Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN HERE

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

	art I		t identification information	1									
For	calenda	ar plan year 2015 or	fiscal plan year beginning 01/01/2	2015		and ending 12	2/31/20	015					
A -	This retu	urn/report is for:											
		·	a one-participant plan	a foreign plan									
Вт	his retu	rn/report is	X the first return/report	=	final return/report								
			an amended return/report	asl	nort plan year return	/report (less than 12 mg	onths)						
C	Check b	oox if filing under:	X Form 5558	automatic extension DFVC program									
_			special extension (enter desc										
	rt II		ormation—enter all requested in	nformatio	n								
	Name o	•					1b	Three-digit					
KEVI	N L. HA	AMBLIN, DDS 401(K) PLAN					plan number (PN)	001				
						}	10	Effective date of					
							10		1/2015				
2a Plan sponsor's name (employer, if for a single-employer plan)								Employer Identif	ication Number				
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) KEVIN L. HAMBLIN, DDS								472159					
							2c Sponsor's telephone number						
XL VIII								208-735-1415					
AMENIAL MODE OF OTE 704								2d Business code (see instructions)					
TWIN	FALLS	MORE ST, STE 701 , ID 83301-3346					621210						
3a	Plan ac	dministrator's name a	and address Same as Plan Spon	sor.			3b Administrator's EIN						
							3с	Administrator's t	elephone number				
4			ne plan sponsor has changed since umber from the last return/report.	the last	return/report filed fo	r this plan, enter the	4b	EIN					
а		or's name	ambor from the last retain, report.				4c	PN					
5a	Total n	number of participant	s at the beginning of the plan year.				5	a	9				
b	Total n	number of participant	s at the end of the plan year				5	b	9				
	Numbe	er of participants with	account balances as of the end of	the plan	year (defined bene	fit plans do not	50						
d(articipants at the beginning of the p			ĺ	E 1/4\						
				-		ì	= 1/2)						
d(2) Total number of active participants at the end of the plan yeare Number of participants that terminated employment during the plan year with accrued benefits that were less						efits that were less	5e (
Cau			or incomplete filing of this retur										
Und	ler pena	alties of perjury and o	ther penalties set forth in the instru	ıctions, I	declare that I have	examined this return/rep	ort, ir	cluding, if applic					
		dule MB completed a rue, correct, and con	and signed by an enrolled actuary, and signed by an enrolled actuary, and	as well a	s trie electronic vers	sion of this return/report	, and	to the best of my	knowleage and				
SIG			d/valid electronic signature.		09/30/2016	KEVIN L HAMBLIN							
HEF		Signature of plan			Date	Enter name of individu	ual sid	ning as plan adn	ninistrator				

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2									
b Ar un If y	fere all of the plan's assets during the plan year invested in eligible you claiming a waiver of the annual examination and report of der 29 CFR 2520.104-46? (See instructions on waiver eligibility you answered "No" to either line 6a or line 6b, the plan cannot be a second to th	an indeper and condit not use Fo	ndent qualified public a ions.)rm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.				es N	1 0
C If t	he plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?	📙	Yes	No	1	Not det	ermined	
Part I	II Financial Information	1	Γ									
7 Pla	an Assets and Liabilities		(a) Beginning	of Ye	ar			(b) E	nd o	f Year		
	tal plan assets	. 7a								66	0065	
	tal plan liabilities	. 7b			-					00	0005	_
	et plan assets (subtract line 7b from line 7a)	. 7c	, , ,		0						0065	_
	come, Expenses, and Transfers for this Plan Year entributions received or receivable from:		(a) Amou	ınt				(k) To	tal		_
	Employers	. 8a(1)		11	749							
(2)	Participants	. 8a(2)		58	3240							
(3)	Others (including rollovers)	. 8a(3)		601	017							
b Ot	her income (loss)	. 8b		-8	3735							
	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								66	2271	
	nefits paid (including direct rollovers and insurance premiums provide benefits)	. 8d			779							
	ertain deemed and/or corrective distributions (see instructions)	. 8e										П
	Iministrative service providers (salaries, fees, commissions)	. 8f			0							
g Ot	her expenses	. 8g		1	427							
h To	tal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									2206	
i Ne	i Net income (loss) (subtract line 8h from line 8c)									66	0065	
j Tra	ansfers to (from) the plan (see instructions)	8j										
Part I	V Plan Characteristics											
	the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in t	the ins	tructi	ons:		
	the plan provides welfare benefits, enter the applicable welfare f	eature con	les from the List of Plan	n Char	actoriet	ic Cod	lac in th	o inetr	uctio	ne:		_
	the plan provides wellare benefits, effer the applicable wellare i	eature coc	ies nom the List of Fia	ii Cilai	acterist	10 000	ics iii ti	ic ilisti	uctio	113.		
Part V	Compliance Questions											
10	Ouring the plan year:				Yes	No	N/A		-	Amour	nt	
	Vas there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X						
	Vere there any nonexempt transactions with any party-in-interest											
	eported on line 10a.)			10b		X						
C \	Was the plan covered by a fidelity bond?			10c		X						
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X						
С	Vere any fees or commissions paid to any brokers, agents, or oth arrier, insurance service, or other organization that provides som ne plan? (See instructions.)	ne or all of	the benefits under	10e	X						89	97
	las the plan failed to provide any benefit when due under the pla			10f		X						
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		X						_
h II	this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	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	10ii								
	Did the plan trust incur unrelated business taxable income?			10j								
Part V	Pension Funding Compliance			,			1					
11 Is	s this a defined benefit plan subject to minimum funding requirem 500) and line 11a below)										es X N	10
	inter the unpaid minimum required contribution for all years from						11a			<u> </u>		_
	s this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·					RISA	2	Y	es X N	V٥

	F	orm 5500-SF 2015 Page 3 - 1								
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	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		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 1	Γrust's EIN	١				
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's			
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 instructions 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		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

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

OMB Nos. 1210-0110 1210-0089

2015

Employee Benefits Security Administration	<u>n</u> the	Internal Revenue Code (the	e Code),	I his Form is Open to Public Inspection
Pension Benefit Guaranty Corporation			tructions to the Form 5500-SF.	Mapecton
	t Identification Information			
or calendar plan year 2015 or fisc		01/01/2015	***************************************	/31/2015
A This return/report is for: B This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/repo	plan (not multlemployer) (Filers che pemployer information in accordanc rt turn/report (less than 12 months)	cking this box must attach e with the form instructions)
			term eport (less than 12 months)	
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC program
Part II Basic Pian Info	ormation enter all requeste	d information		
la Name of pian Kevin L. Hamblin,	DDS 401(k) Plan		<u>.</u>	Fhree-digit plan number (PN) ► 001 Effective date of plan
			i i	01/01/2015
Mallino Address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street or P.O e, country, and ZIP or foreign post). Box) al code (if foreign, see instr		Employer identification Number (EIN) 82-0472159
Kevin L. Hamblin,		(2c :	Sponsor's telephone number (208) 735-1415
1415 N Fillmore St	, Ste 701			Business code (see instructions) 521210
US Twin Falls ID 83301-3				
a Plan administrator's name an	d address X Same as Plan S	ponsor Name	3b /	Administrator's EIN
		·	3c /	Administrator's telephone number
If the name and/or EIN of the name, EIN, and the plan num	plan sponsor has changed since the sponsor has return/report.	the last return/report filed fo	r this plan, enter the 4b s	IIN
a Sponsor's name		<u> </u>	4c F	'N
a Total number of participants a	at the beginning of the plan year	445544444444444444444444444444444444444	5a	9
b Total number of participants a				9
 Number of participants with a complete this item) 	ccount balances as of the end of t	he plan year (defined benef	it plans do not 5c	9
d(1) Total number of active parti	cipants at the beginning of the pla	n year	5d(1) 9
d(2) Total number of active parti	cipants at the end of the plan year	******************************	5d(2	8) 8
	minated employment during the p			0
Caution: A penalty for the late	or incomplete filing of this retur	rn/report will be assessed	l unices reasonable cause is esta	iblished.
Under penalties of perjury and oth	ner penalties set forth in the Instruc nd signed by an enrolled actuary, a	tions, I declare that I have e	examined this return/report, including slon of this return/report, and to the b	g, if applicable, a Schedule
SIGN Burne SI	Hanelle-	9-30-16	KEVIN L. HAMBLIN	
HERE Signature of plan adm	inietrator	Date	Enter name of Individual signing	as plan administrator
SIGN Rece &	Harnlel	9-30-16	KEVIN L. HAMBLIN	
HERE Signature of employer	/plan sponsor	Date	Enter name of individual signing	as employer or plan sponsor
	ame, if applicable) and address; in			er's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5600-SF.

Form 5500-\$F (2015) v.150123

	Form 5500-SF 2015		Page 2			_					
6a	Were all of the plan's assets during the plan year invested in eligible as	ssets? (Se	e instructions.)						X Yes	□No	
	Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA)										
	under 29 CFR 2520.104-487 (See instructions on waiver eligibility and conditions.)										
	If you enswered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
_	If the plan is a defined benefit plan, is it covered under the PBGC insur-	rance prog	ram (see ERISA section 4	021)?		*******	Yes	∐ No I	Not de	termined	
Pa 	rt III Financial Information	T 1									
7	Pian Assets and Liabilities	34. 42.	(a) Beginning o	f Yez	r			(b) End of	Year		
<u>a</u>	Total plan assets	7a				+			660,0	065	
	Total plan liabilities	7b	1			+					
	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7 6	4-5-4		0	660,065					
	Contributions received or receivable from:	The State of the	(a) Amount			15.7	a single-baller and	(b) To		1 5 7 29 1 90 1 1 1 1 4 4	
	(1) Employers	8a(1)	:	L1,7	49	1.50				Section (Sec.)	
	(2) Participants	8a(2)		58,2	40					Signed Annual Street	
-	(3) Others (including rollovers)	8a(3)	60	11,0	17			gyg rang			
	Other income (loss)	86		7.73			15 Table 1		C. Landing		
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance pramiums	8c	The state of the s	7.40 SH			to Colo	. Programme	662,2	271	
	to provide benefits)	8d		7	79	100		Alexandra	oranga. Balahara		
	Certain deemed and/or corrective distributions (see instructions)	Be					da Maryan, 199 H.	en i de la compania del compania del compania de la compania del compania de la compania del la compania del compania de	1. 经数额额	VALUE N	
f	Administrative service providers (salaries, fees, commissions)	8f			0	3.542	4734 34	据系统图念		The state of the s	
g	Other expenses	8g		1,4	27		a Augst		中心的激励		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	The state of the s			3			2,2	206	
	Net income (loss) (subtract line 8h from line 8c)	81	3.35% 公然50%的 A Miles (1)		i jų	7.8 -44			660,0	065	
	Transfers to (from) the plan (see instructions)	8j				(A CONTRACT	Brand Town	Section 1	dheen oo d	
	rt IV Plan Characteristics			·							
9a	If the plan provides pension benefits, enter the applicable pension feat	ure codes	from the List of Plan Chare	cterie	tic Co	des ir	the inst	ructions:			
_	2E 2F 2G 2J 3D										
ь	If the plan provides welfare benefits, enter the applicable welfare featur	e codes fr	om the List of Plan Charac	teristi	c Cod	es in t	the instru	ictions:			
	A										
	rt V i Compliance Questions					_	I				
10	During the plan year:			_	Yes	No	N/A	A	mount		
а	Was there a fallure to transmit to the plan any participant contribution		· · · · · · · · · · · · · · · · · · ·								
	described in 29 CFR 2510.3-1027 (See Instructions and DOL's Volui Program)	-	•	10a		x					
ь	Were there any nonexempt transactions with any party-in-interest? (I			100			#41 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -				
	reported on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c		x					
d				ادمدا		×	100 miles				
_	by freud or dishonesty?			10d		<u> </u>					
•	carrier, insurance service, or other organization that provides some o										
	the plan? (See instructions.)			10e	×		000			897	
f	Has the plan falled to provide any benefit when due under the plan?			10f		х	(500)				
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)	10g		x	1 (1) (2) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				
h	If this is an individual account plan, was there a blackout period? (Se	e instructio	ons and 29 CFR				1.20%	多数 的	AND THE	複数する	
	2520,101-3.)			10h		x	Ar set	1.100000000000000000000000000000000000	A STATE OF	778.7	
<u> </u>	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						25 25 April 12 April	不是			
į				10]				,	·		
Pai	tiVI® Pension Funding Compliance										
11	is this a defined benefit plan subject to minimum funding requiremen 5500) and line 11a below)		•	•			•		□ Yes	X No	
118	Enter the unpaid minimum required contribution for current year from	Schedule	SB (Form 5500) line 40	***			11a				
12	is this a defined contribution plan subject to the minimum funding req	ulrements	of section 412 of the Code	or se	ection	302 c	f ERISA	7	Yes	X No	

09/30/2016 12:31 Dr Kevin Hamblin P.003/00/<mark>0</mark>78

Form 5500-SF 2015	Page 3-								
(if "Yes," complete line 12a or lines 12b, 12c, 12d	, and 12e below, as applicable.)								
a If a weiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the dete of the letter ruling granting the walver. Month Day Year									
if 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 p 		12b							
c Enter the amount contributed by the employer to t	12c								
d Subtract the amount in line 12c from the amount negative amount)	in line 12b. Enter the result (enter a minus sign to the left	of a	12d						
e Will the minimum funding amount reported on line			🗀	Yes 🗆	No [□ N/A			
Part VII. Plan Terminations and Transfers of Assets									
13a Has a resolution to terminate the plan been adopted	ed in any plan year?	***************************************	<u>□ ٧</u>	s 🗷 N	•				
if "Yes," enter the amount of any plan assets that	reverted to the employer this year	***************************************	13a						
b Were all the plan assets distributed to participants of the PBGC?	s or beneficiaries, transferred to enother plan, or brought t	under the control	**********		Yes	X No			
C If during this plan year, any assets or liabilities we which assets or liabilities were transferred. (See I	re transferred from this plan to another plan(s), identify th	e plan(s) to		_					
13c(1) Name of plan(s):	*****	13c	(2) EIN(s)	13c(3)	PN(s)			
E SPANOS -									
Part VIII Trust Information						· · ·			
14a Name of trust			14b Trust's EIN						
14c Name of trustee or custodian				14d Trustee or custodian's telephone number					
PartiX IRS Compliance Questions									
15a is the plan a 401(k) plan:	***************************************	***************************************	☐ Yes	. [□ No				
15b if "Yes," how does the 401(k) plan satisfy the nonc matching contributions (as applicable) under section	ilscrimination requirements for employee deferrels and en ons 401(k)(3) and 401(m)(2)?		Design- based safe ADF harbor test			ACP			
and the second s	ACP testing for the plan year using the "current year yees (Treas. Reg. section 1,401(k)-2(a)(2)(ii) and 1,401(m	n)+	☐ Yes ☐ N			No			
	plan to satisfy the coverage requirements under section 4		□ Rat Per Tes	centage l	Average Benefit Test				
16b Does the plan satisfy the coverage and nondiscrinthis plan with any other plans under the permissive	nination tests of sections 410(b) and 401(a)(4) by combini aggregation rules?		☐ Yes	[□ No				
17a Has the Plan been timely amended for all required			☐ Yes		□No	□ N/A			
Instructions for tax law changes and codes).									
advisory letter, enter the date of that favorable letter		ber.		•	Or				
determination letter //////									
18 Is the Plan maintained in a U.S. territory (i.e., Puert made), American Samoa, Guam, the Commonwea	o Rico (If no election under ERISA section 1022(I)(2) has ith of the Northern Mariana Islands or the U.S. Virgin Islan	been nds)?	☐ Yes		□ No				
19 Were in-service distributions made during the plan	year?		☐ Yes		□ No				
			19						
20 Were minimum required distributions made to 5% of not retired) as required under section 401(a)(9)?	where who have attained age 70 ½ (regardless of whether		Yes	. [∏ No	□ N/A			

09/30/2016 12:31 Dr Kevin Hamblin P.004/00/ppg