## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

|   | ar plair your zoro or in   | scar plan year beginning 01/01/   | 2010   | and ending 14   | 2/31/2010   |   |  |  |  |  |
|---|--|---|--|---|---|---|--|--|--|--|
| A This ret  | urn/report is for:   | a single-employer plan  |  | plan (not multiemployer) (<br>employer information in ac  | `   |   |  |  |  |  |
|   | ·  | a one-participant plan  | a foreign plan   |   |   |   |  |  |  |  |
| <b>B</b> This retu  | ırn/report is  | the first return/report   | the final return/repo  | rt  |   |   |  |  |  |  |
|   | an amended return/report a short plan year return/report (less than 12 months)                                       |   |  |   |   |   |  |  |  |  |
| C Check box if filing under:  automatic extension  DFVC program   |  |   |  |   |   |   |  |  |  |  |
| Dout II   | Dania Blandufa   | special extension (enter desc   | · · ·  |   |   |   |  |  |  |  |
| Part II  1a Name  |  | ermation—enter all requested in   | nformation   |   | <b>1b</b> Three-digit   |   |  |  |  |  |
|   | E DENTISTRY 401(K)   |   | plan number  |   |   |   |  |  |  |  |
|   |  |   |  |   | (PN) <b>•</b>   | 001   |  |  |  |  |
|   |  |   |  |   | 1c Effective date of 03/01  | f plan<br>1/1991  |  |  |  |  |
| Mailing   | address (include roo   | yer, if for a single-employer plan)<br>m, apt., suite no. and street, or P. | O. Box)  | otructions)   | <b>2b</b> Employer Identii<br>(EIN) 91-17   | fication Number<br>148615                                   |  |  |  |  |
|   | R. STRANGE, D.D.S.   | ee, country, and ZIP or foreign pos<br>, P.S.                               | star code (ir foreign, see ir  | structions)   | 2c Sponsor's telep  |   |  |  |  |  |
|   |  |   |  |   | 2d Business code (  | (see instructions)  |  |  |  |  |
| 12835 NEWC<br>NEWCASTLE   | CASTLE WAY #304<br>E, WA 98056   |   |  |   | 6212  | 10  |  |  |  |  |
|   |  |   |  |   |   |   |  |  |  |  |
| 3a Plan ad  | dministrator's name a  | nd address 🛛 Same as Plan Spo   | onsor.   |   | <b>3b</b> Administrator's   | EIN   |  |  |  |  |
|   |  |   |  |   | <b>3c</b> Administrator's t   | telephone number  |  |  |  |  |
|   |  |   |  |   | Administrator s   | telepriorie riumbei   |  |  |  |  |
|   |  |   |  |   |   |   |  |  |  |  |
|   |  |   |  |   |   |   |  |  |  |  |
|   |  |   |  |   |   |   |  |  |  |  |
|   |  | e plan sponsor has changed since  | e the last return/report file  | d for this plan, enter the  | 4b EIN  |   |  |  |  |  |
|   | EIN, and the plan nu   | e plan sponsor has changed since mber from the last return/report.          | e the last return/report file  | d for this plan, enter the  | 4b EIN 4c PN  |   |  |  |  |  |
| name,<br><b>a</b> Sponso  | , EIN, and the plan nul<br>or's name   |   |  | ·<br>   |   | 16  |  |  |  |  |
| name, a Sponso 5a Total r   | EIN, and the plan nur<br>or's name<br>number of participants   | mber from the last return/report.   |  |   | 4c PN   |   |  |  |  |  |
| name, a Sponso 5a Total r b Total r c Number  | EIN, and the plan nur<br>or's name<br>number of participants<br>number of participants<br>er of participants with    | mber from the last return/report.  at the beginning of the plan year        | f the plan year (only defin  | ed contribution plans   | 4c PN 5a  | 16<br>18<br>16  |  |  |  |  |
| name, a Sponso 5a Total r b Total r c Number comple   | EIN, and the plan number's name number of participants number of participants er of participants with ete this item) | at the beginning of the plan year at the end of the plan year               | f the plan year (only defin  | ed contribution plans   | 4c PN 5a 5b   | 18  |  |  |  |  |
| name, a Sponso 5a Total r b Total r c Numbe comple d(1) Total   | EIN, and the plan number's name number of participants number of participants er of participants with ete this item) | at the beginning of the plan year at the end of the plan year               | f the plan year (only defin  | ed contribution plans   | 4c PN 5a 5b 5c  | 18<br>16  |  |  |  |  |
| name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total e Number than a   | EIN, and the plan number's name number of participants number of participants er of participants with ete this item) | at the beginning of the plan year at the end of the plan year               | of the plan year (only defin<br>blan year<br>earee plan year with accrued  | ed contribution plans   | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e   | 18<br>16<br>10  |  |  |  |  |
| name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total e Number caution: A   | EIN, and the plan number's name number of participants or participants with ete this item)                           | at the beginning of the plan year at the end of the plan year               | of the plan year (only defin   | ed contribution plans benefits that were less   | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.   | 18<br>16<br>10<br>11  |  |  |  |  |
| name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total e Number than r Caution: A Under pena   | EIN, and the plan number's name number of participants of participants with ete this item)                           | at the beginning of the plan year at the end of the plan year               | of the plan year (only defin   | ed contribution plans benefits that were less dunless reasonable calve examined this return/re  | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applie   | 18<br>16<br>10<br>11<br>0<br>cable, a Schedule              |  |  |  |  |
| name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total e Number than r Caution: A Under pena   | EIN, and the plan number of participants number of participants er of participants with ete this item)               | at the beginning of the plan year at the end of the plan year               | of the plan year (only defin   | ed contribution plans benefits that were less dunless reasonable calve examined this return/re  | 4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if appliedrt, and to the best of my                                      | 18<br>16<br>10<br>11<br>0<br>cable, a Schedule              |  |  |  |  |
| name, a Sponso 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under pena SB or Schebelief, it is t                         | EIN, and the plan number of participants number of participants er of participants with ete this item)               | at the beginning of the plan year at the end of the plan year               | of the plan year (only definition)  plan year  pear  pe plan year with accrued according to the plan year will be assessed actions, I declare that I has as well as the electronic will be assessed. | ed contribution plans benefits that were less ed unless reasonable car ve examined this return/re version of this return/repor            | 4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if appliedrt, and to the best of my                                      | 18 16 10 11 0 cable, a Schedule y knowledge and             |  |  |  |  |
| name, a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A Under penal SB or Scheelbelief, it is t           | EIN, and the plan number of participants number of participants er of participants with ete this item)               | at the beginning of the plan year at the end of the plan year               | f the plan year (only definolan year   | ed contribution plans benefits that were less ed unless reasonable car ve examined this return/re version of this return/repor            | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applic   | 18 16 10 11 0 cable, a Schedule y knowledge and             |  |  |  |  |
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| name, a Sponso 5a Total r b Total r C Number completed d(1) Total d(2) Total e Number than r Caution: A Under pena SB or Schele belief, it is t SIGN HERE | EIN, and the plan number of participants number of participants er of participants with ete this item)               | at the beginning of the plan year at the end of the plan year               | f the plan year (only definolan year   | ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/repor GEOFFREY STRANG Enter name of individ | 4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if applicate, and to the best of my  6E  dual signing as plan addresses  | 18 16 10 11 0 cable, a Schedule y knowledge and ministrator |  |  |  |  |
| name, a Sponso 5a Total r b Total r C Number completed d(1) Total d(2) Total e Number than r Caution: A Under pena SB or Schele belief, it is t SIGN HERE | EIN, and the plan number of participants number of participants er of participants with ete this item)               | at the beginning of the plan year at the end of the plan year               | f the plan year (only definolan year   | ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/repor GEOFFREY STRANG Enter name of individ | 4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if applicate, and to the best of my  6E  dual signing as plan addressed. | 18 16 10 11 0 cable, a Schedule y knowledge and ministrator |  |  |  |  |
| name, a Sponso 5a Total r b Total r C Number completed d(1) Total d(2) Total e Number than r Caution: A Under pena SB or Schele belief, it is t SIGN HERE | EIN, and the plan number of participants number of participants er of participants with ete this item)               | at the beginning of the plan year at the end of the plan year               | f the plan year (only definolan year   | ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/repor GEOFFREY STRANG Enter name of individ | 4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if applicate, and to the best of my  6E  dual signing as plan addressed. | 18 16 10 11 0 cable, a Schedule y knowledge and ministrator |  |  |  |  |
| name, a Sponso 5a Total r b Total r C Number completed d(1) Total d(2) Total e Number than r Caution: A Under pena SB or Schele belief, it is t SIGN HERE | EIN, and the plan number of participants number of participants er of participants with ete this item)               | at the beginning of the plan year at the end of the plan year               | f the plan year (only definolan year   | ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/repor GEOFFREY STRANG Enter name of individ | 4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. eport, including, if applicate, and to the best of my  6E  dual signing as plan addressed. | 18 16 10 11 0 cable, a Schedule y knowledge and ministrator |  |  |  |  |

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| 62       | Were all of the plan's coasts during the plan year invested in cligib  | lo acceta? | (Coo instructions )      |            |         |         |          |          | X Y        | es No     |
|----------|--|------------|--------------------------|------------|---------|---------|----------|----------|------------|-----------|
|          | Were all of the plan's assets during the plan year invested in eligib<br>Are you claiming a waiver of the annual examination and report of<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility            | an indeper | ndent qualified public a | account    | ant (IC | PA)     |          |          | _          | es No     |
|          | If you answered "No" to either line 6a or line 6b, the plan cann   |            | ,                        |            |         |         |          |          |            |           |
| C        | If the plan is a defined benefit plan, is it covered under the PBGC ir   | nsurance p | rogram (see ERISA se     | ection 4   | 021)?   |         | Yes      | No       | Not d      | etermined |
| Pa       | rt III Financial Information   |            |                          |            |         |         |          |          |            |           |
| 7        | Plan Assets and Liabilities  |            | (a) Beginning            | of Year    |         |         |          | (b) End  | of Year    |           |
| а        | Total plan assets  | 7a         |                          | 674339     |         |         |          |          | 29454      | 92        |
| b        | Total plan liabilities   | 7b         |                          |            |         |         |          |          |            |           |
| С        | Net plan assets (subtract line 7b from line 7a)  | 7c         | 2                        | 674339     | )       |         |          |          | 29454      | 192       |
| 8        | Income, Expenses, and Transfers for this Plan Year   |            | (a) Amour                | nt         |         |         |          | (b) 1    | Γotal      |           |
| а        | Contributions received or receivable from: (1) Employers   | 8a(1)      |                          |            |         |         |          |          |            |           |
|          | (2) Participants   | 8a(2)      |                          | 79560      | )       |         |          |          |            |           |
|          | (3) Others (including rollovers)   | 8a(3)      |                          |            |         |         |          |          |            |           |
| b        | Other income (loss)  | 8b         |                          | 191593     |         |         |          |          |            |           |
| С        | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c         |                          |            |         |         |          |          | 2711       | 53        |
| d        | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d         |                          |            |         |         |          |          |            |           |
| <u>e</u> | 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         |                          |            |         |         |          | 0        |            |           |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c)  | 8i         |                          |            |         | 271153  |          |          |            | 53        |
| j        | Transfers to (from) the plan (see instructions)  | 8j         |                          |            |         |         |          |          |            |           |
| Par      | t IV Plan Characteristics  |            |                          |            |         |         |          |          |            |           |
| 9a       | If the plan provides pension benefits, enter the applicable pension 2E 2F 2H 2J 2K 2R 2T 3D  | feature co | des from the List of Pl  | an Cha     | racteri | stic Co | odes in  | the inst | tructions: |           |
| b        | If the plan provides welfare benefits, enter the applicable welfare for  | eature cod | les from the List of Pla | n Chara    | acteris | tic Cod | des in t | he instr | uctions:   |           |
| Par      | t V Compliance Questions   |            |                          |            |         |         |          |          |            |           |
| 10       | During the plan year:  |            |                          |            | Yes     | No      | N/A      |          | Amou       | nt        |
| 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  | oluntary F | iduciary Correction      | 100        |         | X       |          |          |            |           |
| b        | Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  | t? (Do not | include transactions     | 10a<br>10b |         | X       |          |          |            |           |
| С        | ,  |            |                          | 10c        | X       |         |          |          |            | 150000    |
| 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 pla  | in?        |                          | 10f        |         | X       |          |          |            |           |
| g        | Did the plan have any participant loans? (If "Yes," enter amount a   | s of year- | end.)                    | 10g        | X       |         |          |          |            | 5881      |
| 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 the exceptions to providing the notice applied under 29 CFR 2520.10  |            |                          | 10i        |         |         |          |          |            |           |

| ı | Form | 550 | 0-SF | 201 | 16 |
|---|------|-----|------|-----|----|
|   |      |     |      |     |    |

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| Page 3- | 1 |  |

| Part | VI             | Pension Funding Compliance   |               |                    |           |                            |         |
|------|----------------|--|---------------|--------------------|-----------|----------------------------|---------|
| 11   |                | s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)  |               |                    |           | Y                          | 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  |               |                    | f         | ΠY                         | es X No |
|      | ERIS<br>(If "\ | A?   |               |                    |           | 🖰                          |         |
| а    |                | raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst<br>ing the waiver   |               | nd enter i         |           | of the letter<br>Year _    | ruling  |
| If   | you co         | 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                |           |                            |         |
|      | Subt           | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)  | eft of a      | 12d                |           |                            |         |
| е    | Will t         | he 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          | a resolution to terminate the plan been adopted in any plan year?  |               |                    | Yes       | s X No                     | )       |
|      | If "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 broug  |               |                    |           | Yes X                      | No      |
| С    |                | rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif<br>h assets or liabilities were transferred. (See instructions.)                     | fy the plan(  | s) to              |           |                            |         |
|      | 13c(1)         | Name of plan(s):   | 13c(          | <b>2)</b> EIN(s)   |           | 13c(3)                     | PN(s)   |
|      |                |  |               |                    |           |                            |         |
| Part | VIII           | Trust Information  |               |                    |           |                            |         |
| 14a  | Name           | of trust   |               | 14b                | Trust's E | EIN                        |         |
| 14c  | Name           | of trustee or custodian  |               |                    |           | s or custodia<br>ne number | an's    |
| Par  | t IX           | IRS Compliance Questions   |               | •                  |           |                            |         |
| 15a  | Is the         | plan a 401(k) plan? If "No," skip b  | Yes           |                    |           | No                         |         |
| 15b  |                | did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:  |               | gn-based<br>harbor | d [       | Test                       | ar" ADP |
|      |                |  |               | rent year<br>test  | ,"        | N/A                        |         |
| 16a  |                | testing method was used to satisfy the coverage requirements under section 410(b) for the plan<br>Check all that apply:  | Rat           | centage            |           | verage<br>enefit test      | □ N/A   |
| 16b  |                | ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules? | Yes           |                    |           | No                         |         |
|      | the le         |  | <u>'</u>      |                    |           |                            |         |
|      | letter         |  | nter the date | e of the n         | nost rec  | ent determir               | ation   |
| 18   | Were           | ed Benefit Plan or Money Purchase Pension Plan Only:<br>any distributions made during the plan year to an employee who attained age 62 and had not sepa  |               | Ye                 | s [       | No                         |         |
| 19   | Was            | any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?   |               |                    | s         | No                         |         |

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|----------|--|---|---------|--------------|---------------------|---------|-------|
|          |  |   |         | <del> </del> |                     |         |       |
| Part     |  |   |         |              |                     |         |       |
| 11       | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple (Form 5500) and line 11a below)   |   |         |              |                     | Yes     | No    |
| 11a      | 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 Code or  |   |         |              | П                   | Yes     | X No  |
|          | ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  | • | ••••••  | ••••••       | 1                   |         |       |
| а        | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction   | ns, and                                 |         |              |                     |         | ng    |
| 15       | granting the waiver  |   | Day     |              | Year                |         |       |
|          | Enter the minimum required contribution for this plan year   | T                                       | 12b     |              |                     |         |       |
|          |  |   | 12c     |              |                     |         |       |
|          | Enter the amount contributed by the employer to the plan for this plan year<br>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)   |   | 12d     |              |                     |         |       |
| <u>e</u> | Will the minimum funding amount reported on line 12d be met by the funding deadline?   |   |         | Yes          | No                  |         | I/A   |
| Part     | VIII Plan Terminations and Transfers of Assets   |   |         |              |                     |         |       |
| 13a      | Has a resolution to terminate the plan been adopted in any plan year?  |   |         | Yes          | X                   | No      |       |
|          | If "Yes," 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 brought uncontrol of the PBGC?  |   |         | [            | Yes                 | X No    | )     |
| С        | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)                    |   |         |              |                     |         |       |
| 1        | 3c(1) Name of plan(s):   | 13c(2) l                                | EIN(s)  |              | 13c                 | (3) PN  | (s)   |
|          |  |   |         |              |                     |         |       |
|          |  |   |         |              |                     |         |       |
|          |  |   |         |              |                     |         |       |
|          |  |   |         |              |                     |         |       |
| 1        |  |   |         |              |                     |         |       |
| Part     |  | <del></del>                             | 4.41    |              |                     |         |       |
| 14a      | Name of trust  |   | 14D 1   | rust's E     | IN                  |         |       |
|          |  |   |         |              |                     |         |       |
| 14c      | Name of trustee or custodian   |   | 14d 1   | rustee's     | or custo            | dian's  |       |
|          |  |   | 1       | elephon      | e numbe             | Г       |       |
| Par      | IV I IBS Compliance Occasions  |   |         |              |                     |         |       |
| ran      | 1  | · · · · · · · · · · · · · · · · · · ·   |         |              | 1                   |         | · ,   |
| 15a      | Is the plan a 401(k) plan? If "No," skip b   | Yes                                     |         | L            | No                  |         |       |
|          | How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:  | Design safe ha                          |         |              | Prior test          | year" / | ADP   |
|          | In   | "Currer<br>ADP to                       |         | <u> </u>     | ] N/A               |         |       |
| 16a      | What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  | Ratio percer test                       | ntage   |              | erage<br>nefit test |         | N/A   |
| 16b      | Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? | Yes                                     |         |              | No                  |         |       |
| 17a      | If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinio the letter and the serial number  | n letter                                | or advi | sory lette   | er, enter i         | he da   | te of |
| 17b      | If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the letter   | e date o                                | f the m | ost rece     | nt detern           | ninatio | n     |
| 18       | Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated service?                               | from                                    | Yes     | , [          | No                  |         |       |
| 19       | Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?   |   | Yes     | . [          | ] No                |         |       |

|          | Form 5500-SF 2016  |                                       | Page 2  |                            | _           |               |                   |
|----------|--|---------------------------------------|---|----------------------------|-------------|---------------|-------------------|
| b        | Were all of the plan's assets during the plan year invested in eligible. 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 lif you answered "No" to either line 6a or line 6b, the plan cann lif the plan is a defined benefit plan, is it covered under the PBGC in | an indeper<br>and condit<br>ot use Fo | ndent qualified public accions.)rm 5500-SF and must i | countant (IC<br>nstead use | PA)<br>Form | 5500.         |                   |
| Pa       | rt III   Financial Information   |                                       |   |                            |             |               |                   |
| 7        | Plan Assets and Liabilities  |                                       | (a) Beginning of                                      | Year                       |             |               | b) End of Year    |
| а        | Total plan assets  | 7a                                    | 2,6   | 74,339                     |             |               | 2,945,492         |
| b        | Total plan liabilities   | 7b                                    |   |                            |             |               |                   |
| С        | Net plan assets (subtract line 7b from line 7a)  | 7c                                    | 2,6   | 74,339                     |             |               | 2,945,492         |
| 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)                                 |   | 79,560                     |             |               |                   |
|          | (3) Others (including rollovers)   | 8a(3)                                 |   |                            |             |               |                   |
| b        | Other income (loss)  | 8b                                    | 1   | 91,593                     |             |               |                   |
| С        | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c                                    |   |                            |             |               | 271,153           |
| d        | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d                                    |   |                            |             | W-127-17-12-1 |                   |
| 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                                    |   |                            |             |               | 0                 |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c)  | 8i                                    |   |                            |             |               | 271,153           |
| j        | Transfers to (from) the plan (see instructions)  | 8j                                    |   |                            |             |               |                   |
| Pa       | rt IV Plan Characteristics   |                                       |   |                            |             |               |                   |
| 9a       | If the plan provides pension benefits, enter the applicable pension 2E 2F 2H 2J 2K 2R 2T 3D  | feature co                            | odes from the List of Plan                            | Characteri                 | stic Co     | odes in       | the instructions: |
| b        | If the plan provides welfare benefits, enter the applicable welfare for  | eature cod                            | les from the List of Plan                             | Characteris                | tic Cod     | des in 1      | he instructions:  |
|          | rt V Compliance Questions  |                                       |   |                            |             |               |                   |
| 10       | During the plan year:  |                                       |   | Yes                        | No          | N/A           | Amount            |
|          | Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)  | oluntary F                            | Fiduciary Correction                                  | 10a                        | х           |               |                   |

| 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.)  |     |    | х   |        |         |
| C  | Was the plan covered by a fidelity bond?   | 10c | х  |     |        | 150,000 |
| 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  |     |        | 5,881   |
| 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 |    |     |        |         |

## Form 5500-SF

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan Department of the Treasury Internal Revenue Service

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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

| Part I       | Annual Report   | t Identification Information   |  |  |                                 |   |  |  |  |  |
|--------------|---|--|--|--|---------------------------------|---|--|--|--|--|
| For calend   | lar plan year 2016 or f   | fiscal plan year beginning   | 01/01/2016   | and ending   | 12/31/2                         |   |  |  |  |  |
| A This re    | A This return/report is for:  \[ \begin{align*} \text{a single-employer plan} & \text{a single-employer plan} & a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) \] |  |  |  |                                 |   |  |  |  |  |
|              | •   | a one-participant plan   | a foreign plan   |  |                                 |   |  |  |  |  |
| B This ret   | um/report is  | the first return/report  | the final return/report  |  |                                 |   |  |  |  |  |
|              |   | an amended return/report   | a short plan year return                                       | n/report (less than 12 m                             | nonths)                         |   |  |  |  |  |
| C Check      | box if filing under:  | X Form 5558  | automatic extension  |  | DFVC progra                     | m   |  |  |  |  |
|              |   | special extension (enter desc  | ription)   |  |                                 |   |  |  |  |  |
| Part II      | Basic Plan Info   | ormation—enter all requested in  | formation  |  |                                 |   |  |  |  |  |
| 1a Name      | of plan   |  |  |  | 1b Three-digi                   | t   |  |  |  |  |
| NEWCAST:     | LE DENTISTRY  | 401(K) PLAN  |  |  | plan numb<br>(PN) ▶             | per   001                                     |  |  |  |  |
|              |   |  |  |  | 1c Effective d<br>03/01/1       |   |  |  |  |  |
|              |   | oyer, if for a single-employer plan)<br>om, apt., suite no. and street, or P.C           | ) Pov)   |  | 2b Employer                     | Identification Number                         |  |  |  |  |
| City or      | town, state or province   | ce, country, and ZIP or foreign post   | al code (if foreign, see instr                                 | ructions)  |                                 | 1148615                                       |  |  |  |  |
| GEOFFRI      | EY R. STRANGE   | , D.D.S., P.S.   | 100  |  | 2C Sponsor's<br>425-644         | telephone number<br>-1770                     |  |  |  |  |
| 12835 N      | NEWCASTLE WAY   | #304   |  |  | 2d Business of 621210           | code (see instructions)                       |  |  |  |  |
| NEWCAST      | LIE   | WA 98056   |  |  | 021210                          |   |  |  |  |  |
| 3a Plan a    | dministrator's name a   | nd address X Same as Plan Spor   | nsor.  |  | 3b Administra                   | tor's FIN                                     |  |  |  |  |
|              |   |  |  |  | , anningta                      | TO G EN                                       |  |  |  |  |
|              |   |  |  |  | 3c Administra                   | tor's telephone number                        |  |  |  |  |
|              |   |  |  |  |                                 |   |  |  |  |  |
|              |   |  |  |  |                                 |   |  |  |  |  |
| 4 If the r   | name and/or FIN of th   | e plan sponsor has changed since   | the last return/report filed for                               | or this plan, enter the                              | 4b EIN                          |   |  |  |  |  |
| name         | , EIN, and the plan nu  | imber from the last return/report.   | une last returnireport med it                                  | or this plan, enter the                              |                                 |   |  |  |  |  |
|              | or's name   |  |  | VIII 7   | 4c PN                           |   |  |  |  |  |
|              |   | at the beginning of the plan year  |  |  |                                 |   |  |  |  |  |
|              |   | s at the end of the plan year  |  |  | 5b                              | 18  |  |  |  |  |
| compl        | lete this item)   | account balances as of the end of  | the plan year (only defined                                    | contribution plans                                   | 5c                              | 16  |  |  |  |  |
|              |   | articipants at the beginning of the pl   |  |  | 5d(1)                           | 10  |  |  |  |  |
|              |   | articipants at the end of the plan year  |  |  | 5d(2)                           | 11  |  |  |  |  |
| than         | 100% vested   | terminated employment during the   |  |  | 5e                              | 0   |  |  |  |  |
| Caution: A   | penalty for the late  | or incomplete filing of this return  | /report will be assessed                                       | unless reasonable car                                | use is establishe               | d.  |  |  |  |  |
| SB or Sche   | edule MB completed a<br>true correct, and com   | ther penalties set forth in the instruction and signed by an enrolled actuary, a splete. | stions, I declare that I have<br>is well as the electronic ver | examined this return/re<br>sion of this return/repor | port, including, if at the best | applicable, a Schedule<br>of my knowledge and |  |  |  |  |
| SIGN<br>HERE | 1   |  | 10-12-17   | GEOFFREY STRAI                                       | NGE                             |   |  |  |  |  |
| HERE         | Signature of plan a   | administrator  | Date   | Enter name of individ                                | ual signing as pla              | n administrator                               |  |  |  |  |
| SIGN         |   |  |  |  |                                 |   |  |  |  |  |
| HERE         | Signature of emplo  |  | Date   | Enter name of individ                                | ual signing as em               | ployer or plan sponsor                        |  |  |  |  |
| Preparer's   | name (including firm r  | name, if applicable) and address (in   | clude room or suite numbe                                      | r)   | Preparer's telep                | hone number                                   |  |  |  |  |
|              |   |  |  |  |                                 |   |  |  |  |  |
|              |   |  |  |  |                                 |   |  |  |  |  |
|              |   |  |  |  |                                 |   |  |  |  |  |
|              |   |  |  |  |                                 |   |  |  |  |  |