## 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Parti	Annual Report	identification information								
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	2015	and ending 12	2/31/201	5				
A This ret	turn/report is for:	a single-employer plan		lan (not multiemployer)		-				
	·	a one-participant plan	a foreign plan		,					
<b>B</b> This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)					
C Check b	box if filing under:	X Form 5558	automatic extension			DFVC prog	ram			
Dowt II	Dania Dian Info	special extension (enter description								
Part II		rmation—enter all requested in	formation		41 =					
1a Name						hree-digit lan number				
ZHANG DM	D PLLC 401K PLAN					PN) •	002			
						ffective date of				
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	). Box)				fication Number 764774			
City or ZHANG DMD		e, country, and ZIP or foreign post	al code (if foreign, see instr	ructions)	<b>2c</b> S	ponsor's telep	hone number 72-6398			
				-	<b>2d</b> Bu	usiness code (	see instructions)			
	NDRIDGE BLVD # B K, WA 99336-7146		GRANDRIDGE BLVD # B VICK, WA 99336-7146			6212	210			
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	sor.		<b>3b</b> Ad	dministrator's I	EIN			
					<b>3c</b> Ac	dministrator's t	elephone number			
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b E	IN				
<b>a</b> Sponso	or's name				<b>4c</b> P	N				
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a		0			
<b>b</b> Total r	number of participants	at the end of the plan year			5b		2			
		account balances as of the end of		-	5c		2			
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)		0			
<b>d(2)</b> Tota	al number of active pa	rticipants at the end of the plan year	ar		5d(2)	)	2			
than '	100% vested	terminated employment during the			5e		0			
		or incomplete filing of this return					<del></del>			
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.								
SIGN	Filed with authorized/	valid electronic signature.	08/19/2016	NATIONAL PENSION						
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signir	ng as plan adn	ninistrator			
SIGN										
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signir	ng as employe	r or plan sponsor			
Preparer's	name (including firm n	name, if applicable) and address (ir	nclude room or suite numbe	er)	Prepare	er's telephone	number			

Form 5500-SF 2015		Page <b>2</b>							
<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</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot</li> </ul>	an indepen and condition of use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA)  <b>Form</b>	5500.		□ □	′es No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	termined
Part III Financial Information	1				-				
7 Plan Assets and Liabilities		(a) Beginning	of Ye				(b) End	of Year	
a Total plan assets	. 7a			0				2	20987
<b>b</b> Total plan liabilities	. 7b			0					0
C Net plan assets (subtract line 7b from line 7a)	. 7с			0					20987
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) 1	Γotal	
(1) Employers	. 8a(1)		2	987					
(2) Participants	. 8a(2)		18	000					
(3) Others (including rollovers)	. 8a(3)			0					
<b>b</b> Other income (loss)	. 8b			0					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							2	20987
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0					
Certain deemed and/or corrective distributions (see instructions)	. 8e			0					
f Administrative service providers (salaries, fees, commissions)	. 8f			0					
g Other expenses	. 8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								0
i Net income (loss) (subtract line 8h from line 8c)	. 8i							2	20987
j Transfers to (from) the plan (see instructions)	. 8j			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in tl	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare f	foaturo code	os from the List of Pla	n Char	octorict	ic Coo	loc in the	o inetrue	tions:	
in the plan provides welfare benefits, effer the applicable welfare i	leature cour	es nom the List of Fia	ii Cilaia	aciensi	ic Coc	162 111 1116	z IIISII UC	110115.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interest					>				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c		X				
<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 son the plan? (See instructions.)	ne or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount a					X				
h If this is an individual account plan, was there a blackout period?		,	10g		^				
2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i		X				
j Did the plan trust incur unrelated business taxable income?			10j		Χ				
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Пү	′es X No
11a Enter the unpaid minimum required contribution for all years from						11a		. —	<u> </u>
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Y	′es 🛚 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)		<b>13c(3)</b> F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
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		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount	······	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

sion 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I Annual Report or calendar plan year 2015 or	t Identification Information	01/01/2015	and ending	12/31/2015					
Calendar plan year 2010 or			an (not multiemployer)	(Filers checking this	pox must attach				
This return/report is for: This return/report is:	x a single-employer plan a one-participant plan the first return/report	a list of participating e a foreign plan the final return/report	mployer information in	accordance with the f	orm instructions)				
	an amended return/report	a short plan year retu	n/report (less than 12	monus					
Check box if filing under:	X Form 5558 special extension (enter des	automatic extension		DFVC prog	ram				
	formation enter all requested	d information		1b Three-digit					
Name of plan	17 571			plan number	002				
ZHANG DMD PLLC 401K PLAN				(PN) ►  1c Effective date					
				01/01/201	\$12.11 C\$2.000 000				
Di serie de serie (este	ployer, if for a single-employer plan	\			ntification Number				
Mailing Address (include t	room ant suite no and street or P	.O. Box)		(EIN) 45-3					
City or town, state or prov	ince, country, and ZIP or foreign po	stal code (if foreign, see ins	tructions)	2c Sponsor's tel	2c Sponsor's telephone number				
ZHANG DMD PLLC				(509) 372-6398					
				2d Business coo	le (see instructions)				
8045 W GRANDRIDGE	BLVD #B			621210	621210				
US KENNEWICK WA 99336  Plan administrator's name	e and address X Same as Plan S	Sponsor Name	Diameter Contract	3b Administrator	r's EIN				
Tran administrator o mans									
If the name and/or EIN of	the plan sponsor has changed sind number from the last return/report.	ce the last return/report filed	for this plan, enter the	4b EIN					
a Sponsor's name	number from the test retermine			4c PN					
	nts at the beginning of the plan year	r		5a	0				
Total number of participa	nts at the end of the plan year			5b	2				
Number of participants w complete this item)	ith account balances as of the end	of the plan year (defined be	nefit plans do not	5c	2				
(1) Total number of active	participants at the beginning of the	plan year		5d(1)	0				
	participants at the end of the plan			- ****	2				
1(Z) Total number of active	nat terminated employment during t	he plan year with accrued be	enefits that were	5e					
less than 100% vested	······································			56	0				
Caution: A penalty for the I	ate or incomplete filing of this re	turn/report will be assesse	d unless reasonable	cause is established	<u>.                                    </u>				
Under penalties of perjury and SB or Schedule MB complete	d other penalties set forth in the inseed and signed by an enrolled actua		in avaminad this retill	Webon. Including, if a	Dilicable, a college.				
pelief, it is true, correct, and	complete.	12/-//	QIAN ZHANG						
SIGN CC	$\sim$	75/16		dual signing as plan a	dministrator				
HERE Signature of plan	administrator	Date	OIAN ZHANG	,					
SIGN CE		2/5/16		dual signing as omale	ual signing as employer or plan sponsor				
HERE Signature of empl	oyer/plan sponsor	Date		Preparer's teleph	one number				
Preparer's name (including f	irm name, if applicable) and addres	s; include room or suite nun	nber	Preparer's telephi	Orio Humosi				
				ONE SUPPLEMENTAL STREET					
				and the same of	<b>医阿尔斯氏 计对话语则可是</b>				

	Form 5500-SF 2015		Page <b>2</b>			-				
b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of an	n independ	dent qualified public accor	untan	t (IQP	PA)	••••••		x Yes	_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC instructions.	t use For	ons.) <mark>m 5500-SF and must ins</mark>	tead	use F	orm	5500.			_
Pa	rt III Financial Information		<b>-</b>							
<u>7</u>	Plan Assets and Liabilities		(a) Beginning of	f Yea		_		(b) End o		
<u>a</u>	Total plan assets	7a			0				20,98	37
<u>b</u>	Total plan liabilities	7b			0	-				0
C	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amazumt		0	-		(b) T	20,98	37
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(b) To	otai	
	(1) Employers	8a(1)		2,9	87					
	(2) Participants	8a(2)	1	.8,0	00					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b			0					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			20,98	37
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					
	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i	Net income (loss) (subtract line 8h from line 8c)	8i							20,98	37
j	Transfers to (from) the plan (see instructions)	8j			0					
Pa	rt IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension for 2E 2J  If the plan provides welfare benefits, enter the applicable welfare fea									
	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
<u></u> а		tions within	n the time period		100	110	NA		anount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		· ·							
	Program)			10a		х				
b	reported on line 10a.)	•••••	•••••••••••	10b		х				
<u>C</u>				10c		x				
	by fraud or dishonesty?	••••••		10d		х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plar	n?	•••••	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	end.)	10g		х				
<del>9</del>		-		109		<del>  ^</del>				
	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the	•••••		10h		х				
	exceptions to providing the notice applied under 29 CFR 2520.101	-3	••••••••••	10i						
	Did the plan trust incur unrelated business taxable income?	••••••	•••••••••••••••••••••••••••••••	10j		х				
Pa	rt VI Pension Funding Compliance								I	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							•	☐ Yes 2	K No
11:	a Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 4	01			11a			
12	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 Pa	age <b>3-</b>	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		
a If a waiver of the minimum funding standard for a prior year is being amortized in this pl granting the waiver.	olan year, see instructions, and enter the date of the letter rulin Month Day Year	ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and		
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	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a mir negative amount)	~   124	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		N/A
Part VII Plan Terminations and Transfers of Assets		
13a Has a resolution to terminate the plan been adopted in any plan year?	Yes X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to anothe of the PBGC?	Yes X	No
C If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)	er plan(s), identify the plan(s) to	
13c(1) Name of plan(s):	<b>13c(2)</b> EIN(s) <b>13c(3)</b> PN	(s)
Part VIII Trust Information		
14a Name of trust	14b Trust's EIN	
1-4 Name of tust	140 Husts Eliv	
14c Name of trustee or custodian	14d Trustee or custodian's	
146 Maine of trustee of custodian	telephone number	
Part IX IRS Compliance Questions		
·	□ Vee □ Ne	
15a Is the plan a 401(k) plan:	Yes No Design-	
<b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employed matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	/ee deferrals and employer  based safe  ADP/ACI	P
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)	a)(2)(ii) and 1.401(m)-	
2(a)(2)(ii))?	ents under section 410(b): Ratio	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 40	Denefit T	est
this plan with any other plans under the permissive aggregation rules?	Tes INO	
17a Has the Plan been timely amended for all required law changes?		_ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopting instructions for tax law changes and codes).	<u></u>	
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume s advisory letter, enter the date of that favorable letter / / and the let	submitter plan that is subject to a favorable IRS opinion or etter's serial number.	
17d If the plan is an individually-designed plan and recieved a favorable determination letter f	from IRS, please enter the date of plan's last favorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA sec made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the Commonwealth of the Commonwealth		-
19 Were in-service distributions made during the plan year?	Yes No	
If Yes, enter amount		
Were minimum required distributions made to 5% owners who have attained age 70 ½ (renot retired) as required under section 401(a)(9)?		] N/A