For	m 5500-SF	Short Form Annu	al Return/Repo Benefit Plan	rt of Small Employee	OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service		d under sections 104 an	d 4065 of the Employee Retirement	2016
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of the Internal	This Form is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in a	Υ.	structions to the Form 5500-SF.	Public Inspection
Part I		lentification Information			
For calenda	ar plan year 2016 or fisc	7		and ending 12/31/2016	
A This ret	urn/report is for:	a single-employer plan		plan (not multiemployer) (Filers chec employer information in accordance v	-
B This retu	ırn/report is	the first return/report an amended return/report	the final return/repor	rt .urn/report (less than 12 months)	
C Check	box if filing under:	Form 5558	automatic extension		program
Dort II	Basia Blan Inform	special extension (enter descr	. ,		
Part II 1a Name BRYAN W. M	of plan	nation —enter all requested inf 6. 401(K) RETIREMENT PLAN	ormation	(PN)	number 001
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		(EIN	
	ICLELLAND, D.D.S. P.S		ai code (il loreign, see in	2c Spo	nsor's telephone number 208-777-2122
507 N SULLI SUITE 120 SPOKANE, V				2d Busi	ness code (see instructions) 621210
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spor	isor.	3b Adm	inistrator's EIN
				3c Adm	inistrator's telephone number
name	EIN, and the plan numb	olan sponsor has changed since the form the last return/report.	the last return/report file		
a Spons				4C PN	40
		the beginning of the plan year		5 1	12
		the end of the plan year count balances as of the end of t		ad contribution plans	13
compl	ete this item)				
		cipants at the beginning of the pla	-	5 1(0)	12
e Numb	per of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued	benefits that were less 50	0
		incomplete filing of this return		ed unless reasonable cause is esta	blished.
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruct signed by an enrolled actuary, a	tions, I declare that I ha	ve examined this return/report, includ version of this return/report, and to the	ing, if applicable, a Schedule
SIGN	Filed with authorized/va	lid electronic signature.	10/06/2017	BRYAN W. MCLELLAND, D.D.S.	
HERE	Signature of plan ad	ninistrator	Date	Enter name of individual signing	as plan administrator
SIGN HERE					
	Signature of employe		Date	Enter name of individual signing	
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite num	iber) Preparer	s telephone number
	and Deduction Act Nation	see the Instructions for Form 5500	LOF		Form 5500-SE (2016)

-157032

6a b	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		,	
D	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	ot use Fo	rm 5500-SF and must instead us	e Form 5500.
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4021)?	P Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	982792	829396
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	982792	829396
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:	0-(4)	10386	
	(1) Employers	8a(1)		
	(2) Participants	8a(2)	52565	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	70532	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		133483
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	282024	
e	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	8491	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		290515

Part IV Plan Characteristics

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

i.

j

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 2K 2G 3D

8i

8j

3636

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 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 plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	Х			

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc SA?					Yes 🗙	No	
	•••••								
а		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	l enter t	he date	of the lette	er ruling	
	gran	ting the waiver	onth _	-	_ Day		Year_		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	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				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	۱
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	< No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):		13c(2)	EIN(s)		13c(3	B) PN(s))
	. ,			. ,	. /			, ()	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custoc 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:		Desig safe h	n-basec arbor	1	Prior y test	ear" AD	Ρ
				"Curre ADP t	P 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:						o Average N/A benefit test N/A			
16b		he 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		-			-			of
	letter		ter the	e date	of the m	ost rece	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 separ ce?		from	Ye	s [No		

	orm 5500-SF	Short Form Annu	al Return/Repo Benefit Plan		loyee	OMB Nos. 1210-0110 1210-0089
	partment of the Treasury ternal Revenue Service	This form is required to be file	ed under sections 104 and	d 4065 of the Employee I	Retirement	2016
Employee	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of th	e Internal	This Form is Open to
	Benefit Guaranty Corporation	Complete all entries in	accordance with the ins	structions to the Form !	5500-SF.	Public Inspection
Part I	Annual Report	Identification Information				
For calen	idar plan year 2016 or tis	scal plan year beginning	01/01/2016	and ending		1/2016
A This r	eturn/report is for:	X a single-employer plan a one-participant plan	a multiple-employer list of participating o a foreign plan	plan (not multiemployer) employer information in a	(Filers checki ccordance wil	ng this box must attach a the form instructions.)
B This re	aturn/report is	the first return/report	the final return/repor	t		
		an amended return/report	=	urn/report (less than 12 n	nonths)	
C Check	k box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram
		special extension (enter descr				
Part II	Basic Plan Info	rmation—enter all requested in	formation			
1a Name	e of plan				1b Three-	-digit
Bryan W	V. McLelland, D).D.S. P.S. 401(k) Re	tirement Plan		plan n (PN)	umber 001
						ve date of plan 2/2015
Mailir	ng address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C	. Box)		2b Employ	yer Identification Number
Bryan	W. McLelland,	e, country, and ZIP or foreign post D.D.S. P.S.	al code (if foreign, see ins	structions)	2c Spons	or's telephone number
507 N	Sullivan					77-2122 ss code (see instructions)
Suite					62121	
Spokan		WA 99037				
					3c Admini	strator's telephone number
4 If the	name and/or EIN of the	plan sponsor has changed since t ber from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN	
	sor's name	ber nom the last return/report.			4c PN	
5a Total	number of participants a	at the beginning of the plan year			5a	
b Total	number of participants a	at the end of the plan year			5b	12
C Numb	per of participants with a	ccount balances as of the end of t	he plan year (only define	d contribution plans	50 50	13
d(1) Tot	al number of active part	icipants at the beginning of the sta				13
d(2) Tot	tal number of active part	icipants at the beginning of the pla	in year		5d(1)	12
e Numi	ber of participants that te	icipants at the end of the plan yea erminated employment during the	plan year with accrued by	anofite that wore less	5d(2)	12
than	100% vested				5e	0
SB or Sche	alles of perfury and othe	incomplete filing of this return or penalties set forth in the instruct signed by an enrolled actuary, as ate	ione I doolaro that I have	outper la sel their set to the		
SIGN	B. rele	13 3 11	10-6-17	BRYAN W. MCLEI		
HERE	Signature of plan ad	ministrator //	Date	Enter name of individu		
SIGN	Bin	elected!	10-6-17	BRYAN W. MCLEI		
HERE Preparer's	Signature of employe	er/plan sponsor me, if applicable) and address (inc	Date	Entor nome of ladivid	ual signing as	employer or plan sponsor
		see the Instructions for Form 5500-		er)	Preparer's te	llephone number
and appendix	Act Notice,	ace the instructions for Form 5500-	5F.			Form 5500-SF (2016)

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D	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 If the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition not use Form	dent qualified public ons.) m 5500-SF and mu	accour st inste	ad us	QPA) e Fori	n 5500.		Yes No
	rt III Financial Information				102 171	[
7	Plan Assets and Liabilities								
a	Total plan assets	7a			982,792			7 2114 01 10	829,396
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		982,	792				829,396
8	Income, Expenses, and Transfers for this Plan Year	K. A. LA	(a) Amou	nt				(b) Total	
а	Contributions received or receivable from:			10	386				Children wee
	 (1) Employers (2) Participants 	8a(1)					Contrast.	- Contraction	aller and and
	(3) Others (including rollovers)	8a(2)		52,	565		110		
b	Other income (loss)	8a(3) 8b		70	532	n Nelsen der Staten der			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		10,	332	i.	and the second		122 402
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		282,	024				133,483
е	Certain deemed and/or corrective distributions (see instructions)	8e				1		and the second	
	Administrative service providers (salaries, fees, commissions)	8f	() () () () () () () () () () () () () (102.13			
g	Other expenses	8g		8,	491			and the second second second	Contraction of the second
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	there we a	- 10 391	SPACE.	CO-FROMA	2063 S-2 204		290,515
i	Net income (loss) (subtract line 8h from line 8c)	81		1		1922			-157,032
j	Transfers to (from) the plan (see instructions)	8j		З,	636				
Par	t IV Plan Characteristics					CTALL IN			
9a	If the plan provides pension benefits, enter the applicable pension to 2A 2E 2J 2K 2G 3D	feature code	es from the List of P	lan Cha	racteri	stic Co	odes in th	e instruction	IS:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Pla	n Chara	acterist	tic Cod	des in the	instructions	:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Am	ount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fid	Iclary Correction	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inc	lude transactions	10a		х			
С	Was the plan covered by a fidelity bond?			10c	х			- 1444-1-12	100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idelity hond	that was caused	100	_	х			100,000
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons b	y an insurance	10u		х			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-end	.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instructi	ons and 29 CFR	10g	х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required n	otico or one of the	101	х				

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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 (Form 5500) and line 11a below)			B		Yes
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a		Sentis and arrest	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?	ode or section	n 302 n	f		Yes X
	(ii res, complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	Month	nd enter Day		of the let	er ruling
		And the second se	T	1		
	Enter the minimum required contribution for this plan year					
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			
e	Will the 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?			1 Yes	X	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		8	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	abt under the			Yes	X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	1		
1	3c(1) Name of plan(s):	13c/2) EIN(s)		130	3) PN(s)
Part						
14a I	lame of trust		14b 1	rust's E	IN	
14c	Name of trustee or custodian	_			or custor e number	
Part	IX IRS Compliance Questions			-temperature		
15a	s the plan a 401(k) plan? If "No," skip b	Yes] 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:		n-based arbor	C	"Prior y test	ear" ADP
		ADP t	ent year" est		N/A	
	Vhat testing method was used to satisfy the coverage requirements under section 410(b) for the plan rear? Check all that apply:	Ratio	entage		erage nefit test	N//
-	Did 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?	Yes		[] No	
17a	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number					
	f the plan is an individually-designed plan that received a favorable determination letter from the IRS, en	ter the date of	of the mo	ost recer	nt determi	nation
۱ s	efined Benefit Plan or Money Purchase Pension Plan Only: Vere any distributions made during the plan year to an employee who attained age 62 and had not sepa ervice?		Yes		No	
19 v	as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No	