For	m 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan							
	tment of the Treasury nal Revenue Service	This form is required to be file	d under sections 104 and 4			2016			
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974	7(b) and 6058(a) of the Interr ).	This Form is Open to Public Inspection					
	nefit Guaranty Corporation	· · · · · · · · · · · · · · · · · · ·		uctions to the Form 5500-S		ne mepeetten			
Part I		lentification Information		and ending 11/02/2	016				
For calenda	ar plan year 2016 or fisca					w must attach a			
A This ret	urn/report is for:	a single-employer plan a one-participant plan		an (not multiemployer) (Filers ployer information in accorda	-				
<b>B</b> This retu	ırn/report is	the first return/report an amended return/report	$\times$ the final return/report	n/report (less than 12 months	)				
C Check b	box if filing under:	Form 5558	automatic extension		, FVC program				
	Γ	special extension (enter descr	iption)	<b>—</b>					
Part II	Basic Plan Inform	nation—enter all requested inf	ormation						
1a Name	of plan	BALANCE PENSION PLAN			Three-digit plan number (PN) ► Effective date of	002 f plan			
						1/2003			
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.C country, and ZIP or foreign posta		uctions)	(EIN) 20-1	fication Number 136015			
	BERMAN, D.D.S., P.S.			2c	2c Sponsor's telephone number 206-622-2999				
2600 FAIRVI SEATTLE, W	EW AVE E #B A 98102			2d	Business code 6212	(see instructions) 210			
3a Plan a	dministrator's name and	address X Same as Plan Spor	nsor.	3b	Administrator's	EIN			
				3c	Administrator's	telephone number			
name,	EIN, and the plan numb	lan sponsor has changed since per from the last return/report.	the last return/report filed fo		EIN				
a Sponse				4c					
5a Total r	number of participants at	the beginning of the plan year				12			
		the end of the plan year			b C	C			
	,	cipants at the beginning of the pla			(1)	2			
		cipants at the end of the plan yea		<b></b>		(			
e Numb	er of participants that te	rminated employment during the	plan year with accrued ber	nefits that were less		(			
Caution: A	penalty for the late or	incomplete filing of this return	n/report will be assessed	unless reasonable cause is	established.				
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ste.							
SIGN	Filed with authorized/va	lid electronic signature.	06/10/2017	ROBERT BERMAN					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individual sig	gning as plan ad	ministrator			
SIGN	· ·								
HERE	Signature of employe		Date	Enter name of individual sig					
Preparer's	name (including firm nan	ne, if applicable) and address (in	iclude room or suite numbe	r) Pre	parer's telephone	e number			
						FF00 OF (0040)			

925586

38050

931950

-893900

6a b c										
	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	893900	0						
b	Total plan liabilities	7b		0						
С	Net plan assets (subtract line 7b from line 7a)	7c	893900	0						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	38050							

8c

8d

8e

6364 f Administrative service providers (salaries, fees, commissions).... 8f g Other expenses..... 8g h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h i Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) ..... j 8j

Part IV Plan Characteristics

to provide benefits).....

**C** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....

 ${\boldsymbol d}$  Benefits paid (including direct rollovers and insurance premiums

e Certain deemed and/or corrective distributions (see instructions).

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 1C 3C

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

## 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		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	Х			200000
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		Х		
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				
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 c m 5500) and line 11a below)					<u> </u>	Yes 🗙 No		
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No		
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					··  🖵			
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	is, and	enter t	he date	of the lette	er ruling		
	<u> </u>	ting the waiver			_ Day	′	Year _			
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			1				
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 least of the matter 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?				X Ye	s N	lo		
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0		
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					X Yes	No		
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to					
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3	<b>8)</b> PN(s)		
Part	VIII	Trust Information								
		of trust			14b 1	Frust's I	EIN			
14c	Name	e of trustee or custodian					s or custod	lian's		
					I	leiepho	ne number			
Par	LIV	IRS Compliance Questions								
rai							Π			
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-based arbor	1 [	Prior yet test	ear" ADP		
				"Curre ADP t	ent year' est	13	N/A			
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	o entage Average N/A benefit test N/A					
16b		he 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		-							
	letter		nter the	date (	of the m	ost rec	ent determi	ination		
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa ce?		rom	Yes	s [	No			
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No			

		T							
Form 5500-SF         Short Form Annual Return/Report of Small Employee           Department of the Treasury         Benefit Plan									
	Internal Revenue Service	This form is required to be				2016			
	Department of Labor nployee Benefits Security Administration	Retirement Income Security A the Int	ternal Revenue Code (the		8(a) of	This Form is Open to Public Inspection			
	Pension Benefit Guaranty Corporation	<ul> <li>Complete all entries in action</li> </ul>	cordance with the instr	uctions to the Form 550	00-SF.	mapection			
		dentification Information							
For	calendar plan year 2016 or fisca	al plan year beginning	01/01/2016	and ending	11/0	02/2016			
A	This return/report is for:	x a single-employer plan	a list of participating			cking this box must attach with the form instructions.)			
в	This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/repor	t					
	L	an amended return/report	x a short plan year ret	urn/report (less than 12 r	nonths)				
С	Check box if filing under:	Form 5558	automatic extension			DFVC program			
		special extension (enter descri							
	art II Basic Plan Inform	mation enter all requested in	nformation						
1a	Name of plan ROBERT G. BERMAN, D.		pla	ree-digit n number Ŋ ► 002					
2a	Mailing Address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O country, and ZIP or foreign posta	. Box) Il code (if foreign, see ins	tructions)	2b Err	/01/2003 nployer Identification Number N) 20-1136015			
	ROBERT G. BERMAN, D.	.S., P.S.				onsor's telephone number 06) 622-2999			
	2600 Fairview Ave E	#B			2d Business code (see instructions) 621210				
	US SEATTLE WA 98102								
3a	Plan administrator's name and	address X Same as Plan Spor	nsor		3b Administrator's EIN				
					3c Adı	ministrator's telephone number			
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	ne last return/report filed	or this plan, enter the	4b EIN	1			
a	Sponsor's name				4C PN				
5a	Total number of participants at	the beginning of the plan year			<b>5a</b> 12				
b	Total number of participants at	the end of the plan year			5b	0			
С	Number of participants with acc	count balances as of the end of th	e plan year (only defined	contribution plans	5c				
d(		pants at the beginning of the plan			5d(1)	2			
d(		pants at the end of the plan year			5d(2)	0			
е	Number of participants that terr less than 100% vested	ninated employment during the pl	an year with accrued ber		5e	0			
Ca	ution: A penalty for the late or	incomplete filing of this return	report will be assessed	unless reasonable car	ueo ie oeta	blished			
Un SB	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.								
1000	IGN Auto Ber	1m-	6-10-17	Robert	G. B	dima n			
H	ERE Signature of plan admini	strator	Date	Enter name of individua	al signing a	s plan administrator			
SI	GN ANABR	eras a	1-10-17	Pabert	R.	Bernen			
	ERE Signature of employer/pl	lan sponsor	Date	Enter name of individua	al signing a	s employer or plan sponsor			
Pre Sk		ne, if applicable) and address (inc		er)	Preparer	s telephone number nis question			

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

Form 5500-SF (2016) v.160205

	Form 5500-SF	Short Form Annua	ee	OMB Nos. 1210-01 1210-00						
	Department of the Treasury Internal Revenue Service	This form is required to b	Benefit Plan be filed under sections 1	04 and 4065 of the Employee	,   <u> </u>	2	016			
<u> </u>	Department of Labor loyee Benefits Security Administration ension Benefit Guaranty Corporation	the	Internal Revenue Code	,	This Form is Open to Public Inspection					
		Complete all entries in a dentification Information		structions to the Form 5500	)-SF.					
	calendar plan year 2016 or fisca		01/01/201	6 and ending	11/02	2/2016				
	his return/report is for: [ his return/report is:	x a single-employer plan a one-participant plan the first return/report		er plan (not multiemployer) (I ng employer information in ac port						
	[	an amended return/report	$\mathbf{x}$ a short plan year	return/report (less than 12 mo	onths)					
<b>c</b> c	Check box if filing under:	Form 5558	automatic extensi	on		FVC progra	m			
		special extension (enter desc	cription)							
		mation enter all requested	d information		41					
1a	Name of plan ROBERT G. BERMAN, D.	<b>1b</b> Threp plan (PN)	002							
						ctive date of 01/2003	plan			
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					2b Employer Identification Number (EIN) 20-1136015				
	ROBERT G. BERMAN, D.		stal code (il foreign, see	instructions)	2c Sponsor's telephone number (206) 622-2999					
	2600 Fairview Ave E	#в				Business code (see instructions) 621210				
	US SEATTLE WA 98102									
3a	Plan administrator's name and	address X Same as Plan Sp	oonsor		<b>3b</b> Admi	inistrator's E	EIN			
					3c Adm	inistrator's t	elephone number			
4	If the name and/or EIN of the p name, EIN, and the plan numb	olan sponsor has changed since per from the last return/report.	e the last return/report fil	ed for this plan, enter the	4b EIN					
а	Sponsor's name				<b>4c</b> PN					
5a	Total number of participants a	t the beginning of the plan year	••••••		5a		12			
b		t the end of the plan year			5b		0			
С		count balances as of the end of			5c					
<b>d(</b> 1	) Total number of active partic	cipants at the beginning of the p	lan year		5d(1)		2			
d(2	2) Total number of active partic	cipants at the end of the plan ye	ar		5d(2)		0			
е		rminated employment during the			5e		0			
Са	ution: A penalty for the late o	r incomplete filing of this retu	rn/report will be asses	sed unless reasonable cau	se is estab	olished.				
SB		er penalties set forth in the instr d signed by an enrolled actuary lete.	-	•		0. 11				
SI	GN									
	ERE Signature of plan admir	nistrator	Date	Enter name of individua	<mark>l signing as</mark>	<mark>s plan admir</mark>	nistrator			
	GN ERE Signature of employer/	plan sponsor	Date	Enter name of individua	l signing as	employer	or plan sponsor			
Pre		ime, if applicable) and address (			Preparer's	telephone is questi	number			

Preparer's name (including firm name, if applicable) and address (include room or suite number) Skip this question

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							XYes No					
<ul> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>												
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Forr	n 5500-SF and must inste	ad u	se Fo	orm 55	500.					
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	4021	)? .		Yes	X No Not determin	ed			
Pa	art III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of	Year				(b) End of Year				
а	Total plan assets	7a	893	3,90	0			0				
b	Total plan liabilities	7b						0				
С	Net plan assets (subtract line 7b from line 7a)	7c	893	3,90	0			0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)										
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	38	8,05	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					38,050					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	925	5,58	6							
е	Certain deemed and/or corrective distributions (see instructions)	rtain deemed and/or corrective distributions (see instructions) 8e										
f	Administrative service providers (salaries, fees, commissions)	8f	(	6,36	4							
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			931,950							
i	Net income (loss) (subtract line 8h from line 8c)	8i						(893,900)	_			
j	Transfers to (from) the plan (see instructions)	8j										
Pa	art IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension fe 1C 3C	ature code	es from the List of Plan Cha	aracte	ristic	Code	s in the	e instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Char	acter	istic (	Codes	in the	instructions:				
P	art V Compliance Questions											
10	During the plan year:				Yes	No	N/A	Amount				
	Was there a failure to transmit to the plan any participant contribut	ions within	the time period		100			Anount				
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo											
	Program)			10a		х						
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	х			200,00	0			
C		fidelity bon	id, that was caused	10d		x						
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.)	he benefits under	10e		x							
f	Has the plan failed to provide any benefit when due under the plan	ı? <b></b>		10f		x						
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		x						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h								

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Page **3 -**

Part	1/1	Panaian Funding Compliance						
11		Pension Funding Compliance						
		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500 and line 11a below)					Yes [	X No
<u>11a</u>		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a				
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					Yes [	<b>X</b> No
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see inst g the waiver			er the dat Dav	e of the Ye		ling
lf v	<u> </u>	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			Jay		ai	
b		ne minimum required contribution for this plan year.		12b				
с	Enter th	he amount contributed by the employer to the plan for the plan year		12c				
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l e amount)		12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?							1	N/A
Part	VII	Plan Terminanations and Transfers of Assets						
13a	13a Has a resolution to terminate the plan been adopted in any plan year?						No	
	lf "Yes,	enter the amount of any plan assets that reverted to the employer this year	••••••	13a				0
b		II the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougl of the PBGC?			x	Yes	□ N	0
C		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif issets or liabilities were transferred. (See instructions.)	fy the plai	n(s) to				
1;	<b>3c(1)</b> Na	me of plan(s):	13c(2)	EIN(s)		13	8 <b>c(3)</b> PN	l(s)
Part	VIII	Trust Information - Skip These Questions						
				4.4	• <b>T</b> (1)			
14a	Name	of trust		14	<b>o</b> Trust's	EIN		
14c	Name	of trustee or custodian		14	<b>d</b> Trustee telepho			
Part	IX	IRS Compliance Questions - Skip These Questions						
15a	Is the p	lan a 401(k) plan? If "No," skip b		Yes			No	
15b		d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		0	Design-based "Prior y safe harbor Lest			
				"Curren ADP tes			N/A	
16a		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio percent test	age 🗌	Avera	age fit test	N/A
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
17a	If the p the lette	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS/ and serial number	opinion l	etter or a	advisory le	etter, en	ter the o	late of
17b	If the pl	an is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the d	ate of th	e most re	cent de	terminat	ion
18	Defined Were a	I Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sepa?			Yes		No	
19								