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

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pa	art I	Annual Report	ld	entification Information									
For	calenda	ar plan year 2015 or fi	sca	I plan year beginning 01/01/2	2016 and ending 11	1/29/2	016						
A	This reti	urn/report is for:	(Filers checking this box must attach a ccordance with the form instructions)										
Вт	his retu	rn/report is		the first return/report an amended return/report	x the final return/report a short plan year return/report (less than 12 months)								
C	Check b	oox if filing under:		Form 5558 special extension (enter description	automatic extension		DFVC progr	am					
Pa	rt II	Basic Plan Info	rn	nation—enter all requested in	formation								
1a	Name	of plan		I.S. 401(K) PROFIT SHARING			Three-digit plan number (PN)	001					
						1c	Effective date of 08/0	plan 1/2003					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)						2b Employer Identification Number (EIN) 73-1664402							
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) IOHN B. GOESSMAN, JR., D.D.S., M.S., INC. P.S.						2c Sponsor's telephone number 360-779-7912							
		PIC COLLEGE WAY VA 98370	NW	, SUITE		2d	Business code (,					
3a	Plan ad	dministrator's name a	nd a	address XSame as Plan Spons	sor.		Administrator's E	EIN elephone number					
4				an sponsor has changed since er from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN						
а	Sponso	or's name					PN						
5a	Total n	umber of participants	at	the beginning of the plan year		5	а	5					
b	Total n	umber of participants	at	the end of the plan year		5	b	0					
С					the plan year (defined benefit plans do not	5	c	0					
d(1) Tota	al number of active pa	rtic	pants at the beginning of the pl	an year		(1)	5					
d(2) Tota	al number of active pa	rtic	ipants at the end of the plan yea	ar	5d	(2)	0					
	than 1	00% vested			plan year with accrued benefits that were less		е	0					
					n/report will be assessed unless reasonable cau								
					ctions, I declare that I have examined this return/re as well as the electronic version of this return/report								

belief, it is true, correct, and complete SIGN Filed with authorized/valid electronic signature 12/20/2016 JOHN GOESSMAN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN** HERE Signature of employer/plan sponsor Date 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

	Form 5500-SF 2015		Page 2								
b ,	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	∐ N	lot dete	ermined
Par	t III Financial Information	1	•			_					
<u>7</u>	Plan Assets and Liabilities		(a) Beginning			_		(b) Eı	nd of	Year	
	Total plan assets	. 7a		1187	'399						0
	Fotal plan liabilities	. 7b		4407	1000						0
	Net plan assets (subtract line 7b from line 7a)	. 7с		1187	399	-					0
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	unt				(b) Tot	al	
	1) Employers	. 8a(1)		6	826						
(2) Participants	. 8a(2)		20	0080						
	3) Others (including rollovers)	. 8a(3)									
b (Other income (loss)	. 8b		41	646						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								69	9272
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d		1256	371						
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
	Administrative service providers (salaries, fees, commissions)	. 8f			300						
g	Other expenses	. 8g									
h -	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								1256	6671
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	. 8i								-1187	7399
<u>j</u> .	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 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in t	he inst	ructio	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instri	uction	ns:	
					20101101						
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		A	moun	t
а	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 F	iduciary 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					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her person ne or all of	s by an insurance the benefits under			X					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan.			10e							
-	· · · · · · · · · · · · · · · · · · ·			10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Χ					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
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 5500) and line 11a below)									Ye	es X No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding	g requireme	ents of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?	,	Υe	es X No

	F	orm 5500-SF 2015 Page 3 - 1									
	(If "Ye	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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling				
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι					
b	Enter ti	he 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							
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d							
		ve amount)			Yes	No	N/A				
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A				
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo					
		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 brou PBGC?	ght under the co	ontrol	×	Yes	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		Trust Information									
14a	Name o	f trust		14b 1	rust's Ell	N					
14c	Name	of trustee or custodian				s or custodi	an's				
							telephone number				
Par	t IX	IRS Compliance Questions									
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No					
	10 110			_ D	esign-						
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)?		ha	sed safe arbor ethod	ADF test	P/ACP				
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No					
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?									
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test				
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?					No					
17a Has the plan been timely amended for all required tax law changes?					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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or				
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from the IRS, entire termination letter from the IRS, entire termination		the plai	 n's last fa	vorable					
18	Is the I	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	S	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-\$F

Department of the Treasury Internal Playenue Service

ASPAN I

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 section: 8057(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

For calendar plan year 2015 or fiscal plan year beginning	01/01/2016	and ending	11/02/04						
x a single-employer plan			11/29/20						
A This return/report is for:	a list of participating	pian (not multiemployer employer information i	yer) (Filers checking this box must attach in accordance with the form instructions)						
B This return/report is: the first return/report	a foreign plan in the final return/repo	_							
an amended return/report									
- , - ,	Tal. or service breat Acres, us	tum/report (less than 12	months)						
Check box if filing under: Form 5558 . Special extension (enter de		La servición de la composição de la comp	☐ DFVC	program					
Basic Plan Information — enter all request		7.58	The state of the s	O . 3 Not					
18 Name of plan		<u>-</u>	1b Three dig	it					
John B. Goessman, Jr. D.D.S., M.S. 401(k) Profit Sharing)	Plan	plan numt (PN) ►	001					
			10 Effective (
a Plan sponsor's name (employer, if for a single-employer pla	n)		08/01/2						
City or town, state or province, country, and ZIP or foreign p	P.O. Box) rostal code (if foreign, see ins	structions)	(EIN) 73	Identification Number 3-1664402					
John B. Gosssman, Jr., D.D.S., M.S., In	c. P.S.		(360) 7	telephone number 179-7912 code (see instructions)					
22180 Olympic College Way NW, Suite	22180 Olympic College Way NW, Suite								
US Poulsho WA 98370			1						
R Plan-administrator's name and address. IX Sama as Plan 3	Sponsor Name	ه وي در احد	3b Administra	tor's EIN					
'			3c Administra	tor's telephone number					
		•		waspitelle littlige					
If the name and/or EIN of the plan aponeor has changed sind name, EIN, and the plan number from the last return/report.	se the last return/report filed	for this plan, enter the	4b EIN						
a Sponsor's name	ı		4c PN						
2 Total number of participants at the beginning of the plan year	r		5a	5					
lotes number of participants at the end of the plan year			5b	9					
Number of participants with account balances as of the end of complete this item)	of the plan year (defined hen	elit piens do not	5c	0					
$\mathbf{i}(1)$ Total number of active participants at the beginning of the \mathbf{i}	plan year		5d(1)	5					
(2) Total number of active participants at the end of the plan ye									
. Number of participarits that terminated employment dusion th	e pian year with accrued her	efits that were	5d(2)	0					
ICO GIANT TOO /5 Vested	***************************************	-	5e	0					
caution: A panalty for the late or incomplete filing of this ret	urn/raport will be assessed	uniess reasonable ca	use is established	I.					
Inder penalties of perjury and other penalties set forth in the inst iB or Schedule MB completed and signed by an enrolled actuary elief, it is true, correct, and complete.									
				-					
Signature of plan administrator	18.20.2016		05817417						
	Date	Enter name of Individu		ominiatrator					
4 Charles foreign	12.20.201	John Go	253magn						
Signature of employer/plan eponsor	Date	Enter rame of axindu	l signing as emplo	yer or plen sponsor					
repairer's mame (including firm name, if applicable) and address;	Include room or sulte numbe	r T	Preparer's telepho	one number					
		·	•	.,					

Form 5500-SF 2015		Page 2							
Ba Were all of the plan's assets during the plan year invested in eligib	la presia? (C-								
b Are you claiming a walver of the annual examination and report of	en heinenstein ne	v alsauchons.)			**************************************		••••••	X Ye	i5 ∐No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	on mochanism	ir dranned bribits act	COUNT	int (IQ	PA)			Elv.	. —
ii you aliswered ind to either line ba or line ob, the plan cann	lôt liái Éorm: 5	MALCE and must be	nstea	d use	Form	5500			r≨ ∏No
c If the plan is a defined benefit plan, is it covered under the PSGC in	Пи	o 🗀 No	t determiner						
Financial Information									-
7 Fian Assets and Liebilities	Nickely Congress	(a) Beginning	of Y	eur.			/h) E=d	of Year	
81 Total plan assets			187		+		(D) LIIC	OF THE	
b Total plan flabilities	- 7b			775	十				. 0
C Net plan assets (subtract line 7b from line 7a)	7c	1.	187,	399	+	······			. 0
Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou			_		(P)	Total	. U
(1) Employers	8a(1)			036		e Avigaçõe		1 15	
(2) Perticipants		1. I	.30°	826		ető, 1,574 Sanceia zaz	Name (ALTERY Unitary	
(3) Others (including rollovers)	8a(3)		40,	800				3	
D Other Income (loss)	- 8b		41.	646		lgaligi Tirvid.	rdelih Divina		
Total Income (add lines 88(1), 8a(2), 6a(3), and 8b)	8c								
Benefits paid (including direct rollovers and insurance premiums to provide benefits)		THE ENGLISH SHAPE AND ARTHUR ASS		- 12-54-54 - 12-54-54				6 <u>9</u>	7,272
Certain deemed and/or corrective distributions (see instructions)	- 8d	1,:	256,	371	_				97-7-3149 5-1-25-317
Administrative service providers (salaries, fees, commissions)	- 8e	<u> </u>							
Other expenses	- 8f			300	- 1955 - 1954	n ka ja			
Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8g						SHW.		
Net income (toss) (subtract line 8h from line 8c)	. 81	- Dagrig Leder Die heiter Statische G Nachweiter in der Statische Gestallter der Statische Gestallter der Statische Gestallter der Statische Gestall		1.5tt a.€at				1,256	
	. 01			tay di				(1,187,	399)
Transfers to (from) the plan (see Instructions)	21								
Plan Characteristics a if the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare features.	eture codes fro								
Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare features. Compliance Questions	eture codes fro								
Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare features. Compliance Questions During the plan year:	eature codes from	π the List of Plan Ch			Code		struction		
Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare features applicable welfare features. Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 28 CFR 2510:3-1027 (See instructions and DOL's Vo Program)	eature codes from sture codes from tions within the lumbary Fiducial	n the List of Plan Ch time period ry Correction	neract	Yes	No		struction	na:	
Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare feather than a purity the plan and participant contributed described in 29 CFR 2510:3-1027 (See instructions and DOL's Vo Program) Described in 29 CFR 2510:3-1027 (See instructions and DOL's Vo Program) Were there any nonecompt transactions with any party-in-interest reported on line 10a.)	sture codes from tons within the lumbary Fiducial	n the List of Plan Ch time period ry Correction	10a	Yes	No x		struction	na:	
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	Form 5500-SF 2015 Page 3-					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12a helmy, as applicable.)					
	 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Month	s, and	enter th	ie date o	of the letter n	uling
<u>lf</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<u> </u>	Эау	·····	Year	
b			12b	Ī		
C	Enter the amount contributed by the employer to the plan for this plan year	******		 		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		12c			
_ 6		20'83084-		<u> </u>		1.
	Plan Terminations and Transfers of Assets	*********	<u> L</u>	Yes	LINO L	_I N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?		[F] v	es 🗌		
	if "Yes," enter the amount of any plan assets that reverted to the employer this year			es L	No	
Ь	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under		13a introl	/		······································
c	if during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to		<u> </u>	X Yes [No
	I3c(1) Name of plan(s):	43-	/B) C/A/			
		1.00	(2) EIN	5)	13c(3) I	N(s)
ed	Trust Information	···		- A		
14a	Name of trust		1/h 7	usťs Ell	u	-
			1717	us(s E(i	N	
140	No. of the state o					
170	Name of trustee or custodian	di .			r custodian's	
3 - 115 11 2			teler	shone nu	ımber	
	IRS Compliance Questions	1				****
15a	is the plan a 401(k) plan:		Yes		□No	
486		-	····	ign-		
del	If "Yes," how does the 401(k) plan satisfy the nondisorimination requirements for employee deferrals and employe matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			ed safe oor	ADP/A	CP
15¢	If ADP/ACP test, did the 401(k) planiperform ADP/ACP testing for the plan-year using the "current year					
	testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	İ	Yes		' No	•
		11744	Rati			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		Pen	 centage	Averag Benefit	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining his plan with any other plans under the permissive aggregation rules?		Tes Yes	<u> </u>	No	T HASE
17a	Has the Plan been timely amended for all required law changes?		Yeş		□ No	□ N/A
17b	Date of the last plan amendment/restatement for the required tax law changes was adopted/	er the	applicat	ole code	/See	
17C)	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subjectively effect on the data of that is prototype (M&P).	ct to a	favoral	le IRS d	pinion or	
17d	f the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter the determination letter.	date	of plan's	last favo	orable	
18 is	the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been nade), American Samoa, Guarn, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?		Yes			<u> </u>
19 v	Vere in-service distributions made during the plan year?		Yes		□ No	
11	Yes, enter amount	Ľ				
20 V	Vere minimum required distributions made to 5% numbers who have attained as the control of the c		19			
п	of retired) as required under section 401(a)(9)?	- 1	Yes	i	No F	NIA

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