For	m 5500-SF	Short Form Annua	yee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	This form is required to be filed	065 of the Employee Re	tirement	2016				
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		This Form is Oper Public Inspectio				
_	enefit Guaranty Corporation	Complete all entries in a	accordance with the instru-	uctions to the Form 550	00-SF.				
For calenda	Annual Report IC	dentification Information al plan year beginning 01/01/20	016	and ending 12/	31/2016				
	urn/report is for:	a single-employer plan		an (not multiemployer) (F		ting this box must attach a ith the form instructions.)			
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	nths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
	[	special extension (enter descri	iption)						
Part II	Basic Plan Infor	mation—enter all requested inf	ormation						
	<b>1a</b> Name of plan COOPER MOSS ADVANCED DENTISTRY RETIREMENT PLAN				(PN)	number 001			
					1c Effec	tive date of plan 01/01/2015			
<ul> <li>Plan sponsor's name (employer, if for a single-employer plan)</li> <li>Mailing address (include room, apt., suite no. and street, or P.O. Box)</li> <li>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</li> </ul>				uctions)	2b Employer Identification Number (EIN) 91-1890325				
	OSS ADVANCED DENT			,	2C Spon	sor's telephone number 360-357-8075			
1105 - 4TH AVE. E., SUITE A DLYMPIA, WA 98506-4018				-	2d Business code (see instructions) 621210				
3a Plan a	dministrator's name and	address X Same as Plan Spon	isor.		<b>3b</b> Admi	nistrator's EIN			
						nistrator's telephone number			
	, EIN, and the plan numb	blan sponsor has changed since t per from the last return/report.	the last return/report filed fo	' ' <u>-</u>	<b>4b</b> EIN <b>4c</b> PN				
		t the beginning of the plan year			5a	20			
		t the end of the plan year			5b	22			
C Numb	er of participants with ac	count balances as of the end of t	he plan year (only defined	contribution plans	5c	22			
<b>d(1)</b> Tota	al number of active parti	cipants at the beginning of the pla	an year		5d(1)	19			
		cipants at the end of the plan yea rminated employment during the			5d(2) 5e	19			
		incomplete filing of this return				-			
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruct signed by an enrolled actuary, a	tions, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedule			
SIGN	Filed with authorized/va		04/13/2017	CAROL J. COOPER					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing a	as plan administrator			
SIGN									
HERE	Signature of employe		Date			as employer or plan sponsor			
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite numbe	r )	Preparer's	telephone number			
						Farm (500, 05 (004.0)			

344525

6a b								
	If you answered "No" to either line 6a or line 6b, the plan cann		,					
~								
<u> </u>	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 4021	)? Yes No Not determined				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
a	Total plan assets	7a	1152856	1497381				
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1152856	1497381				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from:	8a(1)	94837					
	(1) Employers		117806					
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)	42					
b	Other income (loss)	8b	131840					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		344525				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	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						

Dart IV	Plan Characteristics
Part IV	Plan Unaracteristics

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions) .....

i

j

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2R 2T 3D

8i

8j

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part V Compliance Questions

10	During the plan year:					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		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	X			300000
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		Х		
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				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					י 🗌 א	′es	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling	
	gran	ting the waiver	onth _		_ Day		_ Year _		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
b	Enter	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)			12d				
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?				Yes	s XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes 🗙	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)	
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			<b>14b</b> ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desigi safe h	n-basec arbor	[	Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	ntage		verage enefit test	N/	A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			ł
17b	10 11 -	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [	No		

Form 5500-SF	Short Form Annu	ort of Small Emplo	yee	OMB Nos. 1210-0 1210-0				
Department of Labor		This form is required to be filed under sections 104 and 4065 of the Employe Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of						
Employee Benefits Security Administrati Pension Benefit Guaranty Corporatio		Revenue Code (the C	ode).	of the Internal This Form is Ope				
	Complete all entries in a second s	accordance with the in	structions to the Form 550	orm 5500-SF. Public Inspectio				
Part I Annual Repo	IL IGENTIFICATION Information							
i or odielidar plan year 2010 u	fiscal plan year beginning 01/01/201		and ending 12/31/					
A This return/report is for:	X a single-employer plan	ist of participating	r plan (not multiemployer) (Fil employer information in acco	ers checkir ordance wit	ng this box must attach a			
<b>D</b>	_	a foreign plan			,			
B This return/report is	the first return/report	the final return/repo	rt					
	an amended return/report	a short plan year re	turn/report (less than 12 mon	ths)				
C Check box if filing under:	Form 5558							
	special extension (enter descri	automatic extensio		DFVC prog	gram			
Part II Basic Plan Inf	ormation—enter all requested info	plion)						
1a Name of plan	ormation-enter all requested into	ormation						
	ENTISTRY RETIREMENT PLAN		1	b Three-c				
				plan nu (PN)	004			
			1		e date of plan			
2a Plan sponsor's name (emn	oyer, if for a single-employer plan)			01/01/2	2015			
City or town, state or provin	om, apt., suite no. and street, or P.O. ce. country, and ZIP or foreign postal	Box) code (if foreign, see in	2	2b Employer Identification Number (EIN) 91-1890325				
OOPER MOSS ADVANCED DE	INTISTRY, P.S.		20	2c Sponsor's telephone number				
			2	d During	(360) 357-8075			
05 - 4TH AVE. E., SUITE A			20	621210	s code (see instructions)			
LYMPIA, WA 98506-4018				021210				
	nd address VI a							
our man administrator s name a	nd address K Same as Plan Spons	or.	31	) Administ	trator's EIN			
A 16 the same of 1 - 5 the same		<ul> <li>I</li> </ul>			trator's telephone numbe			
· · · · · · · · · · · · · · · · · · ·	e plan sponsor has changed since the mber from the last return/report.	e last return/report filed	for this plan, enter the 4b	EIN				
a Sponsor's name			4c	PN				
Total number of participants	at the beginning of the plan year			5a	20			
D Total number of participants	at the end of the plan year			5b	22			
complete this item)	account balances as of the end of the	plan year (only defined	contribution plans	5c				
(1) Total number of active par	ticipants at the beginning of the plan	vear	50	i(1)	19			
(2) Total number of active par	ticipants at the end of the plan year.		50	1(2)	19			
than 100% vested	erminated employment during the pla	an year with accrued be	nefits that were less					
aution: A penalty for the late of	r incomplete filing of this return/re	port will be assessed			0			
nder penalties of perjury and oth 3 or Schedule MB completed an <u>lief, it is true, correct, and comp</u>	d signed by an aprolled actuary	ns, I declare that I have well as the electronic ver	examined this return/report, and sion of this return/report, and	including, if	ed. applicable, a Schedule			
				=				
RE A COUNT	y. (upper	4/12/17	× Carpli	$\Gamma$	ooner			
Signature of plan ad	ministrator	Date	Enter name of individual sig					
GN IRE								
Signature of employ	er/plan sponsor	Date	Enter name of individual sig					
parers name (including firm na	me, if applicable) and address (includ	le room or suite numbe	r) Prep	arer's teler	phone number			
Paperwork Reduction Act Notice	see the Instructions for Form 5500-SE							
	The structure of Form 5500.9E							

L 1

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Page 2	2
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6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of	an indepe	endent qualified public	accour	ntant (I	(APG			X Ye	_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	and cond	itions.)	ot inote	ad up				X Ye	s 📙 No
с	If the plan is a defined benefit plan, is it covered under the PBGC in									ermined
	rt III Financial Information									
7	Plan Assets and Liabilities	Market and	(a) Beginning	of Vea	, T		_	(b) End	of Voor	
а		7a		11528					14973	81
b		7b							14070	
С	Net plan assets (subtract line 7b from line 7a)	70		11528	56				14973	81
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt	-+			(b) T		
a	Contributions received or receivable from: (1) Employers	8a(1)		948	37			(0)		
	(2) Participants	8a(2)		1178	06					Sile Di
	(3) Others (including rollovers)	8a(3)			42		$\hat{T} = \hat{T}$		a 15,225,	
b	Other income (loss)	8b		1318	40					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3445	25
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		-						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							3445	25
j	Transfers to (from) the plan (see instructions)	8j								2.2
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2R 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	acterist	ic Co	des in t	he instru	ctions:	
Par	t V Compliance Questions							<u> </u>		
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		х				
C	Was the plan covered by a fidelity bond?			10c	х			_		300000
d	Did the plan have a loss, whether or not reimbursed by the plan's the plan's the plan's the plan's the plan's the plan's the plan by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er person e or all of	s by an insurance the benefits under	10e		x				
f				10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instru	ctions and 29 CFR	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i						

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	comple	ete Sch	iedule S	В	[	Yes	□ No
	Enter the unpaid minimum required contributions 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 C ERISA?	Code or	sectio	n 302 o	f		Yes	X No
<u></u>	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					···   -	_	-
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	ns, an	d enter i Day		e of the I Ye		ng
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		_					
b	Enter the minimum required contribution for this plan year			12b				
C	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)			12d		_		
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N []	/A
<b>Pana</b>	Plan Terminations and Transfers of Assets					_		
13a	Has a resolution to terminate the plan been adopted in any plan year?				Ye	s X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	- 	<u></u>			Yes	X No	
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	to				
1;	3c(1) Name of plan(s):		13c(2)	EIN(s)		13	c(3) PN(	s)
Part	Trust Information							
14a N	lame of trust			14b ⊺	rust's E	EIN		
14c N	lame of trustee or custodian					s or cust ne numb		
Part	IRS Compliance Questions							
15a Is	s the plan a 401(k) plan? If "No," skip b		Yes		[	] No		
<b>15b</b> ∺ 40	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:		Desigr safe ha	-based arbor	]	] "Prior test	year" Al	DP
		10.	Curre	nt year" est	Ľ	] N/A		
<b>16a</b> V y	Vhat testing method was used to satisfy the coverage requirements under section 410(b) for the plan ear? Check all that apply:		Ratio percei test	ntage		verage mefit test	ı []	N/A
fc	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a lf	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS on the letter and the serial number	pinion						of
	the plan is an individually-designed plan that received a favorable determination letter from the IRS, en etter	ter the	date o	f the mo	st rece	nt deterr	nination	
\$6	efined Benefit Plan or Money Purchase Pension Plan Only: /ere any distributions made during the plan year to an employee who attained age 62 and had not separ ervice?			Yes	[	No		
19 W	/as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No		