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

Р	art I A	nnual Report	t Identification Information							
For			iscal plan year beginning 01/01/2		2/31/20	15				
Α	X a single-employer plan This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan									
B	This return/re	eport is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)						
		f filing under:	Form 5558 special extension (enter descriptions)			DFVC progr	am			
			ormation—enter all requested in	formation		1				
	Name of pl		PROFIT SHARING PLAN		ŗ	Three-digit olan number (PN) ►	001			
					1c Effective date of plan 01/01/2012					
2a	Mailing add	dress (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	,	2b Employer Identification Number (EIN) 32-0338759					
PLA	ENDODON1	•	ce, country, and 211 of foreign post	al code (ii foreigh, see instructions)	2c Sponsor's telephone number 253-770-1500					
819 3 PUY/	39TH AVENI ALLUP, WA	JE SW, SUITE B 98373			2d ∃	Business code (see instructions)			
	Plan admir ENDODONT	nistrator's name a	819 39TF	sor. H AVENUE SW, SUITE B UP, WA 98373		Administrator's t	EIN 338759 elephone number 0-1500			
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.					4b EIN					
а	Sponsor's	name			4c F	PN				
5a	5a Total number of participants at the beginning of the plan year						6			
b	Total numl	per of participants	s at the end of the plan year		5b		6			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					. 5c					
d(1) Total number of active participants at the beginning of the plan year					5d(1	5				
d(2) Total number of active participants at the end of the plan year					5d(2)		5			
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e		0			
				n/report will be assessed unless reasonable cau						
				ctions, I declare that I have examined this return/repas well as the electronic version of this return/report						

belief, it is true, correct, and complete SIGN Filed with authorized/valid electronic signature. 09/27/2016 LOUBNA PLA **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Dat<u>e</u> Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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 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 a 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 	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X Ye	
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not dete	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		201	731				288	389
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c			731					3389
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otal	
(1) Employers	8a(1)		50	632					
(2) Participants	8a(2)		39	975					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-3	949					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							86	658
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i Net income (loss) (subtract line 8h from line 8c)	8i							86	6658
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 Pl	an Cha	racteris	stic Co	des in th	ne instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	2011120 200	as from the List of Dis	n Char		io Coo	laa in the	inatruati		
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pia	n Chara	acterist	ic Coo	ies in the	mstructi	ons.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	t
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	Х					40000
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.)	ner persons ne or all of t	by an insurance he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the plan			10f		Х				
					X				
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				
i If 10h was answered "Yes," check the box if you either provided the	2520.101-3.)								
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			10)	<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								☐ Ye	s 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?	Ye	s X No

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	(If "Yes," 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 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						
	Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Yes 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	5c If 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))?					No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti		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 plan been timely amended for all required tax law changes?						No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	plicable	code	(See ins	tructions				
17c	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter / / and the letter's serial number									
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				

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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).

2015

OMB Nos, 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	▶ Complete all entries in	accordance with the instructions to the Form 55	500-SF.					
Part I Annual Report	Identification Information							
For calendar plan year 2015 or fi	scal plan year beginning	01/01/2015 and ending	12/31/2	33000				
A This return/report is for:	a multiple-employer plan (not multiemployer) list of participating employer information in ac	Filers checking to cordance with the	nis box must attach a form instructions)					
20 - 10° — John Chin British Asker Astronomical n ■ Contraction Aces Building	a foreign plan							
B This return/report is	ontha)							
	nonths)							
C Check box if filling under:	DFVC program							
in the last planted	special extension (enter desc							
	ormation—enter all requested in	normation	1b Three-digit					
1a Name of plan Pla Endodontics, PS	401(k) Profit Sharin	ng Plan	plan numb					
			1c Effective d 01/01/2					
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)	2b Employer Identification Number (EIN) 32-0338759					
City or town, state or proving Pla Endodontics, P	ce, country, and ZIP or foreign pos	tal code (if foreign, see instructions)	2c Sponsor's telephone number 253-770-1500					
819 39th Avenue SW	, Suite B		2d Business code (see instructions) 621210					
Puyallup	WA 98373							
3a Plan administrator's name a	and address Same as Plan Spor	nsor.	3b Administrator's EIN 32-0338759					
Pla Endodontics, Ps	3		3c Administrator's telephone number					
819 39th Avenue SW,	, Suite B		253-770					
Puyallup	WA 98373							
4 If the name and/or EIN of the	ne plan sponsor has changed since	e the last return/report filed for this plan, enter the	4b EIN					
	umber from the last return/report.		4c PN					
a Sponsor's name				6				
			` 	6				
b Total number of participant	is at the end of the plan year	Attanton year (defined honefit plane do not						
C Number of participants with complete this item)	account balances as of the end o	f the plan year (defined benefit plans do not	. 5c	6				
		plan year	N. LEAN	5				
		ear	m 1/0)	5				
e Number of participants the	at terminated employment during th	ne plan year with accrued benefits that were less	56					
than 100% vested	o or incomplete filing of this retu	rn/report will be assessed unless reasonable ca	use is establishe	ed.				
Under penalties of perjury and on SB or Schedule MB completed	other penalties yet forth in the instr and signed by an enrolled actuary,	uctions, I declare that I have examined this return/re, as well as the electronic version of this return/repo	eport, including, if ort, and to the best	applicable, a Schedule of my knowledge and				
belief, it is true, correct, and cor	npiete.	Loubna Pla						
SIGN HERE		Date 9/27/16 Enter name of Indivi	dual cianina se nis	en administrator				
Signature of plan	administrator	duai signing as pie	ar administrator					
SIGN		Date 9/27/6 Enter name of indivi	dual alanina na an	ployer or plan sponsor				
i Signature di erro	loyer/plan sponsor name, if apylicable) and address		Preparer's teles					
Preparer's name (including lim	Hame, il applicable and ess	(module rush) of suite riamour y						

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6a Were all of the plan's assets during the plan year invested in eligib	de accete	(See instructions)						X Yes	No	
b Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	ccounta	int (IQI	PA)					
under 29 CFR 2520.104-46? (See Instructions on waiver eligibility	and condi	tions.)		,		 EEAA		X Yes	No	
If you answered "No" to either line 6a or line 6b, the plan cann C If the plan is a defined benefit plan, is it covered under the PBGC in							No FIN	ot determined	1	
	isuranoe p	Jogiani (see Litto/t se	CHOIT TO	241/1		100 []Wo []W	Ot dotominto		
Part III Financial Information	\$4.4.4.1 http://doi.org/10.1016/	/ s\ De esternis	- 5 V - 4		$\overline{}$		(b) End of	Vaar		
7 Plan Assets and Liabilities	7-	(a) Beginning		ır 1,73	1		(b) End of	288,3	89	
a Total plan assets	. 7a . 7b		20.	.,,,,	+			200,5		
b Total plan liabilities			20	1,73	1			288,3	8.9	
C Net plan assets (subtract line 7b from line 7a)	. 16	(a) Amount				(b) Total				
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:					100		(8) 100			
(1) Employers	. 8a(1)		5	0,63	2					
(2) Participants	. 8a(2)		3:	9,97	5					
(3) Others (including rollovers)	. 8a(3)			N 100 VA. 0.2.2	1900					
b Other Income (loss)	. 8b			3,94	9					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							86,6	58	
d Benefits paid (including direct rollovers and insurance premiums	0.1									
to provide benefits)					1 3 4					
e Certain deemed and/or corrective distributions (see instructions)					100	ille saud, die Jaar Prophilië			ignatur North	
f Administrative service providers (salarles, fees, commissions)										
g Other expenses			N SOUTH	G TAN						
h Total expenses (add lines 8d, 8e, 8f, and 8g)						86,65				
Net income (loss) (subtract line 8h from line 8c)										
Transfers to (from) the plan (see instructions)	·· 8j	<u> </u>					7, 240, 47, 421,		1000	
B If the plan provides welfare benefits, enter the applicable welfare										
Part V Compliance Questions				Yes	No	N/A		mount		
During the plan year:Was there a failure to transmit to the plan any participant contribution	utions with	in the time period		100	11.0	14.17.14		inounc	- 1	
described in 29 CFR 2510.3-102? (See instructions and DOL's '	Voluntary	Fiduciary Correction	10a		х					
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х					
c Was the plan covered by a fidelity bond?	********	*****************	10c	Х				40,	, 00	
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity b	ond, that was caused	10d		х					
 Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so 	ther perso me or all c	ns by an insurance f the benefits under			Х					
the plan? (See instructions.)			10e		37	3241 M ()		*		
f Has the plan failed to provide any benefit when due under the pl			10f		X				- 1	
g Did the plan have any participant loans? (If "Yes," enter amount		The state of the s	10g		Х	4.4		and the territory		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	************		10h		Х					
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	01-3	***************************************	101							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance			0.00			2		Charles and the second		
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments? (If	"Yes," see instructions	and co	mplete	Sche	dule SB	(Form	Yes [No	
11a Enter the unpaid minimum required contribution for all years from	n Schedul	e SB (Form 5500) line 4	10			. 11a			APRODA .	
12 Is this a defined contribution plan subject to the minimum funding	na requirer	nents of section 412 of	the Cod	le or se	ection	302 of E	RISA?	Yes X	No	

· 3 1