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

2017

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	l						
For calend	dar plan year 2017 or t	fiscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017				
A This re	eturn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac	-				
		a one-participant plan	a foreign plan						
B This ref	turn/report is	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progra	m			
		special extension (enter descri	. ,						
Part II	Basic Plan Infe	ormation—enter all requested in	formation						
1a Name WILLIAM M	•	S. 401(K) PROFIT SHARING PLAN	ı		1b Three-diging plan numb (PN) ▶				
					1c Effective of	date of plan 10/01/1981			
		oyer, if for a single-employer plan)) Day)			Identification Number			
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	91-1154085			
WILLIAM M	. BETHEL, D.D.S., P.S	S.				telephone number 25-226-3230			
40700 C F	474TH CHITE 004				2d Business code (see instructions)				
RENTON, V	174TH, SUITE 201 VA 98055					621210			
20.51					2h Adadasa	orada EINI			
3a Plan a	administrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	ator's ein			
					3c Administra	ator's telephone number			
		ne plan sponsor or the plan name ha			4b EIN				
	sor's name	5.155. 5 .1a.1.5, 2 .1.1, 11.5 p.a.1 .1a.1.6 c		and last rotally, open.	4d PN				
C Plan i	Name								
5a Total	number of participant	s at the beginning of the plan year			5a	6			
		s at the end of the plan year			5b	6			
		account balances as of the end of			5c	6			
d(1) To	tal number of active pa	articipants at the beginning of the pl	lan year		5d(1)	5			
		articipants at the end of the plan ye			5d(2)	5			
than	100% vested	o terminated employment during the			5e	0			
Caution:	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca					
SB or Sch		other penalties set forth in the instruction and signed by an enrolled actuary, and the control in the instruction and the control in the con							
SIGN	Filed with authorized	d/valid electronic signature.	02/05/2018	WILLIAM M. BETHEL					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator			
SIGN									
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	ual signing as en	nplover or plan sponsor			

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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	an indeper and condit	ndent qualified public a	account	ant (IQ	PA)		X Yes No X Yes No		
	If you answered "No" to either line 6a or line 6b, the plan cann					_	_			
С								Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from th	ie PBGC p	remium filing for this p	lan yea	r			. (See instructions.)		
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year		
а	Total plan assets	. 7a	83	32852				941546		
b	Total plan liabilities	. 7b		0		0				
С	Net plan assets (subtract line 7b from line 7a)	. 7c	83	32852	2 941546					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) T	otal		
а	Contributions received or receivable from: (1) Employers	. 8a(1)		13984						
	(2) Participants	. 8a(2)	2	25660						
	(3) Others (including rollovers)	. 8a(3)								
b	Other income (loss)	. 8b	(69050						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						108694		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						0		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						108694		
<u>j</u>	Transfers to (from) the plan (see instructions)	· 8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D	feature co	odes from the List of Plant	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	ic Cod	es in the instru	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	,	Amount		
а	Was there a failure to transmit to the plan any participant contributed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-		V				
b	Program)			10a		X				
	reported on line 10a.)			10b		X				
c	Was the plan covered by a fidelity bond?			10c	Χ			110000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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.)	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	71 1 1	-	•	10g	X			6705		
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)	chedule	SB	\	res 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 set ERISA?	ion 302	of		res X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver		r the date ay	of the lette Year _	r ruling
lf y	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	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	120	:		
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)	12d			
е	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?		X Ye	s N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	ne		Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	(s) to			
1	3c(1) Name of plan(s):	(2) EIN(s)	13c(3) PN(s)

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

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Complete all entries in accordance with the instructions to the Form 5500-SF.

0047

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	rt Identification Information	1				
For calenda	ar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/3	1/2017	
A This ret	urn/report is for:	$\overline{\mathbb{X}}$ a single-employer plan		lan (not multiemployer) (F mployer information in acc		ing this box must attach a the the form instructions.)	
		a one-participant plan	a foreign plan			•	
B This retu	ırn/report is	the first return/report	the final return/report				
		an amended return/report		rn/report (less than 12 mo	onths)		
C Chook I	box if filing under:			, `	_		
O OHECK I	box if failing drider.	Form 5558	automatic extension	L	_ DFVC pr	ogram	
Part II	Basic Plan Inf	special extension (enter desc formation—enter all requested in	<u> </u>				
		ormation—enter all requested in	lioimation		1b Three	aliais .	
1a Name	,					number 001	
WILLIAM	M. BETHEL, 1	D.D.S., P.S. 401(k) P.	ROFIT SHARING PL	AN	(PN)		
						tive date of plan 1/1981	
2a Plan sı	ponsor's name (emp	ployer, if for a single-employer plan)				over Identification Number	
Mailing	address (include ro	oom, apt., suite no. and street, or P.0		44!>		91-1154085	
		nce, country, and ZIP or foreign pos D.D.S., P.S.	tai code (if foreign, see ins	tructions)		sor's telephone number	
	·			-		226-3230	
10700 S	S.E. 174TH, S	SUITE 201			62121	ess code (see instructions) 10	
DELIMON							
RENTON		WA 98055			26 41 1		
Sa Pian a	aministrator's name	and address X Same as Plan Spo	onsor.		3D Admir	nistrator's EIN	
					3c Admir	nistrator's telephone number	
4 If the r	name and/or FIN of t	the plan sponsor or the plan name h	has changed since the last	return/report filed for	4b EIN		
this pl	an, enter the plan sp	ponsor's name, EIN, the plan name			TO LIN		
a Sponsor's name					4d PN		
C Plan N	lame						
5a Total r	number of participan	nts at the beginning of the plan year			5a	(
		nts at the end of the plan year			5b		
C Number	er of participants wit	th account balances as of the end of	f the plan year (only define	d contribution plans	5c		
		participants at the beginning of the p		T T	5d(1)		
		participants at the end of the plan ye			5d(2)		
e Numb	per of participants wh	ho terminated employment during th	ne plan year with accrued b	enefits that were less	5e		
		te or incomplete filing of this retu				lished	
Under pena	alties of perjury and	other penalties set forth in the instru	uctions, I declare that I have	e examined this return/rep	ort, includir	ng, if applicable, a Schedule	
	edule MB completed true, correct, and co	and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/report	t, and to the	best of my knowledge and	
SIGN	White	Soft he	2/5/18	WILLIAM M. BET	HEL		
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing a	as plan administrator	
SIGN					- 33		
HERE	Signature of emp	oloyer/plan sponsor	Date	Enter name of individu	ual signing a	as employer or plan sponsor	

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X Yes No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No 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 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)? Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.) Part III | Financial Information 7 Plan Assets and Liabilities (b) End of Year (a) Beginning of Year 941,546 a Total plan assets 832,852 7a b Total plan liabilities 7b 941,546 832,852 C Net plan assets (subtract line 7b from line 7a) 7c 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 13,984 8a(1) (1) Employers 25,660 (2) Participants..... 8a(2) (3) Others (including rollovers)..... 8a(3) 69,050 b Other income (loss) 108,694 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums 8d to provide benefits)... e Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)..... 8f g Other expenses..... 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 108,694 Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions)..... **Plan Characteristics** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2R 3D 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 Amount Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction X 10a Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions Х reported on line 10a.) 10b C Was the plan covered by a fidelity bond? 10c 110,000 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused Χ 10d 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 X the plan? (See instructions.)..... f Has the plan failed to provide any benefit when due under the plan? Χ 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) X 6,705 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h 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.....

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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 an (Form 5500) and line 11a below)					Yes [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 ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					Yes 🛚	No
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.		d enter Da		f the lett Year		3
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ne 13.					
b Enter the minimum required contribution for this plan year	*****	12b				
C Enter the amount contributed by the employer to the plan for this plan year		12c				
d 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/	Α
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?			X Yes		No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	,	13a				(
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br 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), ide which assets or liabilities were transferred. (See instructions.)	entify the plan(s)) to				
13c(1) Name of plan(s):	13c(2)	EIN(s)	EIN(s)		3) PN(s	3)
	1					
	!					
	1					