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.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information				
For calend		iscal plan year beginning 01/01/2	016	and ending 1	2/31/2016	
▲ This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) employer information in a		
A IIIISTE	turimeport is ior.	a one-participant plan	a foreign plan	employer information in a	ocordance with the	ioim mondonono.
B This reti	urn/report is	the first return/report	the final return/repo			
_		an amended return/report	a short plan year re	turn/report (less than 12 n	nonths)	
C Check	box if filing under:	Form 5558	automatic extension	n	DFVC program	1
		special extension (enter descr	. ,			
Part II	Basic Plan Info	ormation—enter all requested in	ormation			
1a Name DAVID RICH		(K) PROFIT SHARING PLAN			1b Three-digit plan numbe	
					(PN) ▶	001
					1c Effective da	te of plan 01/01/1986
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	Box)		' '	lentification Number
		ce, country, and ZIP or foreign post		structions)	(=::1)	
DAVID RICH	HARDSON, DDS					elephone number -823-6820
					2d Business co	ode (see instructions)
P.O. BOX C- BELLEVUE.	-96012 WA 98009-9612				6	521210
- ,						
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Administrate	or's EIN
					3c Administrate	or's telephone number
						•
		ne plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN	
	s, EIN, and the plan ht sor's name	umber from the last return/report.			4c PN	
5a Total	number of participant	s at the beginning of the plan year			5a	8
b Total	number of participant	s at the end of the plan year			5b	3
		account balances as of the end of			5c	8
d(1) Tot	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	3
		articipants at the end of the plan yea			5d(2)	8
than	100% vested	t terminated employment during the			5e	(
		or incomplete filing of this return				
SB or Sche	edule MB completed a	ther penalties set forth in the instruc- and signed by an enrolled actuary, a				
SIGN	Filed with authorized	nplete. I/valid electronic signature.	03/28/2017	DAVID RICHARDSOI	N, DDS	
HERE		J			·	

Date

Date

Signature of plan administrator

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 plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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	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 indeper and condit	ndent qualified public a	ccount	ant (IC	PA)			X Ye	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-	_	Not de	etermined
Pai	t III Financial Information							<u> </u>		
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a		613085					27259	86
b	Total plan liabilities	7b		0)					0
С	Net plan assets (subtract line 7b from line 7a)	7c	2	613085					27259	86
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) 1	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	.,	64115				• •		
	(2) Participants	8a(2)		61153						
	(3) Others (including rollovers)	8a(3)		100667						
	Other income (loss)	8b		-88731						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1372	04
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		24303						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							243	03
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							1129	01
j	Transfers to (from) the plan (see instructions)	8j		0)					
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 3B 2B	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
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 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					250000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		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		-	10g	X					21608
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						

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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)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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 l tive amount)			12d			
		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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	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 brougout 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	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"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	be 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							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	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 e?		rom	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?			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 section 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

F	art I Annual Repor	rt Identification Information				
For	calendar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/201	5
A	This return/report is for:	x a single-employer plan	a list of participating	olan (not multiemployer) (employer information in a		
D		a one-participant plan	a foreign plan			
D	This return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	ionths)	
С	Check box if filing under:	Form 5558	automatic extension		DFVC pro	ogram
D	nut II Pacie Plan In	formation enter all requested in				
-	art II Basic Plan Int Name of plan	IOTHIALION enter all requested in	normation		1b Three-digit	
164		DDS 401(k) Profit Sharin	σ Plan		plan numbe	
	David Nichardson,	220 401 (11) 1101110 211111111	9		(PN) ► 1c Effective da	to of plan
_					01/01/19	
2a	Mailing Address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.O	. Box)		2b Employer Id (EIN) 93-	lentification Number -0892557
		ince, country, and ZIP or foreign posta	ai code (it toreign, see in:	structions)	2c Sponsor's te	elephone number
	David Richardson,	בטט			(425) 82	
	D 0 D C 00010					ode (see instructions)
	P.O. Box C-96012				621210	
_	US Bellevue WA 98009-9	THE PART OF THE PA				
3a	Plan administrator's name	and address 🗵 Same as Plan Spor	nsor		3b Administrate	or's EIN
					3c Administrate	or's telephone number
4	If the name and/or EIN of	the plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EIN	
		number from the last return/report.				
_a	Sponsor's name				4c PN	
5a	Total number of participan	its at the beginning of the plan year 🦡			5a	8
b		nts at the end of the plan year			5b	8
C		th account balances as of the end of the			5c	8
d		participants at the beginning of the plan			5d(1)	8
d	(2) Total number of active p	participants at the end of the plan year			5d(2)	8
е		at terminated employment during the p	olan year with accrued be	nefits that were	5e	0
_	less than 100% vested					
		te or incomplete filing of this return				
U	nder penalties of perjury and	I other penalties set forth in the instruct d and signed by an enrolled actuary, a	ctions, I declare that I have served as the electronic v	e examined this return/re	eport, including, if a	pplicable, a Schedule
	elief, it is true, correct, and co		as well as the electronic t	croion or and returninepo.	it, and to the best t	in my knowledge and
		Mulaus	3/28/17	David Richardson	n, DDS	
1000	HERE Signature of plan ac	dministrator	Date	Enter name of individua		dministrator
	04	all alle	3/28/27	David Richardson		diffiliation
11122	HERE Signature of employ	variation analysis	Date			wor or plan aparas
1000	Olement and the second	yer/plan sponsor m name, if applicable) and address (in		Enter name of individua	Preparer's telepho	
	kip this question	in name, ii applicable, and address (III	Saude footh of Build Hulli	JUL 1	Skip this que	
	•					
					40° 1100 1000	TO A TO LEAD TO
1						THE STREET

	Form 5500-SF 2016		Page 2			27.			
6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)					х	Yes No
b	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							<u>X</u>	Yes No
_	If you answered "No" to either line 6a or line 6b, the plan canno					_			
District to	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sectio	n 402	21) (******	res	No	Not determined
-	art III Financial Information	THE RESIDEN			_	т —			
7_	Plan Assets and Liabilities	Mary Said	(a) Beginning of				(b) End of Ye	5390 a 22
a	Total plan assets	7a	2,61	.3,0		1		2,	725,986
<u>b</u>	Total plan liabilities	7b			0	1-			0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	2,61	.3,0	85	-			725,986
$\frac{o}{a}$	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	_		Sec.	der Payl	(b) Total	DESCRIPTION
	(1) Employers	8a(1)	6	4,1	15				
	(2) Participants	8a(2)	6	1,1	53	(EUI	A STORY		Hamilton and Market
	(3) Others (including rollovers)	8a(3)	10	0,6	67	No.	13/18/8/	STATE OF THE	British 1
b	Other income (loss)	8b	(88)	73	1)	1400	Live in	2.国从特	April 188 Millian
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	34 35 19 3000 11 11 11 11 11 11 11 11 11 11 11 11	8/16		b			137,204
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0		100		開發發展計
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	SCORE OF	Table 1		ahiereka kirka
Ť	Administrative service providers (salaries, fees, commissions)	8f	2	4,3	03		1850 Justill	98860	1
g	Other expenses	8g			0	USI		Maria Sans	NE IS LES
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	A CHANGE THE REAL PROPERTY.	R. St.	FIGURE 1				24,303
ī	Net income (loss) (subtract line 8h from line 8c)	81	ABMINISTERS OF	that:	er in	0			112,901
i	Transfers to (from) the plan (see instructions)	8j			0	1337	PHARMA	AL COLUMN	Me s silver
Pa	art IV Plan Characteristics					117			
	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Cl	harac	terist	ic Cod	es in the i	nstructions	:
	2E 2G 2J 2K 2R 3B 2B								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Cha	aracte	eristic	Code	s in the in	structions:	
Pa	art V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amo	ount
а	Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period				學者		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fi	duciary Correction				F18/6		
-	Program)			10a		х	Almes.		
r	 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	x		A (1)		250,000
C		fidelity bo	nd, that was caused	10d		х	egirtis Billi		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		х	15-24 10-24		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х	WOW.		
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	х		2180		21,608
ŀ	300000000000000000000000000000000000000	(See instru	uctions and 29 CFR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i			22 (S) (S) (S) (S)	To be	

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Dage	3	_ :
raue	J	_

Pari	VI Pension Funding Compliance				1.76		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions (Form 5500 and line 11a below)					res 🗓	No
-	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of t ERISA?					res 🗓	No
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	- 14			6 Al	L - 44 1	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, se granting the waiver			er ine dati	e or the Yea		ing
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to						
b	Enter the minimum required contribution for this plan year.		12b				
С	Enter the amount contributed by the employer to the plan for the plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)		1 120				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		. _	Yes [No	□ N/A	١
Part	VII Plan Terminations and Transfers of Assets						
	Has a resolution to terminate the plan been adopted in any plan year?			Yes	х	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			T			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or l				Yes [K No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), i which assets or liabilities were transferred. (See instructions.)						
1:	3c(1) Name of plan(s):	13c(2) EIN(s)		13c	(3) PN(s))
W 100							
-	VIII Trust Information - Skip These Questions						
	VIII Trust Information - Skip These Questions Name of trust		14b	Trust's El	IN		
14a				Trust's El	r custod		
14a	Name of trustee or custodian			Trustee o	r custod		
14a	Name of trust Name of trustee or custodian			Trustee o	or custode numbe		
14a 14c Part 15a	Name of trust Name of trustee or custodian IX IRS Compliance Questions - Skip These Questions		Yes Design-b	Trustee of telephone	or custode numbe	r	r" ADP
14a 14c Part 15a 15b	Name of trustee or custodian IX IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		14d Yes Design-b	Trustee of telephone	or custode number	r Io Prior yea	r" ADP
14a 14c Part 15a 15b	Name of trust Name of trustee or custodian IX IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section.		Yes Design-b safe hart "Current	Trustee of telephone	or custode number	r lo Prior yea est N/A	r" ADP
14a 14c Part 15a 15b	Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section. 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the p		Yes Design-b safe hart "Current ADP test Ratio percenta	Trustee of telephone	r custode numbe	r Prior yea est N/A e	
14a 14c Part 15a 15b 16a	Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section. 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the p year? Check all that apply: Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a	lan ()(4) (7)	Yes Design-b safe hart "Current ADP test Ratio percenta test Yes	Trustee of telephone	r custode numbe	r Prior yea est N/A e test] N/A
14a 14c Part 15a 15b 16a 16b 17a	Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the p year? Check all that apply: Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a for the plan year by combining this plan with any other plan under the permissive aggregation rules of the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter/ and serial number If the plan is an individually-designed plan that received a favorable determination letter from the IR letter/	lan (4) ?	Yes Design-b safe hart "Current ADP test Ratio percentatest Yes letter or a	Trustee of telephone	r custode numbe	r Prior yeaest N/A etest	N/A te of
14a 14c Part 15a 15b 16a 16b 17a	Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the p year? Check all that apply: Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a for the plan year by combining this plan with any other plan under the permissive aggregation rules If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter	lan (1)(4) (2) (3) (4) (5) (4) (7) (7) (8) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Yes Design-b safe hart "Current ADP test Ratio percentatest Yes letter or a	Trustee of telephone	r custode numbe	r Prior yeaest N/A etest lo erminatio	N/A te of