## 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).

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. Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit DAVID R. ATHERTON, DDS 401(K) PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2002 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1391726 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number DAVID R. ATHERTON, DDS 425-869-1830 2d Business code (see instructions) P.O. BOX C-96012 621210 BELLEVUE, WA 98009-9612 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 8 5a Total number of participants at the beginning of the plan year ...... 5b 8 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 8 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	rue, correct, and complete.						
31314	Filed with authorized/valid electronic signature.	04/11/2017	DAVID R. ATHERTON, DDS				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's i	name (including firm name, if applicable) and address (include i	room or suite numbe	r )	Preparer's telephone number			

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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>								X Yes	☐ No
	If you answered "No" to either line 6a or line 6b, the plan cann								□ .00	□ .••
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
Pa	rt III Financial Information								<u> </u>	
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		604396				•	1858926	
b	Total plan liabilities	7b		0	)				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	1	604396	5				1858926	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	- 4.0		54112						
	(1) Employers	8a(1)		54800						
	(2) Participants	8a(2)		04000	_					
	(3) Others (including rollovers)	8a(3)		157537						
	Other income (loss)	8b		107 007	-				266449	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							200449	
u	to provide benefits)	8d		432	2					
е	Certain deemed and/or corrective distributions (see instructions).	8e		0	)					
f	Administrative service providers (salaries, fees, commissions)	8f		11487	,					
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							11919	
i	Net income (loss) (subtract line 8h from line 8c)	8i						254530		
j	Transfers to (from) the plan (see instructions)	8i	8i <sup>0</sup>							
Pai	t IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3B 3D 2A	feature co	odes 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	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he 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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	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					500000
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	f Has the plan failed to provide any benefit when due under the plan?					X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10g 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 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?							<b>│</b>	res X No
(If "Yes," 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	) 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		ign-based "Prior year" ADF harbor test			
				"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 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	Part I Annual Report	Identification Information				11.11			
Fo	r calendar plan year 2016 or fi	scal plan year beginning	0	1/01/2	016	and ending	1	2/31/2016	
A	This return/report is for:	x a single-employer plan	a list	of partici		lan (not multiemplo employer informatio	• , ,	-	
R	This return/report is:	a one-participant plan the first return/report	₹	eign plan nal return	/report				
_	Tills returnineport is.		믐		•		40 41		
		an amended return/report	∐ a sno	oπ pian ye	ear retu	rn/report (less than	12 months	)	
С	Check box if filing under:	Form 5558 special extension (enter descrip		natic exte	nsion			DFVC progra	ım
	- 201 p p								
1000	Part II Basic Plan Info Name of plan	ormation enter all requested in	formation	n			16	Three-digit	
Ia	· ·	DDS 401(k) Profit Shari	ng Pla	ın				plan number (PN) ▶	001
							1c	Effective date o 01/01/2002	f plan
2a	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. ice, country, and ZIP or foreign posta	. Box) I code (if	f foreign,	see ins	tructions)	2b	Employer Ident (EIN) 91-13	
	David R. Atherton,	DDS				,		Sponsor's telep (425) 869-	1830
	P.O. Box C-96012						2d	Business code 621210	(see instructions)
_	US Bellevue WA 98009-96	Proving							
3a	l Plan administrator's name a	and address 🗓 Same as Plan Spor	isor				33,835	Administrator's  Administrator's	telephone number
4		ne plan sponsor has changed since the model of the last return/report.	ne last re	turn/repo	rt filed t	for this plan, enter t	he 4b	EIN	
_a	Sponsor's name						4c	PN	
5a	Total number of participants	s at the beginning of the plan year					58	1	8
b	· · · · · ·	s at the end of the plan year					51		8
С		account balances as of the end of th					50	;	8
d	(1) Total number of active pa	irticipants at the beginning of the plan	year				5d	(1)	7
d	(2) Total number of active pa	rticipants at the end of the plan year					5d	(2)	8
е	Number of participants that	terminated employment during the p	lan year	with accr	ed bei	nefits that were	5	е	0
С	aution: A penalty for the late	e or incomplete filing of this return	/report v	vill be as	sesse	i uniess reasonab	le cause is	established	
U	nder penalties of perjury and	other penalties set forth in the instruct and signed by an enrolled actuary, as	tions, I de	eclare tha	t I hav	e examined this ret	urn/report, i	ncluding, if appli	
-	SIGN STATE		4	1111	17	David R. Ath	erton,	DDS	
190	HERE Signature of plan add	ministrator	Da	te.		Enter name of ind	ividual sign	ing as plan admi	nistrator
	THE	4	4	111	7	DAvid R. Ath			
10000	SIGN Signature of employe	arinian engless	Da	to to	1				or plan spansar
P		name, if applicable) and address (inc			e numb	Enter name of ind er)	Prep	arer's telephone p this questi	number

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (Se	e instructions.)						X Yes No
b	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	ot use Form	5500-SF and must in	stead	use l	orm	5500.		
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	ram (see ERISA section	on 40	21)?	[	Yes	☐ No	Not determine
Pa	rt III Financial Information		## W						
7	Plan Assets and Liabilities	P 305.39	(a) Beginning o	f Yea	r			(b) End	of Year
a	Total plan assets	. 7a	1,6	04,3	96				1,858,926
b	Total plan liabilities	. 7b	- 1	- "	0	4			0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1,6	04,3	96				1,858,926
8	Income, Expenses, and Transfers for this Plan Year	自然专业	(a) Amount	1				(b) T	otal
a	Contributions received or receivable from:				10	<b>Wina</b>	9000	(BV 9 //4	<b>网络加州</b>
_	(1) Employers	8a(1)		54,1		etwa	2000 000	LITTO DE MINE	100000000000000000000000000000000000000
_	(2) Participants	8a(2)	10	54,8			Contract of		THE OWNER OF THE PERSON
	(3) Others (including rollovers)				0	100	District II	ni dipirito :	METAL SHAREST PAR
b	Other income (loss)		1!	57,5	37	Marie .	BINE	Valle L	THE RESERVE
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<b>PARTIES REPORT OF THE PARTIES</b>	EHAN	HHA!				266,449
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		4	32				
е	Certain deemed and/or corrective distributions (see instructions)	8e	8		0	Since.	<b>Library</b>	673 45	Shield William
f	Administrative service providers (salaries, fees, commissions)	. 8f		11,4	87	3			
g	Other expenses	. 8g	PA		0	Marie Control	TO WELL	P. Sales	4 10
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	4000	<b>中国数据的标题的</b>	S7-10	light in				11,919
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i	S. S	BIRTH	Wild !				254,530
ī	Transfers to (from) the plan (see instructions)	. 8j			0	Ales	BEODI	STREET, S	
Pa	art IV Plan Characteristics		New York			V			
	If the plan provides pension benefits, enter the applicable pension f	eature codes	from the List of Plan C	harac	terist	ic Cod	les in th	e instruc	tions:
Sarr	2E 2G 2J 2K 3B 3D 2A								
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes fr	rom the List of Plan Ch	aract	eristic	Code	s in the	instruction	ons:
10000				a					
	art V Compliance Questions			77		r	2000		
10	During the plan year:				Yes	No	N/A		Amount
а	, ,,						SHE		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	-	-	400		x	TOP IT		
-	Program)  Were there any nonexempt transactions with any party-in-interest			10a	-	A	CASTON .		
N.	reported on line 10a.)			10b		x	2		
- C				10c	х		NEW YEAR		500,000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					х	198		,
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		ж	STREET		
f	Has the plan failed to provide any benefit when due under the pla	п?		10f		х			
- 6	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)	10g		х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х			
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required n	otice or one of the	10i					THE PERSON IN

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Part VI Pension Funding Compliance	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)	Yes X 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 section 302 of ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Yes X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the minimum funding standard for a prior year is being amortized in this plan year.	ate of the letter ruling
granting the waiver Month Day	Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	
C Enter the amount contributed by the employer to the plan for the plan year	
d 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)	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	□ 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?	s X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	Yes X No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
13c(1) Name of plan(s): 13c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information - Skip These Questions	
14a Name of trust  14b Trust's	EIN
	e or custodian's ne number
Part IX IRS Compliance Questions - Skip These Questions	
15a Is the plan a 401(k) plan? If "No," skip b	□ No
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	"Prior year" ADP
"Current year" ADP test	□ 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 percentage test	Average N/A benefit test
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?	□ No
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory the letter/ and serial number	letter, enter the date of
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most reletter//	ecent determination
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 service?  Yes	No No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	No No