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

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Parti	Allilual Repol	t identification information	1						
For calenda	ar plan year 2015 or	fiscal plan year beginning 01/01/	<u>/2015</u>	and ending 1	2/31/2015				
X a single-employer plan ☐ a multiple-employer plan (not r A This return/report is for: ☐ list of participating employer in									
71 11110100	arri/report to for.	a one-participant plan	_ ' ' ' '						
B This retu	urn/report is	the first return/report	the final return/report	i					
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC	program			
		special extension (enter desc	cription)						
Part II	Basic Plan Inf	formation—enter all requested in	nformation						
1a Name	•	PROFIT SHARING PLAN			1b Three-digir				
0.2.2					(PN) •	001			
					1c Effective d	ate of plan 01/01/1994			
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer I (EIN)	dentification Number 20-0413889			
	town, state or proving KITTS, DDS, PLLC	nce, country, and ZIP or foreign pos	stal code (if foreign, see ins	structions)	2c Sponsor's	telephone number			
1417 LAKES	IDE COURT					code (see instructions)			
YAKIMA, WA						621210			
3a Plan a	dministrator's name	and address XSame as Plan Spor	nsor.		3b Administra	tor's EIN			
					3C Administra	tor's telephone number			
		he plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
5a Total r	number of participan	ts at the beginning of the plan year				14			
b Total r	number of participan	ts at the end of the plan year			5b	12			
		h account balances as of the end o		•	5c	11			
d(1) Tota	al number of active p	participants at the beginning of the p	olan year		5d(1)	10			
d(2) Total	al number of active p	participants at the end of the plan ye	ear		5d(2)	10			
e Numb	per of participants the	at terminated employment during th	e plan year with accrued b	enefits that were less	5e	0			
Caution: A	penalty for the late	e or incomplete filing of this retu	rn/report will be assesse	d unless reasonable ca					
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, mplete.							
SIGN		ed/valid electronic signature.	09/20/2016	STEVEN T. KITTS					
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator			
SIGN									
HERE		loyer/plan sponsor	Date			ployer or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address (include room or suite numl	per)	Preparer's telep	hone number			

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 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 of the your answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			□ □	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					(b) End	of Year	
a Total plan assets	7a		237	070				23	34602
b Total plan liabilities	7b		227	070	-			22	34602
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) A max		070	-		/b\ 7		04002
a Contributions received or receivable from:		(a) Amou	ını				(D)	Total	
(1) Employers	8a(1)								
(2) Participants	8a(2)		16	703					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-2	:382					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	4321
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8	152					
e Certain deemed and/or corrective distributions (see instructions)	8e		8	637					
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	6789
i Net income (loss) (subtract line 8h from line 8c)	8i								-2468
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruct	ions:	
Part V Compliance Questions				1	ī	1			
10 During the plan year:		dia dia analah		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 V Program)	oluntary Fi	duciary Correction	10a		X				
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					50000
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 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		Х				
				X					0040
h If this is an individual account plan, was there a blackout period?	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				X				2640
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 required	notice or one of the	10h 10i						
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance			ivj	<u> </u>	<u> </u>	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Пү	′es ∏ No
11a Enter the unpaid minimum required contribution for all years from						11a		<u> </u>	<u> </u>
12 Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?	Y	'es X No

	F	orm 5500-SF 2015 Page 3 - 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):	Ratio Avera						
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 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**

Part	Annual Repor	t Identification Information		national to the Fornt	3300-31.						
		fiscal plan year beginning 01/01/20	115	and ending 12	2/21/2015						
		X a single-employer plan				- this have recent attach a					
A This	return/report is for:	- a single onlying plan	list of participating	n employer information in a	er) (Filers checking this box must attach an accordance with the form instructions)						
	•	a one-participant plan	a foreign plan	omproyor mornacion	accordance was a	ne ionii inaududiona)					
		_	☐								
B This r	return/report is	the first return/report	the final return/repo	ort							
	an amended return/report a short plan year return/report (less than 12 months)										
• -		-	Ta short bian Acad Letrininehort (less tuati 15 moutus)								
C Chec	ck box if filing under:	X Form 5558	automatic extensio	วท	□ DFV	C program					
		special extension (enter descr	_		Ц.	p preg					
Part II	Basic Plan Info	ormation—enter all requested int									
	ne of plan	// mation - enter an requested in	ormation			-					
	•	PROFIT SHARING PLAN			1b Three-dig						
01212	1. Ki i i o, DDO, i ELO i		plan num (PN) ▶	001							
					1c Effective date of plan						
			01/01/199								
2a Plan	sponsor's name (emplo	oyer, if for a single-employer plan)	 		-	Identification Number					
Maili	ing address (include rooi	m, apt., suite no. and street, or P.O.	J. Box)		(EIN) 20-0						
City	or town, state or provinc	e, country, and ZIP or foreign posta	al code (if foreign, see in	istructions)							
SIEVENI	T. KITTS, DDS, PLLC					s telephone number (509) 494-0121					
1417 LAKE	ESIDE COURT				621210	code (see instructions)					
	-0102 0001(1				021210						
YAKIMA, V	NA 98902		(é								
3a Plan	administrator's name an	nd address X Same as Plan Spons	or.		3b Administra	ator'e FIN					
						ILUI 3 ENV					
					3c Administra	ator's telephone number					
					1						
4 If the	name and/or EIN of the	plan sponsor has changed since the	ha last return/report filer	ferthis plan enter the	45 5131						
name	e, EIN, and the plan nun	nber from the last return/report.	le last returnichour men	110f this plan, enter the	4b EIN						
	sor's name	•			4c PN						
5a Total	number of participants:	at the beginning of the plan year									
						14					
Ø 1∪tai	· number or participants :	at the end of the plan year			5b	12					
C Numi	ber of participants with a	account balances as of the end of th	ne plan year (defined ber	nefit plans do not	5c	11					
		ticipants at the beginning of the plan			5d(1)	10					
d(2) To	tal number of active part	ticipants at the end of the plan year	<i>t</i>		5d(2)	10					
e Num	iber of participants that to	terminated employment during the p	plan year with accrued be	penefits that were less	5e	0					
Courtion:	100% vested	or incomplete filing of this return/			1 1						
Under pen	nalties of periury and oth	or incomplete filing of this return/ er penalties set forth in the instructi	report will be assessed	d unless reasonable cau	ISE is established	d.					
SB or Sch	legnie MR combleted aŭ	d signed by an enrolled actuary, as	well as the electronic v	e examined this return/report	οπ, including, it and to the best (ipplicable, a Schedule					
belief, it is	true, correct, and comol	ighe.		7/0/0/10 10 10 10 10 10 10 10 10 10 10 10 10 1	, 4.74 10 4.15 222.	Thy knomouge and					
SIGN	1x 1/2/10 1/4		19/15/16	x Stever	T. K; +	40					
HERE	Signature of plan ad	Iminietrator	Date		-1-1-1						
	Cyglidater or Want and	IIIIII OLI GLOI	Date	Enter name of individu	ial signing as piar	1 administrator_					
SIGN HERE					·						
	Signature of employ		Date	Enter name of individu	ual signing as emp	ployer or plan sponsor					
Preparer's	name (including firm na	ame, if applicable) and address (incl	ude room or suite numb	per)	Preparer's teleph						
				L							
				P.							
					-						

Form 5500-SF 2015		Page 2								
 Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the plan is a defined benefit plan, is it covered under the plan is a defined benefit plan. 	f an independ and condition not use Forn	ent qualified public ns.) n 5500-SF and m u	accou	ntant (i ead us	QPA) e For	m 5500.		<u> </u>	Ye Ye	s [
Part III Financial Information	nsurance pro	gram (see ERISA	section	4021)?	′ <u>[</u>	Yes	∐ No [No	t dete	rmine
7 Plan Assets and Liabilities	-=	(a) Bankari			Т					
a Total plan assets	. 7a	(a) Beginnii	1 g or t		+		(b) En		ear 23460	12
b Total plan liabilities					+				.5400	
C Net plan assets (subtract line 7b from line 7a)	7c		2370	070	\top				23460	2
8 Income, Expenses, and Transfers for this Plan Year	1/14/3	(a) Amo	ount				(b)	Total		
a Contributions received or receivable from:				_				1000		
(1) Employers	. 8a(1)		40-	700	_	*****				
(2) Participants	8a(2)		167	/03	-					
(3) Others (including rollovers)			22	102						
b Other income (loss)			-23	002					1.4004	
d Benefits paid (including direct rollovers and insurance premiums	8c		II K	- 14 - 14	-				14321	
to provide benefits)	8d		81	52			191	- 1		P g
e Certain deemed and/or corrective distributions (see instructions)	8e		86	37		File	18 75	1/2.5	50 na	
f Administrative service providers (salaries, fees, commissions)	8f									1
g Other expenses	8g					PATE:			14	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				16789)	
Net income (loss) (subtract line 8h from line 8c)						-2468				
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j					## F	- 415			
B If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions	eature codes	from the List of Pla	n Char	acterist	ic Cod	des in th	e instruct	lions:		
10 During the plan year:			, <u> </u>	Yes	No	N/A		Δm	ount	
Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Von Program)	oluntary Fidu	ciary Correction	10a		х			74110	, diff	
b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inclu	ude transactions	10b		х					
C Was the plan covered by a fidelity bond?	•••••		10c	х						5000
d Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?	idelity bond, t	that was caused	10d		х					
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.)	or all of the	benefits under	10e		х					
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				х						264
h If this is an individual account plan, was there a blackout period? (S			10g	 ^ 	_					264
2520.101-3.)			10h		_X					
exceptions to providing the notice applied under 29 CFR 2520.101-	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								Nº I	
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 requireme 5500) and line 11a below)				· ·		ule SB (I	-orm		Yes	N
11a Enter the unpaid minimum required contribution for all years from S						11a				
12 Is this a defined contribution plan subject to the minimum funding re	equirements o	of section 412 of th	e Code	or sec	tion 3	02 of EF	ISA?		Yes	ΧN

	Form 5500-SF 2015 Page 3 - 1						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				·		
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	structions, and	enter the	e date of	the letter Year	ruling	
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
	Enter the minimum required contribution for this plan year		12b				
	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 negative amount)	left of a	12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No	N/A	
Par	VII Plan Terminations and Transfers of Assets				-		
13	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	of the PBGC?				Yes X	No	
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identified which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to)				
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Par	VIII Trust Information						
14a	Name of trust		14b Trust's EIN				
140	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	IRS Compliance Questions					-	
15a	Is the plan a 401(k) plan?		Yes		No		
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas har	sign- ed safe bor thod	ADP/ACP test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?	rrent year 11(m)-	Yes		No		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under sectio		Rat perd test	centage	Average benefit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules?	ining	Yes		No		
17a	Has the plan 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 adopted	Enter the ap				structions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial ne	umber				or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, ent determination letter	er the date of t	he plan's	last favo	rable		
18 	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) hade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	nas been slands)?	Yes		No		
19	Were in-service distributions made during the plan year?		Yes		No		
	f "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe retired), as required under section 401(a)(9)?	ther or not	Yes		No	N/A	