## 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.

2046

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information						
For calenda	ar plan year 2016 or f	fiscal plan year beginning 01/01/2	2016		and ending 12	2/31/2016		
A This ret	urn/report is for:	X a single-employer plan			n (not multiemployer) ( ployer information in ac		-	
		a one-participant plan	a for	reign plan	•			,
<b>B</b> This retu	urn/report is	the first return/report	H	inal return/report				
		an amended return/report	a sho	ort plan year return	/report (less than 12 m	onths)		
C Check b	oox if filing under:	Form 5558	ш	matic extension		DFVC pro	ogram	
		special extension (enter descr	' '					
Part II	I.	ormation—enter all requested inf	formation			4.		
1a Name		RETIREMENT PLAN				1b Three	-digit umber	
LITTLE AIND V	SART ENTER, I LEO	KETIKEWENT FEAR				(PN)		001
						1c Effecti	ve date of	plan /1993
2a Plan si	nonsor's name (empl	oyer, if for a single-employer plan)				2h Emplo		ication Number
Mailing	address (include roc	om, apt., suite no. and street, or P.O				(EIN)	•	95042
•	town, state or province CARPENTER, PLLC	ce, country, and ZIP or foreign posta	tal code (i	f foreign, see instru	ictions)	2c Spons		none number
						2d Dusing	206-526	
4540 SAND F	POINT WAY NE STE	160				Zu Busine		see instructions)
	/A 98105-3941						6212	10
	dministrator's name a	<b>—</b>			_	<b>3b</b> Admin		EIN 995042
ERKE AND C	CARPENTER PLLC	4540 SAN SEATTLE		「WAY NE STE 160 105-3941	)	3c Admin		elephone number
						7.4	206-526	•
		ne plan sponsor has changed since	the last re	eturn/report filed fo	r this plan, enter the	4b EIN	91-19	95042
<b>a</b> Sponse	or's name ROTHWEL	umber from the last return/report. L & WHITE FAMILY DENTISTRY, F	PLLC			4c PN		001
		s at the beginning of the plan year				5a		15
		s at the end of the plan year				5b		16
C Numb	er of participants with	account balances as of the end of	the plan	year (only defined o		5c		14
	,	articipants at the beginning of the pl				5d(1)		13
` '	•	articipants at the beginning of the plan yea	•			5d(2)		15
<b>e</b> Numb	er of participants tha	t terminated employment during the	e plan yea	r with accrued ben	efits that were less	5e		(
than than	100% vested	or incomplete filing of this return	n/ronort :	will be accessed t	ınlaşa raşşanahla sar		lichad	
		ot incomplete filling of this return						able. a Schedule
SB or Sche	edule MB completed a	and signed by an enrolled actuary, a						
SIGN	rue, correct, and com	d/valid electronic signature.	0	5/19/2017	TRENA CARPENTER			
HERE	Signature of plan		-	Date	Enter name of individ	ual signing a	s plan adn	ninistrator
	J.J. a.a. C C. plan					o.gg a	- <sub>F</sub> .a aan	

Date

Signature of employer/plan sponsor

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

SIGN HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2016 Page **2** 

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public a	account	ant (IC	PA)			X Ye	
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		_	Not de	termined
Pa	rt III Financial Information	1								
7	Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
	Total plan assets	7a	1	361728	i				107040	
<u>b</u>	Total plan liabilities	7b							50	
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	1	361728					106990	00
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		19712	:					
	(2) Participants	8a(2)		60405						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		121482						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							20159	99
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d		482230						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
<u>g</u>	Other expenses	8g		11197	_					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)								49342	
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i							-29182	28
j	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2H $$ 2J $$ 2K $$ 2R $$ 3B $$ 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	les in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	•
_	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period		103	140	IVA		Amoun	ı .
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			Χ				
	Program)			10a						
N	reported on line 10a.)			10b		X				
С				10c	X					75000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount a	as 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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Page 3-	1	
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 (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter 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 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 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 harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage 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: 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	

## 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Ide	entification Information	adilo with the me	sauctions to the rom	5500-SF.	
For calendar plan year 2016 or fiscal		/01/2016	and ending	12/31/2	0016
_ 🗵	a single-employer plan	multiple-employer	plan (not multiemplover)	(Filers checking ti	his hay must attach a
A This return/report is for:		list of participating e	employer information in	accordance with th	e form instructions.)
Li	a one-participant plan	a foreign plan			
B This return/report is	the first enterplaced.				
D Tras return eport is		he final return/report			
L	an amended return/report	short plan year retu	ım/report (less than 12 r	months)	
C Check box if filing under:	Form 5558	automatic extension		DFVC program	<b>m</b>
Π	special extension (enter description			☐ bi vo piogiai	11
	ation—enter all requested information				
1a Name of plan		1911		1b Three-digit	
ERKE AND CARPENTER, PLL	C RETIREMENT PLAN			plan numb	
				(PN) ▶	- 002
				1c Effective d	ate of plan
2a Plan sponsor's name (employer,	if for a single employer plan			01/01/1	***
Mailing address (include room, at	ot., suite no, and street, or P.O. Roy	)		2b Employer I	dentification Number
City or town, state or province, co	ountry, and ZIP or foreign postal cod	le (if foreign, see ins	tructions)	(EIN) 91-	
ERKE AND CARPENTER, PL	PG.			20 Sponsor's 206-526-	telephone number
4540 SAND POINT WAY NE	CIPITA 2.CO				ode (see instructions)
4540 SAND POINT WAT NE	STE 160			621210	oue (see instructions)
SEATTLE V	VA 98105-3941				
3a Plan administrator's name and ad	70103 3741				
ERKE AND CARPENTER PLLC				3b Administrat 91-19950	or's EIN
					or's telephone number
4540 SAND POINT WAY NE	STE 160			206-526-	1665
				100 020	2005
SEATTLE WA	A 98105-3941				
4 If the name and/or EIN of the plar name, EIN, and the plan number	sponsor has changed since the las	st return/report filed f	or this plan, enter the	4b EIN 91-1	995042
	othwell & White Family	v Dontista	77.4		
5a Total number of participants at the	haginging of the plantage	y bentistry,	PULC	4¢ PN 001	
5a Total number of participants at the	a beginning of the plant year	*******************************		5a	15
b Total number of participants at the c Number of participants with account	int balances as of the one of the vie		***************************************	5b	16
complete this item)	are datatroes as of the end of the pia	in year (only defined	contribution plans	5c	
d(1) Total number of active participa	ants at the beginning of the plan year	r	***************************************	Ed(4)	14
d(2) Total number of active participa	ants at the end of the plan year	4 *************************************		5d(1)	13
Number of participants that termi	nated employment during the plan v	ear with accrued he	naffe that upro lose	5d(2)	13
than 100% vested				5e	0
Caution: A penalty for the late or inc	complete tiling of this return/renoi	rt will be account	unlana managarit	ise is established	<u>0</u>
Under penalties of perjury and other pe SB or Schedule MB completed and sig belief, it is true, correct, and complete.	ned by an enrolled actuary, as well	as the electronic ver	examined this return/report	ort, including, if a	opticable, a Schedule
belief, it is true, correct, and complete.	,	1	elett of any returnineport	, and to the best o	my knowledge and
SIGN frena Cony	sentin	5/15/17	TRENA CARPENTE	IR.	
HERE Signature of plan admin	istrator	Date	Enter name of individu	ial signing as plan	administrates
SIGN				an digitally as plan	administrator
MERE Signature of employer/p	an sponsor	Date	Enter serve of bulk the		
Preparer's name (including firm name,	if applicable) and address (include r	room or suite numbe	Enter name of individu	Preparer's telephi	oyer or plan sponsor
			1	reparer a resoluti	wie untibel.
			l l		

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r OH H	COLLIN		71110

Page 2

6a Were all of the plan's assets during the b Are you claiming a waiver of the annual under 29 CFR 2520 104.462 (See install									X X	es N
If you answered "No" to either line 6	a or line 6b, the plan can	y and condi	tions.)	ust inst	hrea			10	X Y	es N
C If the plan is a defined benefit plan, is it	covered under the PBGC	insurance p	program (see ERISA	section	4021)	?	Ye	s ∏No	□ Not d	etermined
Part III Financial Information						***************************************		H	Ц	
7 Plan Assets and Liabilities			(a) Beginnin	g of Ye	ar		***************************************	(b) End	-£ V	
a Total plan assets	• 40 : 0.1 :	7a		,361				(D) Ella		070,40
b Total plan liabilities		. 7b							/	50
C Net plan assets (subtract line 7b from li	ne 7a)	. 7c	1	,361	,728				1	069,90
8 Income, Expenses, and Transfers for th			(a) Amou	-				/L\ T		009,90
a Contributions received or receivable fro	rn:						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(b) T	otai	
(1) Employers		. 8a(1)		1.9	,712		**	Miles American Committee	Y.	
(2) Participants				60	,405	453				7.2 ×
(3) Others (including rollovers)		. 8a(3)				Ty.	W. Mary			
b Other income (loss)				121	482	and the	11/3/			
C Total income (add lines 8a(1), 8a(2), 8a	(3), and 8b)	. 8c		7		the same and the	unagalla di	diameternicum 2. Ala.	in in the thing	201,59
d Benefits paid (including direct rollovers a to provide benefits)	*****************************	. 8d		482	,230					
e Certain deemed and/or corrective distrib		. 8e				:44 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -				
f Administrative service providers (salarie	s, fees, commissions)	. 8f						San A	<del>ii - Vidle</del> m	- distance line
g Other expenses	**************************	. 8g		11,	197					
h Total expenses (add lines 8d, 8e, 8f, and	d 8g)			46		Human Sinte	andich nest	enthillimiterimi	daning officially	7 C.
i Net income (loss) (subtract line 8h from										193,42
j Transfers to (from) the plan (see instruct	tions)	8j	and the same of the second stands	dame untilities	Valley 2 25	4			ii affer	291,828
Part IV Plan Characteristics		1 0 1				in the	1.5%	distribution of the second		
9a If the plan provides pension benefits, er 2E 2H 2J 2K 2R 3B 3D	nter the applicable pension	feature cod	les from the List of P	lan Cha	racteri	stic C	odes i	n the instru	ictions:	***************************************
b If the plan provides welfare benefits, en	ter the applicable welfare for	eature code	es from the List of Pla	an Char	acteris	tic Co	des in	the instruc	tions:	
Part V Compliance Questions		-					***			
10 During the plan year:					Yes	Ma	NI/A			
a Was there a failure to transmit to the pl	an any participant contribu	tions within	the time period	T	162	No	N/A		Amount	
described in 29 CFR 2510.3-102? (Se	e instructions and DOL's V	foluntary Fir	ducian Correction			,,				
b Were there any nonexempt transaction			*****************************	10a		X	10 m			
reported on line 10a.)	s with any party-in-interest	? (Do not in	clude transactions	100		х				
c Was the plan covered by a fidelity bond				10b	Х				<b>*****</b>	75 000
d Did the plan have a loss, whether or no	t reimbursed by the plan's	fidelity bond	that was saved			x	- Julian			75,000
<ul> <li>Were any fees or commissions paid to a carrier, insurance service, or other organ</li> </ul>	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.)		10d		x					
f Has the plan failed to provide any benef	fit when due under the plar	1?		10e		х	2			
g Did the plan have any participant loans?	? (If "Yes," enter amount as	of year-en	d.)	10f 10g		X				
h If this is an individual account plan, was 2520.101-3.)	there a blackout period? (	See instruct	tions and 29 CFR	10g 10h		X				2/4
i If 10h was answered "Yes," check the be exceptions to providing the notice applie	ox if you either provided th	e required r	odice or one ofthe	101		-				
exceptions to providing the notice applie		~5								

F	FFAA	~ ~	444	-
Form				

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Dane	2	
rage	3.	

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)	complete	Schedule S	SB	T [	Ye	s []	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		110					
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the CERISA?	odo or o	- office 000 -	of	T	Yes	· 🛭	No
	The cost contribute the trade intes the trade tr				-1 -	-		
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ingranting the waiver.	Month	s, and enter Da	the date	of the le		uling	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			10	21		
b	Enter the minimum required contribution for this plan year		12b	T T				
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					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	TT	N/A	
Pant				-				
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				······································	
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?				Yes	X N	lo	*************
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.)	fy the pla	in(s) to					
1:	3c(1) Name of plan(s):	13	c(2) EIN(s)	Т	12/	(3) PI	1/0\	
			-(-) -111(0)	$\dashv$	101	(3) [1	V(S)	
				1				
				1				
				1				
Part	Trust Information							***********
14a N	ame of trust		14b T	rust's El	N	<del></del>		
			, ,,,,	10010 11	• •			
14c N	lame of trustee or custodian		444 =					
			140	rustee's elephone	or custo	dlan's	;	
					,,,,,,,,,,	•		
Part	IRS Compliance Questions							
15a k	the plan a 401(k) plan? If "No," skip b	[] Y	es		No			
15b ⊦	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:		sign-based fe harbor		"Prior	year" /	ADP	
	- (-)(-)	IT "C	urrent year	П	N/A			
16a V	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	+	P test		14/74			
у	ear? Check all that apply:		atio ercentage		rage	П	N/A	
16h r	hid the plan estimates engage and another in the	te		⊔ ben	efit test	- 니	1317	
TC	of 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?	Ye			No	***************************************		
1/a if	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							
	the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	ter the da	te of the mo	st recen	determ	inatio	n	_
V	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?		1 Yes		No	***************************************		
	as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No			