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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part		rt Identification Information								
For cal	endar plan year 2015 or	fiscal plan year beginning 01/01/2	2015	and ending 12	/31/2015					
A This	s return/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) employer information in acc	-					
B This	return/report is	the first return/report an amended return/report	the final return/report	: urn/report (less than 12 mo	onths)					
C Che	eck box if filing under:	X Form 5558 special extension (enter desc	automatic extension		DFVC	program				
Part	II Basic Plan Inf	formation—enter all requested in	formation							
1a Na	me of plan D E. FROST DDS PS 40	·			1b Three-digit plan number (PN) ▶					
			1c Effective date of plan 01/01/1998							
2a Plan sponsor's name (employer, if for a single-employer plan) 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)						dentification Number 91-1191001				
	E. FROST DDS PS	ice, country, and ZIP of foreign posi	ai code (ii foreign, see ins	structions)		telephone number 25-883-4099				
5636 MUTINY BAY ROAD FREELAND, WA 98249					2d Business code (see instructions) 621210					
3a Plan administrator's name and address XSame as Plan Sponsor.						3b Administrator's EIN				
		he plan sponsor has changed since	the last return/report filed	for this plan, enter the	3c Administrat	or's telephone number				
	ame, EIN, and the plan n onsor's name	umber from the last return/report.			4c PN					
		to at the beginning of the plan year			5a	2				
		ts at the beginning of the plan year		Ī	5b	0				
C No		ts at the end of the plan yearh h account balances as of the end of		The state of the s	5c	0				
d(1)	Total number of active p	participants at the beginning of the p	lan year		5d(1)	2				
d(2)	Total number of active p	participants at the end of the plan ye	ar		5d(2)					
e N	umber of participants that nan 100% vested	at terminated employment during the	e plan year with accrued b	enefits that were less	5e					
Under SB or S	penalties of perjury and	e or incomplete filing of this return other penalties set forth in the instru and signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/rep	ort, including, if a	pplicable, a Schedule				
SIGN		ed/valid electronic signature.	09/06/2016	RONALD E. FROST						
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	n administrator				
SIGN HERE					<u> </u>					
		loyer/plan sponsor	Date	Enter name of individu						
Prepar	er's name (including firm	ı name, if applicable) and address (i	iciade foom of suite numb	Jei j	Preparer's telepl	ione number				

Form 5500-SF 2015		Page 2					
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)		
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 determined
Part III Financial Information					•		
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year
a Total plan assets	7a		413	011			0
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c		413	011			
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)						
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		7	953			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7953
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		418	s550			
Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f		2	2414			
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						420964
i Net income (loss) (subtract line 8h from line 8c)	8i						-413011
j Transfers to (from) the plan (see instructions)	8j						
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 th	e instructions:
B If the plan provides welfare benefits, enter the applicable welfare for	oaturo code	os from the List of Pla	n Char	octorict	ic Coc	loc in the	instructions:
in the plant provides wellare benefits, effect the applicable wellare in	eature cou	es nom the List of Fia	ii Cilaia	acterist	ic Coc	162 111 1116	instructions.
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X		
b Were there any nonexempt transactions with any party-in-interest					V		
reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	X			150000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persons	by an insurance he benefits under			X		
the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the pla			10e				
			10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g		X		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X		
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance				•	-	<u> </u>	
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
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 3 - 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_		Τσαι			
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	sПNo			
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b					control X Yes N				
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		Trust Information							
14a	Name o	f trust		14b 1	rust's Ell	N			
14c Name of trustee or custodian				14d Trustee's or custodian's					
					telepnon	e number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No			
	10 110			_ D	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)?		based safe ADP/ACP harbor test method					
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye	No				
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?							
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage 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		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 play letter, enter the date of that favorable letter/ and the letter's serial r		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, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		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. Virgin		Yes	S	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		

2015 Form 5500-SF e-file Signature Authorization

Ronald E. Frost DDS PS Ronald E. Frost DDS PS 401(k) Plan 001 5636 Mutiny Bay Road Freeland, WA 98249

Employer Identification Number: 91-1191001

Client Identification Number: 26280

You, as plan administrator, are authorizing that Martin Boyle PLLC electronically file the 2015 Form 5500-SF for Ronald E. Frost DDS PS 401(k) Plan as an EFAST2 Service Provider.

Authorization

As plan administrator for Ronald E. Frost DDS PS 401(k) Plan, I authorize Martin Boyle PLLC to electronically file Form 5500-SF for the tax year 2015. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization * Small & Mulipos

Date: 4 9/7/3016

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2015

Part I Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning A This return/report is for: A cone-participant plan a one-participant plan a foreign plan
For calendar plan year 2015 or fiscal plan year beginning A This return/report is for: Z a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attallist of participating employer information in accordance with the form instructions a foreign plan B This return/report is: T the first return/report an amended return/report an amended return/report a short plan year return/report (less than 12 months) DFVC program
A This return/report is for: X a single-employer plan
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a one-participant plan B This return/report is: the first return/report an amended return/report an amended return/report an amended return/report an automatic extension a foreign plan X the final return/report (less than 12 months) a short plan year return/report (less than 12 months)
B This return/report is: the first return/report an amended return/report as short plan year return/report (less than 12 months) C Check box if filing under: X the final return/report a short plan year return/report (less than 12 months) automatic extension
an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under:
C Check box if filing under: X Form 5558 automatic extension DFVC program
Park III Park Plant Constitution
Part II Basic Plan Information—enter all requested information
1a Name of plan
Ronald E. Frost DDS PS 401(k) Plan
1c Effective date of
01/01/1998
Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification
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)
Ronald E. Frost DDS PS (EIN) 91-1191
2C Sponsor's telephone nu
5636 Mutiny Bay Road 425-883-409
2d Business code (see inst
Freeland WA 98249
621210
3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's E
The definition of the decision
3c Administrator's
telephone number
4 If the name and/or FIN of the plan sponsor has changed since the last return/report filed for this plan enter the name FIN 4h FIN
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report a Sconsor's name
and the plan number from the last return/report. a Sponsor's name 4c PN
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Ronald E. Frost DDS PS Form 5500-SF 2015 91-1191001

		President Augustrus Sala	
Dago	2		
Page	6-		ı

-			-							
	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 a									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X	Yes No		
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must	t ins	tead ι	ise F	orm 5	500.	_			
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?			<u> L</u>	Yes	Ш	Vo 📗	Not determined		
Pa	rt III Financial Information						-			
7	Plan Assets and Liabilities		(a) Be	eginn	ing o	Year	(b)	End of Year		
a	Total plan assets	7a			41	3011		0		
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c			41	3011				
8	Income, Expenses, and Transfers for this Plan Year			(a) Ai	noun	t		(b) Total		
a	Contributions received or receivable from:									
	(1) Employers	a(1)								
************	(2) Participants 8a	a(2)	-							
-	(3) Others (including rollovers)	a(3)								
b	Other income (loss)	8b			7	, 953				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7,953		
d	Benefits paid (including direct rollovers and insurance premiums									
*	to provide benefits)	8d			418	,550				
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			2	,414				
g	Other expenses 8	Bg								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						420,964		
i_		8i						-413,011		
i_	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
Do	4 V Compliance Overtions	-						***************************************		
Comments of the last	rt V Compliance Questions		—т	V		Laura I				
10	During the plan year:	-	-	Yes	No	N/A		Amount		
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions									
-	reported on line 10a.)		10b		х					
	Was the plan covered by a fidelity bond?		10c	х			-	150000		
<u>C</u>			100	_				130000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		10d		х					
е	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		١ ا							
*	the plan? (See instructions.)		10e		<u>X</u>					
f	Has the plan failed to provide any benefit when due under the plan?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		х					
h			П							
	2520.101-3.)		10h		х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the		П							
	exceptions to providing the notice applied under 29 CFR 2520.101-3		10i							
i	Did the plan trust incur unrelated business taxable income?		10i							
Pa	t VI Pension Funding Compliance		1911				**********			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions	and	comp	lete S	ched	ıle SB	T	-		
	(Form 5500) and line 11a below)		220		200		1	7 Yes ☐ No		
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	10				11a	باسلست			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	- Company	2 of El	RISA?				Yes X No		
Charles of the last		-		-	-	The Party of the P	THE OWNER OF TAXABLE PARTY.	the state of the s		

	Form 5500-SF 2015 Page	3-	7				
-	(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 plan year, see instr	uctions ar	nd en	er the	date	of the le	tter ruling
-		lonth	Da			ear	tter raining
lf v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	department of the same	Du			,ui	
b	Enter the minimum required contribution for this plan year		T	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 minus sign to the le	The second secon		120	-		
-	negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		-	7	Yes	No	N/A
CONTRACTOR AND DESCRIPTION OF THE PERSON OF	VII Plan Terminations and Transfers of Assets		<u></u>			1	
13a	Has a resolution to terminate the plan been adopted in any plan year?		T	X	Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		THE OWNER OF THE OWNER.	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough			_	Department of the last of the		
	of the PBGC?	carraor are	, 00111		[X Yes	☐ No
С	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.)	p(-)					
	13c(1) Name of plan(s):	13c(2) EI	N(s)	T	13c(3)	PN(s)
		· · · · · ·			\top		
Part	VIII Trust Information					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
14a	Name of trust		14b	Trus	t's EIN	1	
14c	Name of trustee or custodian		14d	Trus	tee's (or custoo	dian's
	,					number	aidiro
Part	IX IRS Compliance Questions	*************					
-			Г	1 ٧		Пм	
100	s the plan a 401(k) plan?		<u> </u>	Yes		∐ No)
15b	f "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and en	nployer		Desi L base	ign- ed safe or	е П А	P/ACP
1	natching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		_	harb metr	or	tes	
15c	f the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curre	nt vear		1		П.,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	esting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-	L	Yes		∐ No	•
	2(a)(2)(ii))?						
			_	Ratio	0		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	110(b):			entage		erage nefit test
				test	_		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combini	ng		Yes		П	,
	his plan with any other plans under the permissive aggregation rules?			1			
17a	las the plan been timely amended for all required tax law changes?			Yes		No	□N/A
				<u></u>			
170	Date the last plan amendment/restatement for the required tax law changes was adopted	Enter	the a	pplica	able co	ode	
17c	f the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan the	at is subje	ect to	a favo	orable	IRS opi	nion or
	dvisory letter, enter the date of that favorable letter and the letter's serial number						
17d	f the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter	the data o	£ 4h a	nlanla	last i		
	letermination letter	the date o	n une	pians	last	avorable	
	•				-		
18	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) ha nade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla	been		Yes		No	6
			=				
19	Vere in-service distributions made during the plan year?			Yes		☐ No	(
1	f "Yes," enter amount		19				
				-		-	
	Were required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of wheth	er or not		Yes		☐ No	☐ N/A