	\$7,500			_		
Applied to MRC	12/31/2015	7,500	7,547	0	0	6.22	0
Deposited Contribution	12/09/2015	\$7,500			_		
Applied to MRC	12/31/2015	7,500	7,527	0	0	6.22	0
Deposited Contribution	12/16/2015	\$7,500		_	_		_
Applied to Additional Contribution	12/31/2015	7,227	7,245	0	0	6.22	0
Applied to MRC	12/31/2015	273	274	0	0	6.22	0
Deposited Contribution	01/04/2016	\$7,500		_			_
Applied to Additional Contribution	12/31/2015	7,500	7,495	0	0	6.22	0
Totals for Deposited Contribution		\$157,500	\$161,608	\$0	\$58,436		