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	Identification Information	1										
For calend		scal plan year beginning 01/01/2			and ending 1	2/31/2	016						
A This ref	turn/report is for:	a single-employer plan	lis	t of participating em		yer) (Filers checking this box must attach a in accordance with the form instructions.)							
B This retu	urn/report is	a one-participant plan the first return/report		oreign plan final return/report									
	•	an amended return/report	a short plan year return/report (less than 12 months)										
C Check	box if filing under:	Form 5558	ш	tomatic extension		DI	FVC program						
		special extension (enter desc	. ,										
Part II		ormation—enter all requested in	formation	on		141							
1a Name KEVIN L. HA	of plan AMBLIN, DDS 401(K)	PLAN				16	Three-digit plan number	001					
						4.0	(PN) •	001					
						10	Effective date of 01/01	plan 1/2015					
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.0				2b	Employer Identif (EIN) 82-04	ication Number 172159					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KEVIN L. HAMBLIN, DDS					2c Sponsor's telephone number 208-735-1415								
1445 N EU I I	MORE ST, STE 701					2d	Business code (
	6, ID 83301-3346						6212	10					
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spo	nsor.			3b	Administrator's I	ΞΙΝ					
		ь .						elephone number					
							, idinii ilotiator e t						
4 If the	name and/or EIN of th	e plan sponsor has changed since	the last	roturn/roport filed fo	r this plan, optor the	4h	EIN						
name		mber from the last return/report.	THE IASI	return/report med to	i tilis piari, eriter trie		PN						
_		at the beginning of the plan year.					a						
_		at the end of the plan year					b						
		account balances as of the end of		, , ,	•	5	С						
		rticipants at the beginning of the p					(1)						
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ar			5d	(2)						
than	100% vested	terminated employment during the					е						
		or incomplete filing of this retur						oblo o Calaadada					
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, plete											
SIGN		valid electronic signature.		08/22/2017	KEVIN L HAMBLIN								

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6a Were all of the plan's assets during the plan year	r invested in eligible assets?	(See instructions.)						X Yes	s No	
under 29 CFR 2520.104-46? (See instructions of	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.)									
C If the plan is a defined benefit plan, is it covered to					_		No	Not det	ermined	
Part III Financial Information						-				
7 Plan Assets and Liabilities		(a) Beginning o	of Year				(b) End	of Year		
a Total plan assets	7a		60065					75282	4	
b Total plan liabilities	7b									
C Net plan assets (subtract line 7b from line 7a)	7c	6	660065					75282	4	
8 Income, Expenses, and Transfers for this Plan Y	ear	(a) Amount	t		(b) Total					
a Contributions received or receivable from:	2 (1)	10738								
(1) Employers			55799							
(2) Participants	` ` `		33799	\dashv						
(3) Others (including rollovers)	1 1		36439	-						
b Other income (loss)			00 100					10297	6	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8 Benefits paid (including direct rollovers and insur								10237	<u> </u>	
to provide benefits)			7595							
e Certain deemed and/or corrective distributions (s	ee instructions). 8e									
f Administrative service providers (salaries, fees, o	commissions) 8f		0							
g Other expenses	8g		2622							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1021	7	
i Net income (loss) (subtract line 8h from line 8c)	8i							9275	9	
j Transfers to (from) the plan (see instructions)										
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the a 2E 2F 2G 2J 3D	applicable pension feature coo	des from the List of Pla	an Cha	racteri	stic Co	odes in	the inst	ructions:		
b If the plan provides welfare benefits, enter the a	pplicable welfare feature code	es from the List of Plar	n Chara	cterist	tic Cod	des in t	he instr	uctions:		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amount		
Was there a failure to transmit to the plan any p described in 29 CFR 2510.3-102? (See instruction Program)	ctions and DOL's Voluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with a reported on line 10a.)			10b		X					
c Was the plan covered by a fidelity bond?			10c		X					
d Did the plan have a loss, whether or not reimbuby fraud or dishonesty?			10d		X					
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					1266	
f Has the plan failed to provide any benefit when	due under the plan?		10f		X					
g Did the plan have any participant loans? (If "Ye			10g	X					1288	
h If this is an individual account plan, was there a 2520.101-3.)			10h		X					
i If 10h was answered "Yes," check the box if you exceptions to providing the notice applied unde			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			
		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 A?									
(If "Yes," 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 co	ompleted 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		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 "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 brougout of the PBGC?		r 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.)	fy the p	lan(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 ⁻	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				
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L		n-based arbor						
				Curre	ent year est	<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:					entage Average N/A benefit 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?						No 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?		om	Ye	s [No				
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s	No				

Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 Form 5500-SF 1210-0089 Benefit Plan Department of the Treasury Internal Revenue Service 2016 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 Department of Labor This Form is Open to Public Employee Benefits Security Administration the Internal Revenue Code (the Code). Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach A This return/report is for: a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan the first return/report the final return/report B This return/report is: an amended return/report a short plan year return/report (less than 12 months) DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information — enter all requested Information 1a Name of plan 1b Three-digit plan number Kevin L. Hamblin, DDS 401(k) Plan 001 (PN) 🟲 1C Effective date of plan 01/01/2015 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) 82-0472159 City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) 2c Sponsor's telephone number Kevin L. Hamblin, DDS (208) 735-1415 2d Business code (see instructions) 1415 N Fillmore St, Ste 701 621210 US Twin Falls ID 83301-3346 3b Administrator's EIN 3a Plan administrator's name and address X Same as Plan Sponsor 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 FIN name, EiN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a Total number of participants at the beginning of the plan year ٩ 5a **b** Total number of participants at the end of the plan year 5b 8 Number of participants with account balances as of the end of the plan year (only defined contribution plans Б¢ 8 complete this item) 5d(1) d(1) Total number of active participants at the beginning of the plan year 8 d(2) Total number of active participants at the end of the plan year 5d(2) 7 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 0 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 true, correct, and complete. KEVIN L. HAMBLIN 8IGN HERE Signature of plan administrator Enter name of individual signing as plan administrator KEVIN L. HAMBLIN SIGN HERE | Signature of employer/plan sponsor Date 8/22/17 Enter name of Individual signing as emptoyer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number Skip this question Skip this question

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6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.)									Пио
b										
	under 29 CFR 2520.104-46? (See Instructions on walver eligibility and conditions.)									No
_	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?										etermined
	utill Financial Information	····				_				
7_	Plan Assets and Liabilities	1 1	(a) Beginning o			+		(b) End o	·	
a h	Total plan assets	7a	6.	50,0	65	┿	-		752	824
<u>p</u>	Total plan liabilities	7b		<u></u>		+				
8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount	60,0	165	+		(b) To		824
	Contributions received or receivable from:	1	(a) Amount			+-		(0) 10	Kai	
	(1) Employers	8a(1)		10,7	38	\perp				
	(2) Participants	8a(2)	Į.	55,7	99					
_	(3) Others (including rollovers)	8a(3)				1_				
	Other income (loss)	8b	<u></u>	36,4	39	1				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				4			102,	976
	to provide benefits)	8d		7,5	95	-				
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			0					
	Other expenses	8g		2,6	22	<u> </u>				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1			10,	217
	Net income (loss) (subtract line 8h from line 8c)	81				<u> </u>			92,	759
	Transfers to (from) the plan (see instructions)	8)								
	rt IV Plan Characteristics		110							
9a	If the plan provides pension benefits, enter the applicable pension feat.	ure codes fr	om the List of Plan Chara	cteris	tic Co	des in	the inst	tructions:		
_	2E 2F 2G 2J 3D	•								
ы	If the plan provides welfare benefits, enter the applicable welfare featur	e codes fro	m the List of Plan Charac	teristi	c Code	es in t	he instr	uctions:		
	4)/ 0		-							
10	rt V Compliance Questions					I	T .:T			
a	During the plan year: Was there a failure to transmit to the plan any participant contribution	a véthia tha	time neded	Г	Yes	No	N/A		umount	
•	described in 29 CFR 2510.3-1027 (See instructions and DOL's Volum				:		1			
	Program)	_		10a		x				
ь	Were there any nonexempt transactions with any party-in-interest? (D	o not includ	ie transactions							
	reported on line 10a.)		***************************************	10b		X			•	
	Was the plan covered by a fidelity bond?			10c		x				
a	Did the plan have a loss, whether or not reimbursed by the plan's fide by fraud or dishonesty?			10d		x				
e		ersons by	an insurance				1			
	carrier, insurance service, or other organization that provides some or the plan? (See instructions.)			10e	x					1,266
f						ж				-,200
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)	***************************************	10f 10g	×					1,288
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	instruction	s and 29 CFR	10h		x				
i	If 10h was enswered "Yes," check the box if you either provided the re									
	exceptions to providing the notice applied under 29 CFR 2520.101-3				;					

09/06/2017 10:05Dr Kevin Hamblin

(FAX)12087347603

	Form	5500-SF 2016		Page 3 -			_				
Pari	e WI	Pension Funding Compliance		<u> </u>	•						
11	Is this a	defined benefit plan subject to minimum fundir								Yes 🗵	₹ No
11a		e unpaid minimum required contributions for all			*****		1a				
12	Is this a	defined contribution plan subject to the minim	um funding requirements of secti	ion 412 of the C						Yes 🛚	Z No
a		s," complete line 12a or lines 12b, 12c, 12d, and er of the minimum funding standard for a prior		an year, see ins	structions,	and ente	r the d	ate of the	letter	ruling	
	granting	the waiverleted lines 3, 9, and 10 o			Month _		Day		Yea		
<u>ny</u>		e minimum required contribution for this plan ye				1	2b				
c		e amount contributed by the employer to the pla			•		2c				
d	Subtrac	the amount in line 12c from the amount in line	12b. Enter the result (enter a m			1	2d				
е		minimum funding amount reported on line 12d						Yes 🗌] No	[N	1/A
Parl	t VII	Plan Terminations and Transfers	of Assets								
13a	Назал	solution to terminate the plan been adopted in	any pian year?	••••••				Yes	Х	No	
	If "Yes,"	enter the amount of any plan assets that reven	ted to the employer this year			1	3а				
b	control (Yes	X No	0
C		g this plan year, any assets or liabilities were th seets or flabilities were transferred. (See instruc		er plan(s), iden	tify the plai	n(s) to					
1:		me of plan(s):			13	c(2) EIN	(s)		13	c(3) PN	(s)
	1										
	t VIII	Trust Information - Skip These C	uestions			1					
14a	i Name c	f trust					14b ī	rust's €l	N		
140	: Name c	f trustee or custodian						rustee o elephone			
Par	t.IX	IRS Compliance Questions - Ski	p These Questions								
15a	l Is the p	an a 401(k) plan? If "No," skip b				Yes				No	
15k		the plan satisfy the nondiscrimination requirently) for the plan year? Check all that apply:	nents for employee deferrals und]	□ safe □ "Cu	ign-ba harbo rrent y test	Ж		"Prior y test N/A	ear" ADP
168		sting method was used to satisfy the coverage heck all that apply:	requirements under section 410		[Rati perc test	entag	e 🔲	Avera benef		□ N/A
16k	Did the for the p	plan satisfy the coverage and nondiscrimination plan year by combining this plan with any other	n requirements of sections 410(b plan under the permissive aggre) and 401(a)(4) gation rules?) <u></u> [Yes				No	
17a	If the pl	an is a master and prototype plan (M&P) or volu		a favorable IRS	3 opinion le	tter or ac	Msory	letter, er	ter the	date of	
17k	If the pl	an is an individually-designed plan that received		from the IRS, e	enter the da	ate of the	most	recent de	termin	ation	
18	Defined Were a	Benefit Plan or Money Purchase Pension Plan ny distributions made during the plan year to an	employee who attained age 62 a			n		Yes		No	
19		y plan participant a 5% owner who had attained					⊏	Yes		No	