Form 5500-SF	Short Form Annu	•	ort of Small Emplo	oyee	C	0MB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fill	Benefit Pla		-		2015
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		al This Form is Open Public Inspection	
Pension Benefit Guaranty Corporation			nstructions to the Form 55	500-SF.		
Part IAnnual ReportFor calendar plan year 2015 or 1	t Identification Information		and ending 12	2/31/2015		
<b>A</b> This return/report is for:	a single-employer plan		er plan (not multiemployer) g employer information in ac	•	0	
<b>B</b> This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 m	onths)		
<b>C</b> Check box if filing under:	Form 5558	automatic extensi	on		FVC progra	m
Part II Basic Plan Inf	ormation—enter all requested in					
<b>1a</b> Name of plan SPOKANE OMS 401(K) PLAN	· · · ·			1b Three plan n (PN)	umber	001
				1c Effecti	ve date of 01/01	
Mailing address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.			2b Emplo (EIN)		cation Number
City or town, state or provin SPOKANE OMS, PLLC	ce, country, and ZIP or foreign pos	tal code (if foreign, see	nstructions)	2c Spons	sor's teleph 509-926	one number 6-7106
2109 E. BROADWAY AVE., BUI POKANE VALLEY, WA 99206	LDING C			2d Busine	,	ee instructions)
					62121	0
3a Plan administrator's name a	and address XSame as Plan Spor	isor.		3b Admin	istrator's E	N
						lephone number
	ne plan sponsor has changed since umber from the last return/report.	the last return/report fil	ed for this plan, enter the	4b EIN 4c PN		
-	s at the beginning of the plan year.			5a		47
	s at the end of the plan year			5b		40
	account balances as of the end of			5c		40
<b>d(1)</b> Total number of active p	articipants at the beginning of the p	lan year		5d(1)		27
e Number of participants that	articipants at the end of the plan ye t terminated employment during th	e plan year with accrued	benefits that were less	5d(2) 5e		14
Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed a	e or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary,	<b>n/report will be assess</b> ictions, I declare that I h	sed unless reasonable cau ave examined this return/rep	oort, including	g, if applica	
belief, it is true, correct, and con           SIGN         Filed with authorized	nplete. d/valid electronic signature.	10/10/2016	MARK PAXTON			
HERE Signature of plan		Date	Enter name of individ	ual signing as	s plan admi	nistrator
SIGN HERE Signature of omn	ovor/plan spansar	Date	Enter nome of individ	ual cianina -	omployer	or plan apopear
	oyer/plan sponsor name, if applicable) and address (i		Enter name of individe mber )	Preparer's t		
For Panerwork Peduction Act Not	ice and OMB Control Numbers, see ti	ne instructions for Form 5	500-SF		F	orm 5500-SF (2015)

Form 5500-SF 2015		Page <b>2</b>	
<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible</li> <li>b 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 c lf the plan is a defined benefit plan, is it covered under the PBGC in Part III Financial Information</li> </ul>	an independe and condition ot use Form	ent qualified public accountant (IQPA) s.) 5500-SF and must instead use Form	
7 Plan Assets and Liabilities		(a) Beginning of Voor	(b) End of Year
	70	(a) Beginning of Year 3550101	(b) End of Year 2601144
a Total plan assets b Total plan liabilities	7a 7b	3330101	10741
C Net plan assets (subtract line 7b from line 7a)	75 7c	3550101	2590403
<ul> <li>8 Income, Expenses, and Transfers for this Plan Year</li> </ul>	10	(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	32013	
(2) Participants	8a(2)	34597	
(3) Others (including rollovers)	8a(3)	0	
<b>b</b> Other income (loss)	8b	4444	
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		71054
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	48140	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	34122	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		82262
i Net income (loss) (subtract line 8h from line 8c)	8i		-11208
<b>j</b> Transfers to (from) the plan (see instructions)	8j	-948490	
Part IV Plan Characteristics			
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2R 3D	feature code	s from the List of Plan Characteristic Co	odes in the instructions:
<b>B</b> If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Characteristic Coo	des in the instructions:
Part V Compliance Questions			

10	During the plan year:		Yes	No	N/A	Amount
а	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		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
С	Was the plan covered by a fidelity bond?	10c	Х			400000
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		x		
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 the plan? (See instructions.)	10e		x		
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	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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 exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	Х			
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 requirements? (If "Yes," see instructions an 5500) and line 11a below)				lule SB	(Form
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.				11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	e Code	e or se	ction 3	302 of E	RISA? Yes X No

Form 5500-SF 2015

Page **3 -** 1

					1		
	(lf "\	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins		_	ne date o		uling
		nting the waiver		Day		_ Year	
-		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		404			
b	Enter	r the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
d	Subt	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l	left of a	12d			
	nega	ative amount)					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Y	'es X No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough		ontrol			1
~		e PBGC?				Yes X	No
C		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identii ch assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
1	3c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
BRY	AN W	. MCLELLAND, D.D.S. P.S. 401(K) RETIREMENT PLAN	20-1502298			001	
Part	VIII	Trust Information					
14a	Name	e of trust		14b	Trust's E	IN	
14C	Nam	ne of trustee or custodian		14d		e's or custoo ne number	dian's
					loiophio		
Der		IDS Compliance Questions					
Par	t IX	IRS Compliance Questions					
		IRS Compliance Questions e plan a 401(k) plan?		Y	es	No	
15a	Is the	e plan a 401(k) plan?			esign-		
15a	Is the	e plan a 401(k) plan? es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and			)esign- ased saf	fe AE	DP/ACP
15a	Is the	e plan a 401(k) plan?			esign-		DP/ACP
15a 15b	Is the If "Ye matc	e plan a 401(k) plan? es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	urrent year		esign- ased saf arbor	fe AC	DP/ACP st
15a 15b	Is the If "Ye matc	e plan a 401(k) plan? es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? e ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "co ing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4	urrent year		Design- ased saf arbor nethod	fe AE	DP/ACP st
15a 15b	Is the If "Ye matc	e plan a 401(k) plan? es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	urrent year		Design- ased saf arbor nethod es	ie AE te	DP/ACP st
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Fo	orm 5500-SF	Short Form Annu	•	t of Small Empl	oyee	OM8 Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee						2015
	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the	Internal	This Form is Open to
-	Benefit Guaranty Corporation	Complete all entries in	<b>t</b>	-,-	500-SE	Public Inspection
Part I	Annual Report	Identification Information		ractions to the roam se	100-31.	
For calen		scal plan year beginning	01/01/2015	and ending	12/	31/2015
<b>A</b> This re	eturn/report is for:	X a single-employer plan		olan (not multiemployer) nployer information in ac		king this box must attach a
		a one-participant plan	a foreign plan			
<b>B</b> This re	turn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	m/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		[] C	FVC program
	· · · · · · · · · · · · · · · · · · ·	special extension (enter descr				
Part II		rmation-enter all requested int	formation			
<b>1a</b> Name Spokan	eofplan e OMS 401(k) P	lan			•	number 001
				ľ		live date of plan
2a Bland	enoneorie name (emplo	ver, if for a single-employer plan)				01/1998
Mailin	g address (include roon	n, apt., suite no. and street, or P.O	). Box)			oyer Identification Number 20-1575311
	ne OMS, PLLC	e, country, and ZIP or foreign posta	al code (il toreign, see inst	ructions)	•	sor's telephone number
12109	E Broadway A	ve., Building C		-	2d Busin	- 926 - 7106 ess code (see instructions)
12109	B. Droadway A	ve., building c			6212	210
-	ne Valley	WA 99206				
3a Plan a	administrator's name an	d address 🖾 Same as Plan Spons	ior.		3b Admin	histrator's EIN
			-			ilstrator's telephone number
name	, EIN, and the plan nur	plan sponsor has changed since t ber from the last return/report.	he last return/report filed f	or this plan, enter the	4b EIN	
	or's name				4c PN	
		at the beginning of the plan year			5a 5b	47
C Numb	er of participants with a	at the end of the plan year ccount balances as of the end of t	he plan year (defined bene	efit plans do not	50 5c	40
		icipants at the beginning of the pla			5d(1)	40
		licipants at the end of the plan yea		F	5d(2)	27
e Numi	per of participants that to	erminated employment during the	plan year with accrued be	nefits that were less	5e	14
Caution: A	penalty for the late o	r incomplete filing of this return	/report will be assessed	unless reasonable caus	se is establ	ished 3
Under pena SB or Sche	alties of perjury and oth	er penalties set forth in the instruct d signed by an enrolled actuary, as	tions, I declare that I have	examined this return/rep	ort. including	a, if applicable, a Schedule
SIGN	A R		10/10/2016	MARK PAXTON		·····
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al sionino as	s plan administrator
SIGN					<u> </u>	
HERE	Signature of employ	er/plan sponsor Date Enter name of individ			al signing as	employer or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address (inc	clude room or suite numbe	-		elephone number
E Bananu	ander Daudenandtaum Aust Mastera	and OMB Control Numbers, see the				Earry 5500 05 (0045)

Form 5500-SF 20	015	
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Page 2

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6a Were all of the plan's assets during the plan year invested in eligit	ole assets? (S	See instructions.)					þ	Yes 🛛 N
b Are you claiming a waiver of the annual examination and report of	an independ	ent qualified public	accoun	tant (IC	QPA)		-	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility							<u>Þ</u>	Yes    N
If you answered "No" to either line 6a or line 6b, the plan canr C If the plan is a defined benefit plan, is it covered under the PBGC in							lw. □.w.	•
Part III Financial Information	isurance pro	grain (see ERISA's	ecubii 4	1021)?				t determined
7 Plan Assets and Liabilities							(1.) =	•
a Total plan assets	70	(a) Beginnin	-	60,10			(b) End of Y	<u>ear</u> 2,601,14
b Total plan labilities	7a 7b		5,55		<u></u>			10,74
C Net plan assets (subtract line 7b from line 7a)	70 70		3 55	0,10	11			2,590,40
8 Income, Expenses, and Transfers for this Plan Year		(a) Ama		, v, ±0	/			
a Contributions received or receivable from:		(a) Amo	unt				(b) Total	
(1) Employers	8a(1)		3	2,01	.3			
(2) Participants	8a(2)		3	4,59	7			
(3) Others (including rollovers)	8a(3)				0			
b Other income (loss)	8b			4,44	4			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							71,05
<b>d</b> Benefits paid (including direct rollovers and insurance premiums			4	8,14	<u> </u>			· · · · · ·
to provide benefits)	8d		-1	0,14				and a second s
Certain deemed and/or corrective distributions (see instructions)	8e			1 10				
f Administrative service providers (salaries, fees, commissions)	8f		3	4,12	2			
g Other expenses	8g				—			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							82,26
Net income (loss) (subtract line 8h from line 8c)     Transfers to (from) the plan (see instructions)	<u>8i</u>				_			-11,20
	8j		-94	8,49	0			
Part IV Plan Characteristics								
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2R 3D	feature code	s from the List of Pi	an Cha	racteri	stic Co	des in th	e instructions	S:
B If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Pla	n Chara	arterist	ic Cor	les in the	instructions	
							monouconono.	
Part V Compliance Questions		· · · · · · · · · · · · · · · · · · ·						
10 During the plan year:				Yes	No	N/A	Am	ount
a 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		· · · · · · · · · · · · · · · · · · ·	40-		x			
Program)     Program)     b Were there any nonexempt transactions with any party-in-interest			10a					
reported on line 10a.)			10b		х			
C Was the plan covered by a fidelity bond?			10c	x				400,0
d Did the plan have a loss, whether or not reimbursed by the plan's			100					40070
by fraud or dishonesty?			10d		х			
e 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.)			10e		х			
<ul> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>					х			
g Did the plan have any participant loans? (If "Yes," enter amount as			10f		x			
h If this is an individual account plan, was there a blackout period? (			10g					· · ·
2520.101-3.)			10h	x				
i If 10h was answered "Yes," check the box if you either provided th	e required n	otice or one of the		x				
exceptions to providing the notice applied under 29 CFR 2520.10	1-3		101	^				
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 requirem	ents? (If "Yes	s," see instructions a	and con	nplete	Sched	ule SB (F	form	Yes 🗌 No
5500) and line 11a below) 11a Enter the unpaid minimum required contribution for all years from								
_ real Enter the unpaid minimum required contribution for all years from a	Schednie SB	(norm bovu) line 4	U			11a		

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Yes X No