## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

**Annual Report Identification Information** 

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).

**Benefit Plan** 

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

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

Short Form Annual Return/Report of Small Employee

	ıar piari year 2016 or i	_	_	and ending		
A This re	turn/report is for:	X a single-employer plan     ∴	list of participating	r plan (not multiemployer) gemployer information in a	`	
		a one-participant plan	a foreign plan			
<b>B</b> This ret	urn/report is	the first return/report	the final return/repo	ort		
		an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)	
C Check	box if filing under:	× Form 5558	automatic extension	on	DFVC program	
Don't II	Dania Blanduf	special extension (enter des				
Part II  1a Name		ormation—enter all requested in	nformation		<b>1b</b> Three-digit	
	DAMON, D. D. S. P. S.	. 401(K) PSP			plan number (PN)	001
					1c Effective date o	f plan 1/1986
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Identi (EIN) 91-13	fication Number 340140
	r town, state or province DAMON, D.D.S., P.S.	ce, country, and ZIP or foreign pos	stal code (if foreign, see in	nstructions)	2c Sponsor's telep	hone number
					2d Business code (	(see instructions)
4407 N. DIV SPOKANE, '	ISION, SUITE 722 WA 99207				6212	210
•						
3a Plan a	administrator's name a	nd address X Same as Plan Spo	onsor.		<b>3b</b> Administrator's	EIN
					<b>3c</b> Administrator's	telephone number
					Administrators	telephone number
		e plan sponsor has changed since	e the last return/report file	ed for this plan, enter the	4b EIN	
name		e plan sponsor has changed since imber from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN 4c PN	
name <b>a</b> Spons	e, EIN, and the plan nu sor's name			·	_	19
a Spons 5a Total	e, EIN, and the plan nu sor's name number of participants	mber from the last return/report.			4c PN	19 14
a Spons 5a Total b Total c Numb	e, EIN, and the plan number of participants number of participants over of participants with	mber from the last return/report.	f the plan year (only defir	ned contribution plans	4c PN 5a	
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	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <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> </ul>							₩ □.		
	If you answered "No" to either line 6a or line 6b, the plan cann									] 110
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	_		Not determi	ined
Pa	rt III Financial Information								<del></del>	
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		990524				•	2200329	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1	990524	ļ				2200329	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
а	Contributions received or receivable from:	- 4.0		34477	,					
	(1) Employers	8a(1)		27876						
	(2) Participants	8a(2)		2/0/0						
	(3) Others (including rollovers)	8a(3)		158615						
	Other income (loss)	8b		100010	-				220968	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							220900	
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		11163	3					
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		111					11163	
i	Net income (loss) (subtract line 8h from line 8c)	8i		209805					209805	
j	Transfers to (from) the plan (see instructions)									
Pai	t IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 3D 2E 2K 2T	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 for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				2	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	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 the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)				[] `	∕es X No	
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					<b>│</b>	res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne 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 X N	lo
	If "Y€	s," 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 brougol of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [	Prior ye test	ear" ADP
				"Curre	ent year test	<u>"</u>	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	entage		verage enefit test	□ N/A
	for the	e 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	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
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 e?		rom	Ye	s [	No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No	

## 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.

2016

OMB Nos 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I		Identification Information					
For calenda	ar plan year 2016 or f	iscal plan year beginning	07/01/2016	and ending	12/31/2		
A	e e e e	a single-employer plan		an (not multiemployer)			
A This ret	turn/report is for:	a one-participant plan	a foreign plan	nployer information in a	iccordance with the	form instruction	ns.)
		a one paragram para	a loreign plan				
B This retu	urn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 n	months)		
<b>C</b> at 1.					_		
C Check i	box if filing under	∑ Form 5558	automatic extension		☐ DFVC program		
		special extension (enter descr	· · · · · · · · · · · · · · · · · · ·				
Part II	Basic Plan Info	ormation—enter all requested in	formation		_		
1a Name	•				1b Three-digit	.	
Damon &	Damon, D. D.	S. P. S. 401(k) PSP			plan numbe (PN) ▶	001	
					1c Effective date		
					07/01/1		
2a Plan s	ponsor's name (emplo	oyer, if for a single-employer plan)			2b Employer Id	entification Nur	nber
		om, apt, suite no and street, or P.C		ruetions)	(EIN) 91-	1340140	
	Damon, D.D.S	ce, country, and ZIP or foreign post	ai code (ii foreign, see insti	ructions)	2c Sponsor's te	elephone numb	er
banton a	bancon, b.b.s	.,					
					2d Business co	de (see instruc	tions)
4407 N.	Division, Su	ite 722			621210		
Spokane			WA	99207			
	dministrator's name a	nd address 🛛 Same as Plan Spor	nsor.		3b Administrato	r's EIN	
					70 ^		
					3c Administrato	rs telephone n	umber
					SC Administrato	rs telepnone n	umber
					3C Administrato	rs telepnone r	umber
						rs telepnone r	umber
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	rs telepnone r	umber
name,	, EIN, and the plan nu	e plan sponsor has changed since imber from the last return/report	the last return/report filed for	or this plan, enter the	4b EIN	rs telepnone r	umber
name, a Sponso	, EIN, and the plan nu or's name	mber from the last return/report		· · · · · · · · · · · · · · · · · · ·	4b EIN	rs telepnone r	sumber
a Sponso	, EIN, and the plan nu or's name number of participants	mber from the last return/report			4b EIN 4c PN 5a	rs telephone r	19
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name, a Sponso 5a Total r b Total r C Numbe comple d(1) Tota d(2) Tota e Numb than Caution: A Caution: A	EIN, and the plan nu or's name number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instruction signed by an enrolled actuary, a	the plan year (only defined lan year	contribution plans  nefits that were less  unless reasonable ca examined this return/re	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  suse is established eport, including, if ap	pplicable, a Sch	19 14 14 12 11
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name, a Sponso 5a Total r b Total r c Number comple d(1) Total e Number than r Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan nu or's name number of participants or of participants or of participants with ete this item)	at the beginning of the plan year  at the end of the plan year  account balances as of the end of articipants at the beginning of the plan year terminated employment during the cor incomplete filing of this return the penalties set forth in the instructional signed by an enrolled actuary, applete.	the plan year (only defined lan year ar	contribution plans  mefits that were less  unless reasonable ca examined this return/re sion of this return/report  Clay Damon  Enter name of individ	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  suse is established eport, including, if aprt, and to the best of the	oplicable, a Scr f my knowledge administrator	19 14 14 12 11 0
name, a Sponso 5a Total r b Total r c Number comple d(1) Total e Number than r Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan nu or's name number of participants or of participants or of participants with ete this item)	at the beginning of the plan year  at the end of the plan year  account balances as of the end of articipants at the beginning of the plan year terminated employment during the cor incomplete filing of this return the penalties set forth in the instructional signed by an enrolled actuary, applete.	the plan year (only defined lan year ar	contribution plans  mefits that were less  unless reasonable ca examined this return/re sion of this return/report  Clay Damon  Enter name of individ	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  suse is established eport, including, if aprt, and to the best of the	oplicable, a Scr f my knowledge administrator	19 14 14 12 11 0

	Form 5500-SF 2016		Page 2			_					
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  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.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA s	ection 4	1021)?		Yes	No	☐ Not de	termined	
Pa	rt III   Financial Information										
7	Plan Assets and Liabilities	i	(a) Beginning	of Year	,			(b) End	of Year		
а	Total plan assets	. 7a		990,				• • • • • • • • • • • • • • • • • • • •		00,329	
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1,	990,	524				2,2	00,329	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		34,	477						
	(2) Participants	8a(2)		27,	876						
	(3) Others (including rollovers)	8a(3)									
<u>b</u>	Other income (loss)	. 8b		158,	615						
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	20,968	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		11,	163						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	<u></u>								
f	Administrative service providers (salaries, fees, commissions)	dministrative service providers (salaries, fees, commissions) 8f									
g	Other expenses										
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)					11,					
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							2	09,805	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j	0								
Pai	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 3D 2E 2K 2T	feature co	des from the List of P	lan Cha	racteri	stic Co	odes in	the inst	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	les from the List of Pla	ın Chara	acteris	tic Co	des in 1	the instru	uctions.		
Par	t 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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	/oluntary F	iduciary Correction	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х				2	00,000	
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 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	ın?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		Х					
h		(See instru	uctions and 29 CFR	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i							

		Form 5500-SF 2016 Page <b>3-</b>								
Part		Pension Funding Compliance								
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11a below)	complete	e Sch	edule S	BB.			es/	X No
11a		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			_	Ť	
12	ERIS	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?	ode or s	ectio	n 302 o	f			es′	⊠ No
а	lf a w	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver	truction	s, and	d enter t		of the	he lette Year	r ru	ling
lf y		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			Day	<u> </u>		Teal_	+	
b	Enter	the minimum required contribution for this plan year			12b					
		the amount contributed by the employer to the plan for this plan year			12c					
d	Subtr	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)	eft of a		12d					
е		ne minimum funding amount reported on line 12d be met by the funding deadline?	_	_		Yes	П	No	7	N/A
Part \		Plan Terminations and Transfers of Assets							_	
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Ye	s	X N	0	
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a					
b	Were contr	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	ht unde	r the				Yes X	N	0
С	lf, du	ang this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify assets or liabilities were transferred. (See instructions.)								
1:		Name of plan(s):	1	3c(2)	EIN(s)			13c(3)	P	V(s)
			ï							
Part		Trust Information	_						4	
14a N	lame (	of trust			14b ⊺	Trust's E	ΞIN			
14c N	Name	of trustee or custodian		$\dashv$	<b>14d</b> T	rustee'	s or o	custodi	anis	3
					t	elephor	ne nu	ımber		
Part	IX	IRS Compliance Questions				_			+	
		plan a 401(k) plan? If "No," skip b		⁄es		[	N	0		
15b +		d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:	⊔ s	afe h	n-based arbor nt year"	L		Prior ye st	ar".	ADP
				DP te		L	] N	/A		
16a v	What t year?	esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	. □ r	Ratio perce est	ntage		veraç enefit		4	N/A
f	or the	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?	''	es/			N			
17a t	f the p	lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of	opinion I	etter	or advis	sory lette	er, e	nter the	da	te of
17b :	f the p	lan is an individually-designed plan that received a favorable determination letter from the IRS, ent	ter the o	late c	f the m	ost rece	nt de	termin	atic	'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 from

☐ No

☐ No

Yes

Yes