## 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.

0045

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Parti	Annual Report	lidentification information	1							
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/	2015	and ending 12	2/31/2015					
A This ret	turn/report is for:	lan (not multiemployer)		-						
a one-participant plan a foreign plan										
<b>B</b> This retu	urn/report is									
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)					
C Check b	box if filing under:	Form 5558	automatic extension DFVC program							
		special extension (enter desc								
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name	of plan				<b>1b</b> Three-c	digit				
DENT, KOR	RSMO & HENRY RET	IREMENT PLAN			plan nu					
				}	(PN) •		002			
			1C Effectiv	1c Effective date of plan 01/01/1992						
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0			2b Employe (EIN)	Employer Identification Number (EIN) 91-2149169				
DENT, KORS	town, state or proving SMO & HENRY, D.D.: FAMILY DENTISTRY		tal code (if foreign, see inst	ructions)	2c Sponso	one number 6-1606				
12165 PACIF					2d Business code (see instructions)					
TACOMA, W					621210					
3a Plan administrator's name and address Same as Plan Sponsor.						<b>3b</b> Administrator's EIN				
					3c Adminis	strator's te	lephone number			
		e plan sponsor has changed since imber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN					
	or's name	·			4c PN					
<b>5a</b> Total r	number of participants	s at the beginning of the plan year.			5a		17			
<b>b</b> Total r	number of participants	s at the end of the plan year			5b		18			
		account balances as of the end of		•	5c		12			
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)		12			
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan ye	ear		5d(2)		14			
<b>e</b> Numb	per of participants that	t terminated employment during the	e plan year with accrued be	nefits that were less	5e					
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau						
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.								
SIGN		l/valid electronic signature.	07/14/2016	DARILYN HENRY						
HERE	Signature of plan	administrator	Date	Enter name of individual signing as plan administrator						
SIGN										
HERE	Signature of emple		Date	Enter name of individu						
Preparer's	name (including firm)	name, if applicable) and address (i	nclude room or suite numbe	er)	Preparer's te	lephone r	number			

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>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</li></ul>	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)		
<b>c</b> 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 determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year
<b>a</b> Total plan assets	7a		1012	939			1034829
<b>b</b> Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c		1012	939	-		1034829
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total
Contributions received or receivable from:     (1) Employers	8a(1)						
(2) Participants	8a(2)		50	559			
(3) Others (including rollovers)	8a(3)						
<b>b</b> Other income (loss)	8b		3	834			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						54393
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		14	224			
Certain deemed and/or corrective distributions (see instructions)	8e			242			
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g			37			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						32503
i Net income (loss) (subtract line 8h from line 8c)	8i						21890
j Transfers to (from) the plan (see instructions)	8i						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	e instructions:
B If the plan provides welfare benefits, enter the applicable welfare for		as from the List of Dis	- Chan	4: -4	:- 0	laa :a 4ba	in atmosphism as
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es nom the List of Pla	ii Cilaia	acterist	.10 000	ies iii tiie	mstructions.
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest			401		X		
reported on line 10a.)			10b		^		
C Was the plan covered by a fidelity bond?			10c	X			100000
<b>d</b> 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 the plan? (See instructions.)	ner persons	by an insurance he benefits under	10e		X		
f Has the plan failed to provide any benefit when due under the pla							
			10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount a		,	10g		X		
· · · · · · · · · · · · · · · · · · ·	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				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				•	-		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction (	302 of EF	RISA? Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 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 Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
140 Name of trustee of custodian						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)?		Design- based safe ADP/ACP harbor test method					
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	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instruction for tax law changes and codes).								
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	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?								

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2015

OMB Nos, 1210-0110 1210-0089

This Form is Open to **Public Inspection** 

Part   Annual Repor	t Identification Information	too da	tractions to the Form S	300-31.				
For calendar plan year 2015 or f	t Identification Information fiscal plan year beginning 01/01/201		and anding 400					
Tor calendar plan year 2013 of 1			and ending 12/		<u> </u>			
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions)						
	a one-participant plan	a foreign plan			,			
B This return/report is								
an amended return/report a short plan year return/report (less than 12 months)								
C Check box if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC p	program			
Part II Basic Plan Info	<u> </u>	, ,			········ <u>-</u> -·····			
	ormation—enter all requested info	ormation						
1a Name of plan DENT, KORSMO & HENRY RETI		1b Three-digit plan numbe (PN)	г 002					
				1c Effective da 01/01/1992	te of plan			
Mailing address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	Box)		2b Employer Identification Number (EIN) 91-2149169				
DENT, KORSMO & HENRY, D.D. PARKLAND FAMILY DENTISTRY	ce, country, and ZIP or foreign postal S., P.S. ⁄	I code (if foreign, see insi	tructions)	2c Sponsor's te	elephone number 53) 686-1606			
				2d Business co	de (see instructions)			
12165 PACIFIC AVE. TACOMA, WA 98444				621210				
- <u>-</u>	t it kin ni n	-						
Ja Plan administrators name ar	nd address X Same as Plan Sponso	or.		3b Administrator's EIN				
				3c Administrato	r's telephone number			
4 If the name and/or EIN of the name, EIN, and the plan nur	e plan sponsor has changed since the mber from the last return/report.	ne last return/report filed f	or this plan, enter the	4b EIN				
a Sponsor's name				4c PN .				
5a Total number of participants	at the beginning of the plan year			5a	17			
<b>b</b> Total number of participants	at the end of the plan year			5b	18			
C Number of participants with a complete this item)	account balances as of the end of the	e plan year (defined ben	efit plans do not	5c	12			
	rticipants at the beginning of the plan			5d(1)	12			
<ul><li>d(2) Total number of active par</li><li>e Number of participants that:</li></ul>	rticipants at the end of the plan year. terminated employment during the p	lan year with accrued he	nefite that were less	5d(2)	14			
than 100% vested	or incomplete filing of this return/r	************************************		5e				
Under penalties of periury and oth	ner penalties set forth in the instruction	ons I declare that I have	evamined this return/ren	se is established.	oliando a Cabadala			
SB or Schedule MB completed an belief, it is true, correct, and comp	nd signed by an enrolled actuary, as	well as the electronic ver	sion of this return/report,	and to the best of	my knowledge and			
SIGN X	IFRE OFFICE OF THE OFFICE OF T							
Signature of plan administrator Date Enter name of individual signing as plan administrator								
HERE Signature of employ	ver/plan sponsor	Date	Enter name of individual	ol oigning as				
Preparer's name (including firm name, if applicable) and address (include room or suite number )  Preparer's telephone num								
,	.,, (	and Harrison	.,	r reparer a telephio	ne miniber			
			1					

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Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5							 K Yes □			
If the plan is a defined benefit plan, is it covered under the PBGC i								rminad		
art III Financial Information	———————	Julii (GCC ENION C		4021)		] 169	☐ Not deter	mined		
Plan Assets and Liabilities	VIII-	(a) Beginnir	a of V		T		/h) End of Voca			
Total plan assets	. 7a	(a) Deginini	10129		_		(b) End of Year 1034829			
Total plan liabilities					+		1034028			
Net plan assets (subtract line 7b from line 7a)			10129	939	$\dashv$		1034829	<del></del>		
Income, Expenses, and Transfers for this Plan Year	r Sv. ini	(a) Amo	unt		_ -					
Contributions received or receivable from: (1) Employers	. 8a(1)	(a) Airio	, unc				(b) Total			
(2) Participants	. 8a(2)		505	559				HWI		
(3) Others (including rollovers)	. 8a(3)	<u> </u>			1					
Other income (loss)	. 8b		38	34	3					
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		E PV		31	54393				
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		142	24						
Certain deemed and/or corrective distributions (see instructions)	. 8e		182	42						
Administrative service providers (salaries, fees, commissions)	. 8f				10	V PA				
Other expenses		37			87					
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					32503				
Net income (loss) (subtract line 8h from line 8c)	8i						21890	,		
Transfers to (from) the plan (see instructions)	8j				ħ,					
2A 2E 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe	eature codes t	from the List of Pla	n Char	acteris	tic Coc	des in th	ne instructions:			
During the plan year:				Yes	No	N/A	Amount			
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 Fiduo	iary Correction	10a		х					
Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inclu	ide transactions	10b		х					
Was the plan covered by a fidelity bond?			10c	Х			1:	0000		
Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity hond 1	hat was caused	10d		х					
Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons by	an insurance benefits under	10e		х					
Has the plan failed to provide any benefit when due under the plan			10f		Х					
				-						
If this is an individual account plan, was there a blackout period? (	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				X					
If 10h was answered "Yes," check the box if you either provided the	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3									
Did the plan trust incur unrelated business taxable income?			10i		$\dashv$					
VI Pension Funding Compliance			10j							
Is this a defined benefit plan subject to minimum funding requireme	ents? (If "Yes,"	see instructions a	nd com	nplete (	Schedu	ule SB (	(Form			
, IIIO 114 DOIOTI					••••••		Yes	No		
5500) and line 11a below)	Schedule SB (	Form 5500\ line 40	)		$-$ " $\top$	44-				

	F	orm 5500-SF 2015	Page 3 - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applical	ole.)						
	a If a wa	iver of the minimum funding standard for a prior year is being amortizeng the waiver.	l in this plan year, see ii	nstructions, and Month	enter the	e date of	the letter r	uling	
	If you cor	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and skip to line	13.			1001		
_	<b>b</b> Enter th	ne minimum required contribution for this plan year			12b				
		e amount contributed by the employer to the plan for this plan year			12c				
	d Subtra	ct the amount in line 12c from the amount in line 12b. Enter the result (e	left of a	1					
		e minimum funding amount reported on line 12d be met by the funding o			П	Yes	No [	N/A	
Par		Plan Terminations and Transfers of Assets	oddinio i iiiiiiiiiiiiiiiiiiiiiiiiiiiiii	<u></u>	<u></u>	100	140	1100	
13		esolution to terminate the plan been adopted in any plan year?			Г	☐ Ye	s X No		
		enter the amount of any plan assets that reverted to the employer this							
k	) Were a	all the plan assets distributed to participants or beneficiaries, transferred	to another plan, or brou	ight under the c		Г	Yes X No		
-	if during	g this plan year, any assets or liabilities were transferred from this plan assets or liabilities were transferred. (See instructions.)	to another plan(s), ident	ify the plan(s) to	)			<u> </u>	
		ame of plan(s):		13c(2)	EIN(s)		13c(3)	DN/e)	
				100(2)	LII1(3)	$\overline{}$	13c(3) PN(s)		
Pa	# VIII	Trust Information							
14a	Name of	trust			14b Trust's EIN				
140	C Name o	f trustee or custodian		<del> </del>	14d Trustee's or custodian's				
					telephone number				
	t DX	IRS Compliance Questions							
15a	ls the pl	an a 401(k) plan?			Yes		No		
15b	If "Yes," matching	how does the 401(k) plan satisfy the nondiscrimination requirements fog contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employee deferrals an	d employer	bas bar	sign- sed safe bor thod	fe ADP/ACP test		
15c	If the AD	P/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the	e plan year using the "c	urrent year	Yes		∏No		
	testing m 2(a)(2)(ii	nethod" for nonhighly compensated employees (Treas. Reg sections 1.4 ))?	01(k)-2(a)(2)(ii) and 1.4	01(m)-			□.40		
16a		e box to indicate the method used by the plan to satisfy the coverage re	equirements under section	on 410(b):	•	centage		rage efit test	
16b	Does the	plan satisfy the coverage and nondiscrimination tests of sections 410(l with any other plans under the permissive aggregation rules?	o) and 401(a)(4) by com	bining	test		No		
17a		olan been timely amended for all required tax law changes?			☐ Yes		∏No	∏ N/A	
	Date the	last plan amendment/restatement for the required tax law changes was w changes and codes).		Enter the a	<u> </u>	code		structions	
17c	If the plan	n sponsor is an adopter of a pre-approved master and prototype (M&P) letter, enter the date of that favorable letter	or volume submitter pla and the letter's serial r	n that is subject	to a favo	orable IR	S opinion	or	
17d	If the plai	n is an individually-designed plan and received a favorable determination letter	n letter from the IRS, er	ter the date of t	he plan's	s last favo	orable		
18	Is the Pla	an maintained in a U.S. territory (i.e., Puerto Rico (if no election under E merican Samoa, Guam, the Commonwealth of the Northern Mariana Is	RISA section 1022(i)(2) ands or the U.S. Virgin	has been Islands)?	Yes		No		
19		service distributions made during the plan year?			Yes No				
		enter amount			19		<u></u>	<del>_</del>	
20	Were requ	uired minimum distributions made to 5% owners who have attained age us required under section 401(a)(9)?	70 1/2 (regardless of wh	ether or not	Yes	<u> </u>	No		
			<del></del>		_		_		