## 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.

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2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

**Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning and ending x a single-employer plan 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number PICKARD ORTHODONTICS 401(K) PLAN 001 (PN) • 1c Effective date of plan 01/01/2010 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 20-4396141 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number PICKARD ORTHODONTICS 509-332-0674 2d Business code (see instructions) 1240 SE BISHOP BLVD PULLMAN, WA 99163-5439 621210 **3a** Plan administrator's name and address | Same as Plan Sponsor. 3b Administrator's EIN 20-4396141 PICKARD ORTHODONTICS 1240 SE BISHOP BLVD PULLMAN, WA 99163-5439 3c Administrator's telephone number 509-332-0674 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 17 5a Total number of participants at the beginning of the plan year..... 5b 16 **b** Total number of participants at the end of the plan year ...... Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 16 complete this item) 5d(1) 11 d(1) Total number of active participants at the beginning of the plan year ...... 5d(2) 9 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 2 5e than 100% vested.....

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2016	MICHAEL PICKARD		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2016	MICHAEL PICKARD		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spor		
Preparer's	name (including firm name, if applicable) and address (include r	Preparer's telephone number			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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<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 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 be a second to the plan cannot be a second</li></ul>	an independ and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA)  <b>Form</b>	5500.		X Yes I		
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					(b) End c			
a Total plan assets	7a		761	709				768007		
<b>b</b> Total plan liabilities	7b		70.0					768007		
Net plan assets (subtract line 7b from line 7a)  Income. Expenses, and Transfers for this Plan Year	7c	(a) A	7617				768007			
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) To	otai		
(1) Employers	8a(1)		337							
(2) Participants	8a(2)		725							
(3) Others (including rollovers)	8a(3)			0						
<b>b</b> Other income (loss)	8b		-5	494						
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							103568		
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		97	195						
e Certain deemed and/or corrective distributions (see instructions)	8e			0						
f Administrative service providers (salaries, fees, commissions)	8f			75						
g Other expenses	8g			0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							97270		
i Net income (loss) (subtract line 8h from line 8c)	8i							6298		
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 2J 2K 3D 3B 2A 2T 2G	feature coo	des from the List of Pla	an Cha	racteris	stic Co	des in th	ne instruct	ions:		
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instructio	nns:		
— In the plant provides we have believed, onto the appropriate we have	odiaio oodo	oo nom aro ziot or rial	T Onarc	20101101	10 000	100 111 1110	, mon done	,,,,,		
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	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	Χ				500		
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's			100					300		
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 the	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		Χ					
					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.)									
exceptions to providing the notice applied under 29 CFR 2520.10  j Did the plan trust incur unrelated business taxable income?			10i 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)								☐ Yes 🗓 I		
11a Enter the unpaid minimum required contribution for all years from						11a				
12 Is this a defined contribution plan subject to the minimum funding						-	RISA?	Yes X I		

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	_ `	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	ntrol 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> 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	15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method				
15c	C 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	6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					Ratio Avera percentage benefit				
<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (S for tax law changes and codes).							tructions			
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	17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/									
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-service distributions made during the plan year?				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			