Form	5500-SF	Short Form Annu	•	•	oyee	OI	MB Nos. 1210-0110 1210-0089		
	nt of the Treasury Revenue Service	This form is required to be file	Benefit Plai		- etirement	2	015		
Employee Benefi	ment of Labor ts Security Administration		ncome Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).						
	t Guaranty Corporation	Complete all entries in		nstructions to the Form 5	500-SF.		Inspection		
		dentification Information al plan year beginning 01/01/		and ending 1	2/31/2015				
A This return	/report is for:	X a single-employer plan a one-participant plan		er plan (not multiemployer) employer information in ac	•	0			
B This return/	report is	the first return/report an amended return/report	the final return/repo a short plan year re	ort eturn/report (less than 12 m	ionths)				
C Check box	if filing under:	X Form 5558 special extension (enter desc	automatic extensio	n	DI	FVC prograr	n		
Part II E	Basic Plan Infor	mation—enter all requested in							
1a Name of p	blan	101(K) PROFIT SHARING PLAN			(PN)	umber	001 lan		
						10/01/1	971		
Mailing ac	ldress (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.0 , country, and ZIP or foreign pos		nstructions)	(EIN)	91-086			
WILLIAM J. HAF	RRIS, D.D.S., P.S.				20 Spons	or's telepho 253-564			
113 BRIDGEP	ORT WAY WEST, SI	UITE A			2d Busine	ess code (se	e instructions)		
JNIVERSITY PL	_ACE, WA 98466					621210)		
3a Plan admi	nistrator's name and	address XSame as Plan Spon	sor.		3b Admin	istrator's EI	1		
					3c Admin	istrator's tele	ephone number		
4 If the nam	ne and/or EIN of the p	plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN				
	N, and the plan numb	ber from the last return/report.			4c PN				
		t the beginning of the plan year.			5a		1		
b Total num	nber of participants a	t the end of the plan year			5b		1		
		ccount balances as of the end of			5c		1		
		cipants at the beginning of the p			5d(1)		1		
d(2) Total n	umber of active parti	icipants at the end of the plan ye	ar		5d(2)		1		
		erminated employment during the			5e		0		
Under penaltie SB or Schedul	es of perjury and othe	r incomplete filing of this return er penalties set forth in the instruct signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/re	port, including	g, if applicab			
		alid electronic signature.	08/01/2016	WILLIAM J. HARRIS					
HERE	ignature of plan ad		Date	Enter name of individ	lual signing as	s plan admir	istrator		
SIGN HERE									
S	ignature of employe ne (including firm nar	er/plan sponsor me, if applicable) and address (i	Date nclude room or suite nur	Enter name of individ	ual signing as Preparer's t				
For Paperwork	Reduction Act Notice	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.		Fo	rm 5500-SF (20 ⁻		

			i ugo 🗖								
b	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. X Yes No										
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No No	t determined		
Pa	t III Financial Information	.	r								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Y	ear		
a	Total plan assets	7a		651	668		579328				
b	Total plan liabilities	7b			386				0		
C	Net plan assets (subtract line 7b from line 7a)	7c		651	282				579328		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) Total			
	Contributions received or receivable from: (1) Employers	8a(1)			0						
	(2) Participants	8a(2)			0						
	(3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b		-71	954						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-71954		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0						
	Certain deemed and/or corrective distributions (see instructions)				0						
	Administrative service providers (salaries, fees, commissions)	8f			0						
	Other expenses	8g			0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
	Net income (loss) (subtract line 8h from line 8c)	8i							-71954		
i	Transfers to (from) the plan (see instructions)										
Dar	t IV Plan Characteristics	0]									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in	the instruction	s:		
	2A 2E 2F 2G 2J 2R 3D										
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Plai	n Chara	acterist	ic Cod	les in th	e instructions:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Am	nount		
а	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			10-		х					
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		~					
	reported on line 10a.)	·····		10b		Х					
C	Was the plan covered by a fidelity bond?			10c	Х				200000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x					
e	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).			10e		Х					
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		x					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j							

		•	10j						
Part VI		Pension Funding Compliance							
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)					(Form	Yes	No	
11a	Ente	er the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40)			11a			
12	ls ti	his a defined contribution plan subject to the minimum funding requirements of section 412 of th	e Cod	e or se	ection :	302 of E	RISA?	Yes	X No

Form 5500-SF 2015

Page **3** - 1

					1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.				
b	Enter	the minimum required contribution for this plan year		12b					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A			
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year									
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou		13a					
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b	Trusťs E	IN			
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Yes []		No	No		
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan						OMB Nos. 1210-01 1210-00				
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee										
Employee E	Department of Labor Benefits Security Administration Benefit Guaranty Corporation	Income Security Act of 1974		57(b) and 6058(a) of the			Form is Open to lic Inspection			
	500-SF.									
Part I	Annual Report Ic dar plan year 2015 or fisc	entification Information	01/01/2015	and and a	1.0	121 /201	Ē			
FOI Calend		a single-employer plan		and ending lan (not multiemployer)		/31/201				
A This re	eturn/report is for:	a one-participant plan		nployer information in ac	•	•				
B This ret	urn/report is	the first return/report the final return/report 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 descr	automatic extension			DFVC prog	ram			
Deut II	Regio Dian Inform		· · ·							
Part II 1a Name		mation—enter all requested int	formation		dh Th	11				
		D.S., P.S. 401(K) P	ROFIT SHARING PI	LAN	(PN)	number	001			
							f plan 1			
Mailin	g address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.C country, and ZIP or foreign post		ructions)		loyer Identi) 91-086	fication Number 57740			
	AM J. HARRIS, D			lactionay	2c Sponsor's telephone number 253-564-6341					
4113 H	BRIDGEPORT WAY	WEST, SUITE A			2d Business code (see instructions) 621210					
UNIVE	RSITY PLACE	WA 98466								
		address XSame as Plan Spons				inistrator's	telephone number			
		lan sponsor has changed since per from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN					
	sor's name	er nom me last return/report.			4c PN					
5a Total	number of participants at	the beginning of the plan year			5a		1			
		the end of the plan year			5b		1			
c Numb	per of participants with ac	count balances as of the end of	the plan year (defined ben	efit plans do not	5c		1			
		cipants at the beginning of the pl			5d(1)		1			
		cipants at the end of the plan yea			5d(2)		1			
e Numl	ber of participants that te	rminated employment during the	plan year with accrued be	nefits that were less	5e		0			
Caution: A Under pen SB or Sche	A penalty for the late or alties of perjury and othe	incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, a	h/report will be assessed tions, I declare that I have	unless reasonable cau examined this return/re	port, includi	ng, if applic	able, a Schedule			
SIGN			8/1/2011	WILLIAM J. HA	RRIS					
HERE	HERE HILL									
SIGN		ninistrator	D'ate"	Enter name of individ	ual signing	as plan adr	ninistrator			
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing	as emplove	r or plan sponsor			
Preparer's		ne, if applicable) and address (ir	iclude room or suite numbe	ər)		s telephone				
L For Banany	ork Paduction Act Nation :	and OMB Control Numbers, see the	instructions for Form 5500	ee			Form 5500-SE (2015)			

6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)					X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann							
с	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes N	Not determined
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	n of Ye	ar		(b) End of Year
а	Total plan assets	7a	(0) 209.000	<u> </u>	1,66	8	(15	579,328
	Total plan liabilities	7b			38	_		0
****	Net plan assets (subtract line 7b from line 7a)	7c		65	1,28	2		579,328
8	Income, Expenses, and Transfers for this Plan Year	1 - 1	(a) Amou					(b) Total
а	Contributions received or receivable from:	0(1)	511.610			0	1. 1. 1. 1	
_	(1) Employers	8a(1)				-		
	(2) Participants	8a(2)		_		0		
	(3) Others (including rollovers)	8a(3)			1 05	0		
	Other income (loss)	8b		- /	1,95	4	1.1	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-		-71,954
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				0		
е	Certain deemed and/or corrective distributions (see instructions)	8e				0	12.14	
	Administrative service providers (salaries, fees, commissions)	8f		_		0	_	
	Other expenses						- series	
		8g			-			<u>^</u>
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						71.054
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			_	1		-71,954
	t IV Plan Characteristics	8j						
В	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D If the plan provides welfare benefits, enter the applicable welfare fe							
Par	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest					Х		
C	reported on line 10a.) Was the plan covered by a fidelity bond?			10b	v			0.00.000
				10c	X			200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х		
e	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		Х		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х		a Maria and
1	If 10h was answered "Yes," check the box if you either provided th 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	Schedule	SB (Form 5500) line 4	0			11a	

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Yes X No

Form	5500-SF	2015
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Page 3 -

	Form 5500-SF 2015 Page 3 -				
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver,	enter the Day	e date of	the letter ru Year	ıling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
C E	Enter the amount contributed by the employer to the plan for this plan year	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part \	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X No	i.
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co of the PBGC?] Yes X	No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)				
1:	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)
Part '	VIII Trust Information				
14a Ւ	lame of trust	14b Trust's EIN			
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number			
Part	IX IRS Compliance Questions				
15a	Is the plan a 401(k) plan?	Ye	s		
15b	f "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba ha	esign- ased safe arbor ethod	e ADP/ACP test	
1	f the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2(a)(2)(ii))?		/es No		
16a (Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Цре	atio ercentage st	ge Average benefit test	
16b i	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining his plan with any other plans under the permissive aggregation rules?	1 Ye	S	No	
17a	Has the plan been timely amended for all required tax law changes?	🗌 Ye	s	No	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted	applical	ble code	(See	instructions
i	f the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number		15		or
(f the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the pla	n's last fa	ivorable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Ye	Yes No		
19 \	Nere in-service distributions made during the plan year?	Ye	S	No	
	f "Yes," enter amount	19			
	Nere 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)?	🗌 Ye	S	No	N/A