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:	X	a single-employer plan a one-participant plan		•	•			
Вт	his retu	rn/report is		the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)			
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					plan number (PN) ▶	001		
						1c		•		
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				
		ESSMAN, JR., D.D.S			n year beginning 01/01/2016 and ending 11/29/2016 single-employer plan					
		PIC COLLEGE WAY VA 98370	NW	, SUITE		2d	,	,		
3a	Plan ad	dministrator's name a	nd a	address XSame as Plan Spons	sor.					
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					1			
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						5	c	0		
d(1) Tota	al number of active pa	rtic	pants at the beginning of the pl	an year			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						0		
					·					

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 Are und If y C If the Vision of the Vision	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								A) X Yes N				
C I	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	•										
7	Plan Assets and Liabilities		(a) Beginning			-		(b) E	nd of	Year			
	Total plan assets	. 7a		1187	7399						0		
	Total plan liabilities	. 7b		4407	7000						0		
	Net plan assets (subtract line 7b from line 7a)	. 7c		1187	399						0		
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	unt				(k) 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 to 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											
Par	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 Plant	an Cha	racteri	stic Co	des in t	the ins	tructio	ons:			
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Char	acterist	tic Coc	les in th	e instr	uction	ıs.			
	in the plant provided wellare benefits, enter the applicable wellare t	catare coc	ies from the Elst of Fra	ii Onait	dotorio		100 111 11	io moti	uotioi	10.			
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		Х							
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							
	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e									
-				10f		X			—				
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g		X							
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			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	requireme	ents of section 412 of t	he Cod	e or se	ection :	302 of E	RISA	·	Ye	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				_	e date of		ling
If				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			
					Voc	No F	NI/A
Part		· · · · · · · · · · · · · · · · · · ·			163	NO	IN/A
					X Ye	s П No	
				13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	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), identi					
•	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					an's
					telepnon	e number	
Par	t IX	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12a bellow, as applicable.]					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	Пло	
	10 110			_ D	esign-		
15b				ha	ırbor	L-1	
15c						По	
16a				⊔ р∈	ercentage		0
16b						No	
17a				☐ Ye	S	∏No	N/A
17b			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 pla		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, e		the plai	 n's last fa	vorable	
18	Is the I			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

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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 o	ort Identification Information r (scal plan year beginning	01/01/2016	and ending	11 (00 (00						
	a single employer plan			11/29/20						
A This return/report is for:	a one-perticipant plan	a list of participating	pian (not multiemployer employer information in	er) (Filers checking this box must attach in accordance with the form instructions)						
B This return/report is:	the first return/report	a foreign plan it the final return/repo								
•	an amended return/report									
_		To a service breat Acras, us	um/report (less than 12	months)						
C Check box if filling under:	Form 5558	- 🖫 automatic extension ption)	er en graak en ee	☐ DFVC	program					
Parit Basic Plan	nformation — enter all requested !	•	7.1	The state of the s	O . 3 Vet					
18 Name of plan	•			1b Three dig	t T					
John B. Goessman	, Jr. D.D.S., M.B. 401(k)	Profit Sharing	lan	plan numt (PN) ►	001					
				10 Effective (
Za Plan sponsor's name (en	ployer, if for a single-employer plan)			08/01/2						
City or town, state or pro-	room, apt./ suite no. and street or P.O. vince, country, and ZIP or foreign posts	il code (if foreign, see in:	tructions)	(EIN) 73	Identification Number -1664402					
John B. Qoessman	Jr., D.D.S., M.S., Inc.	P.8.	•	2c Sponsor's telephone number (360) 779-7912						
22180 Olympic Col	llege Way NW, Suite		4,	2d Business (621210	(enoitourtani eez) abox					
UB Poulsbo WA 98370				1						
98 Plan-administrator's name	and address. 🚨 Same as Plan Spor	nsor Name	net Jage V	3b Administra	tor's EIN					
	,			3c Administra	tor's telephone number					
					Anaphonia namada					
If the name and/or EIN of name, EIN, and the plan i	the plan sponsor has changed since the number from the last return/report.	e last return/report filed	or this plan, enter the	4b EIN						
a Sponsor's name		•		4c PN						
a Total number of participar	its at the beginning of the plan year	771111111111111111111111111111111111111		5a	5					
 lots number of participar 	its at the end of the plan year			5b	0					
 Number of participants will complete this item) 	th ecopust balances as of the end of th	e plan year (defined hen	और piens do not	5c	0					
d(1) Total number of active p	sarticipants at the beginning of the plan	year		5d(1)	5					
d(2) Total number of active p	articipants at the end of the plan year.	-			-					
" INTUINDED OF DETECTORING AND	at terminated employment during the pi	en year with accrued ber	efits that were	5d(2)	0					
TOO GIRLL TOO /S VESTED				5e	0					
Caution: A penalty for the la	te or incomplete filling of this return/	report will be assessed	uniess reasonable ca	uso le ostablished						
מחות עינות של וט בטונטו בטע וסיטייי	Other penalties set forth in the instructi f and signed by an enrolled achiery, se									
	uma	10 3 3 4	71. 7		·					
Signature of plan ac		18.20.2016		05817417						
	in the state of th	Date	Enter name of Individua		ominiettation					
	The state of the s	12.20.201L		253mun						
Signature of amploy		Date	Enter name of incividus	al cloning as emplo	yer or plan aponsor					
reperts a issues (numman) little	name, if applicable) and address; Incl	ude room or sulte numbe	ſ	Preparer's telepho	one number					
				-						
			•							
or Paperwork Reduction Ac	Notice and OMB Control Numbers				CONTRACTOR OF THE SECOND					

Form 5500-SF 2015		Page 2							
Ba Were all of the plan's assets during the plan year invested in elect-	la presia? (C-								
Were all of the plan's assets during the plan year Invested in eligible assets? (See Instructions.) Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA)									i5 ∐No
under 29 CFR 2520,104-46? (See instructions on waiver eligibility end conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5800-SE and must impled the Form 5800-SE and must impled the Form 5800-SE.									. —
									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		. Avaist		1 15	
(2) Perticipants		1. I	.30°	826		ető, 1,5/1) Sanceia zez	Name (ALTERY Unitary	
(3) Others (including rollovers)	8a(3)		40,	800					
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		- 15-54-5				6 <u>9</u>	,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		u e				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		
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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 to transmit to the plan any participant contribute described in 29 CFR 2510.3-1027 (See instructions and DOE's Voer Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's first by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (See 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-Did the plan trust incur unrelated business taxable income? Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements this a defined benefit plan subject to minimum funding requirements.	sture codes from stons within the itentary friducial (Do not includ delity bond, the persons by a or all of the be or all of the be required notices	time period ry Correction e transactions at was caused in insurance anefits under e or one of the	10s 10b 10c 10d 10s 10h	Yes X	No x x x x x	in the In	estruction	Amount	
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 to transmit to the plan arry participant contribute described in 29 CFR 2510.3-1027 (See instructions and DOL's Vollage Program) Diverse there any nonexempt transactions with any party-in-interest? The plan have a loss, whether or not reimbursed by the plan's feather plan have a loss, whether or not reimbursed by the plan's feather plan have a loss, whether or not reimbursed by the plan's feather plan have a loss, whether or not reimbursed by the plan's feather plan have a service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan's feather plan have any participant ioans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (Sec.) 101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-Did the plan trust incur unreleted business taxable income? Pension Funding Compliance	iture codes from iture codes	time period ty Correction e transactions at was caused in insurance and 29 CFR e or one of the	10a 10b 10c 10d 10f 10g 10h	Yes X	No x x x x x hedu	a SB (Fo.	rm	Amount	50,000

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Form 5500-SF 2015		Page 3-				
(If "Yes," complete line 12a or lines 12b, 12d	c, 12d, and 12e below, as applicable.)					
 If a waiver of the minimum funding standar granting the waiver. 	d for a prior year is being amortized in thi	s plan year, see instructions, Month	and enter t	he date of	the letter rulin	ng
If you completed line 12a, complete lines 3, 9	, and 10 of Schedule MB (Form 5500).	and skip to line 13	Day	Ye	er	
b Enter the minimum required contribution for	this plan year		12b	1		
c Enter the amount contributed by the employ	er to the plan for this plan year	H-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	120			
d Subtract the amount in line 12c from the am negative amount)	ount in line 12b. Enter the result (enter a r	minus sign to the left of a				
e Will the minimum funding amount reported o		.9		 	7 (7)	
Plan Terminations and Tra	nsfers of Assets	15 ************************************	***********	Yes L	No	N/A
13a Has a resolution to terminate the plan been			E)	'es 🗆 N		
if "Yes," enter the amount of any plan assets	that reverted to the employer this year	*******************************		es LIN	lo	
b Were all the plan assets distributed to particle of the PBGC?	pants or heneficiaries, transformed to small	haratés saturates à u	e control	1		
C if during this plan year, any assets or liabilities which assets or liabilities were transferred. (es were transferred from this plan to anoth	ner plan(s), identify the plan(s) to		X Yes	No
13c(1) Name of plan(s):			43-/8\ C/\	(-)	I	
			13c(2) EIN	(5)	13c(3) PN	(s)
<i>F</i> · · · · · ·	. · ·					
Trust Information				- 1		
14a Name of trust		A State of the Sta	14h T	rust's E(N		
,	* * * * * * * * * * * * * * * * * * *		140	ius(s E(N		
140 No.						
14c Name of trustee or custodian		The State of the S			zustodian's	
3-10-25-1-2-12-1			tele	phone nun	nber	
IRS Compliance Questions			L			
15a is the plan a 401(k) plan:		***************************************	П үе	2	□ No	
4PL vm.				sign-		
15b If "Yes," how does the 401(k) plan satisfy the matching contributions (as applicable) under s	nondiscrimination requirements for emplo ections 401(k)(3) and 401(m)(2)?	yse defenals and employer	bas har	ed safe bor thod	ADP/ACF	3
15c If ADP/ACP test, did the 401(k) planiperform A	ADP/ACP testing for the plan year using the	16 current year				
testing method" for nonhighty compensated en 2(a)(2)(II))?	MOVEDE (Trape Par coefee 4 404/L) or	-1/01/01 1 4 4644 4	☐ Ye:		No	•
			- Rai	in		
16a Check the box to indicate the method used by			Per	centage [Average Benefit Te	
16b Does the plan satisfy the coverage and nondig this plan with any other plans under the permis	crimination tests of sections 410(b) and 4 sive aggregation rules?	01(a)(4) by combining	Tes		No Denem 16	
17a Has the Plan been timely amended for all requ		***************************************	Yes		No 🗍	N/A
17 b Date of the last plan amendment/restatement	for the required tex law changes was ado	pted/_/Enter	the applica	ble code	·· (See	INVA
17C If the plan sponsor is an adopter of a pre-appro	oved master, prototype (M&P), or volume	submitter plan that is subject	to a favore	ble IRS on	lnion or	
17d If the plan is an individually-designed plan and determination letter	letter / / and the lifective a favorable determination letter	atter's serial number. from IRS, please enter the dr	ate of plan's	last fever	able	
18 is the Plan maintained in a U.S. territory (i.e., Pomade), American Samoa, Guarn, the Common	undo Dice (fine election of process					
19 Were in-service distributions made during the p	lan.year?	are e.e. virgin islands)?	Yes	<u>L</u>	No No	
If Yes, enter amount			<u> </u>	L		
20 Were minimum required distributions made to 5	% number who have all in a series	740444444444444444444444444444444444444	19		~	
not retired) as required under section 401(a)(9)	?	egardless of whether or	Yes	r	No 🗆	BUA

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