Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

		dentification information						
For calendar plan	year 2017 or fisca	al plan year beginning 01/01/2	2017		and ending 12	2/31/201	7	
A This return/re	oort is for:	a single-employer plan			in (not multiemployer) (liployer information in ac		-	
		a one-participant plan	af	foreign plan				ŕ
B This return/rep	ort is	the first return/report	the	final return/report				
		an amended return/report	a s	hort plan year return	/report (less than 12 m	onths)		
C Check box if f	ling under:	Form 5558	au	tomatic extension		DFV	C program	
		special extension (enter descri	ription)					
Part II Bas	sic Plan Inforn	nation—enter all requested in	nformatio	on				
1a Name of plar JAMES B. HUTCH	ı					р	hree-digit lan number PN)	001
						1c E	ffective date o	f plan 1/1989
		er, if for a single-employer plan) apt., suite no. and street, or P.C	O. Box)					fication Number 154433
		country, and ZIP or foreign post	tal code	(if foreign, see instru	uctions)	,	,	hone number
JAMES B. HUTCH	NSON, D.D.S., P.	.S.				20	360-94	
						2d B	usiness code	(see instructions)
PO BOX 2619 OLYMPIA, WA 985	07						6212	210
3a Plan adminis	trator's name and	address Same as Plan Spor	nsor.			3b A	dministrator's	
JAMES B. HUTCH	NSON, D.D.S., P.							154433
		OLYMPIA	A, WA 9	8507		3C A		telephone number
							360-94	3-6111
4 If the name a	and/or EIN of the p	plan sponsor or the plan name ha	as chan	ged since the last re	turn/report filed for	4b ∈	IN	
this plan, en a Sponsor's na		or's name, EIN, the plan name a	and the	plan number from th	e last return/report.	4d P	N	
C Plan Name	iiie					- u -	IN	
• Hamilanic								
5a Total number	r of participants at	t the beginning of the plan year				5a		8
		t the end of the plan year				5b		6
		count balances as of the end of			-	5c		6
d(1) Total num	ber of active partic	cipants at the beginning of the pl	lan year			5d(1		5
d(2) Total num	ber of active partic	cipants at the end of the plan ye	ear			5d(2)	4
than 100%	vested	erminated employment during the				5e		1
		incomplete filing of this return						
SB or Schedule N		er penalties set forth in the instruction signed by an enrolled actuary, a sete.						
0.0.0	with authorized/va	alid electronic signature.		05/04/2018	JAMES B. HUTCHINS	SON		
HERE Sign	ature of plan adn	ninistrator		Date	Enter name of individu	ual signi	ng as plan adı	ministrator
SIGN								
HERE Sign	ature of employe	er/plan sponsor		Date	Enter name of individu	ual signi	ng as employe	er or plan sponsor

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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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf 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 If "Yes" is checked, enter the My PAA confirmation number from the	an indepe and condit ot use Fo nsurance p	ndent qualified public a iions.) rrm 5500-SF and mus vrogram (see ERISA se	account t instea ection 4	ant (IC ad use 021)?	(PA) • Form	n 5500.] Yes	Yes No
		е РВСС р	remum ming for this p	іап ува	'			(See instructions.)
Pa	rt III Financial Information	1						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year
a	Total plan assets	7a	12	83118				1447953
	Total plan liabilities	7b		497				860
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	12	82621				1447093
88	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)		7424				
		1		21378				
	(2) Participants	8a(2) 8a(3)	·	0				
	(3) Others (including rollovers)	8b	1.	43198				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		10100				172000
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7389				172000
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		139				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						7528
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						164472
j	Transfers to (from) the plan (see instructions)	8j						
Pai	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2G 3D 2T 2F 2K	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:
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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary 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			150000
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 plan	n?		10f		X		
g		-	•	10g	Х			260
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 Sch (Form 5500) and line 11a below)		В	. Y	es 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 ERISA?	n 302 of			es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter Year	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	12c			
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?		Yes	X 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 brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information	1	and midford	12/31/20	117
For calendar	plan year 2017 or fi	iscal plan year beginning	01/01/2017	and ending		
A This retur	n/report is for:	X a single-employer plan	CONTRACTOR CONTRACTOR	i (not multiemployer) (Fill loyer inform <mark>ation i</mark> n acco	ordance with the	form instructions.)
		a one-participant plan	a foreign plan			
B This return	n/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return/	report (less than 12 mor	nths)	
C Check bo	x if filing under:	Form 5558	automatic extension		DFVC progran	1
		special extension (enter desc				
Part II	Basic Plan Info	ormation—enter all requested in	nformation		Alle en e e	
1a Name of	f plan				1b Three-digit plan numb	
JAMES B.	HUTCHINSON,	D.D.S., P.S. 401(K)	PLAN		(PN)	
					1c Effective d 01/01/1	•
Mailing	address linclude ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	.O. Box)			dentification Number 1154433
City or t	own, state or provin	nce, country, and ZIP or foreign post, D.D.S., P.S.	stal code (if foreign, see instru	uctions)	2c Sponsor's 360-943	telephone number -6111
PO BOX 2	2619				2d Business of 621210	ode (see instructions)
OLYMPIA		WA 98507			21	r de Cibi
3a Plan ad	ministrator's name	and address Same as Plan Sp	onsor		3b Administra 91–11544	
PO BOX 2		, D.D.S., P.S.			3c Administra 360-943-	tor's telephone number 6111
OLYMPIA		WA 98507		humbranart filad for	4b EIN	
4 If the n this pla	ame and/or EIN of t an, enter the plan sp	the plan sponsor or the plan name ponsor's name, EIN, the plan name	has changed since the last re e and the plan number from th	ne last return/report.	4d PN	
a Sponso c Plan N					7G TN	
Fo. Total s	number of participan	nts at the beginning of the plan yea	IT		5a	8
		nts at the end of the plan year			5b	6
c Numbi	er of participants wit	th account balances as of the end	of the plan year (only defined	contribution plans	5c	6
		participants at the beginning of the			5d(1)	5
d(2) Tota	al number of active	participants at the end of the plan	year		5d(2)	4
e Numb	per of participants w	ho terminated employment during	the plan year with accrued be	enefits that were less	5e	1
		the second set filling of this rot	urn/report will be assessed	uniess reasonable cau	use is establish	applicable, a Schedule
SB or Sche	alties of perjury and edule MB completed true, correct, and co	to or incomplete filling of this let to ther penalties set forth in the insiderand signed by an enrolled actuar	y, as well as the electronic ve	rsion of this return/repor	t, and to the bes	t of my knowledge and
SIGN	One of the	PNIA	5/4/18	JAMES B. HUTCH	HINSON	
HERE	Signature of pla	n administrator	Date	Enter name of individ	ual signing as p	an administrator
SIGN	organis or pro					
HERE	Signature of em	ployer/plan sponsor	Date	Enter name of individ	ual signing as e	mployer or plan sponsor

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I	y	e assets? (See instructions.)				X Yes No
1.00	Vere all of the plan's assets during the plan year invested in eligible re you claiming a waiver of the annual examination and report of a nder 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an independ and conditio	dent qualified public acc ons.)	countar	it (IQP	A) 	X Yes No
If	you answered "No" to either line 6a or line 6b, the plan cannot	ot use Fori	m 5500-SF and must i	nstead	use F	orm souu.	_
C If	the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA sec	tion 402	21)?	Yes	☐ No ☐ Not determined
If	f "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pre	emium filing for this pla	n year_			, (See instructions.)
Part							
7 P	lan Assets and Liabilities		(a) Beginning of	Year			(b) End of Year
	otal plan assets	7a	1,2	83,1	18		1,447,95
	otal plan liabilities	7b			97		86
	let plan assets (subtract line 7b from line 7a)	7c	1,2	82,6	21		1,447,09
	ncorne, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a	Contributions received or receivable from:			7,4	24		
(1) Employers	8a(1)		21,3	_		
(2) Participants	8a(2)		21,3	0		
	3) Others (including rollovers)	8a(3)	1	42 1			
	Other income (loss)	8b		43,1	90		172,00
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					172,00
d E	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d		7,3	-		A STATE
	Certain deemed and/or corrective distributions (see instructions)	. 8e			0		
	Administrative service providers (salaries, fees, commissions)	. 8f		1	.39		
	Other expenses	. 8g			0		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					7,52
	Net income (loss) (subtract line 8h from line 8c)						164,4
1	Transfers to (from) the plan (see instructions)	. 8j					uxivituae iite 18. Y
Par	Transfers to (from) the plan (see instructions)						uxiVII,gati (fe. 18.)
Par	t IV Plan Characteristics		odes from the List of Pla	an Char	acteris	stic Codes i	n the instructions:
Par 9a	If the plan provides pension benefits, enter the applicable pension	n feature co					
Par 9a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pensior	n feature co					
Par 9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2G 3D 2T 2F 2K If the plan provides welfare benefits, enter the applicable welfare V Compliance Questions	n feature co			cterist	ic Codes in	the instructions:
Par 9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2G 3D 2T 2F 2K If the plan provides welfare benefits, enter the applicable welfare V Compliance Questions During the plan year:	n feature co	les from the List of Plar				
Par 9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2G 3D 2T 2F 2K If the plan provides welfare benefits, enter the applicable welfare V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's	feature confeature confeature confeature confeature confeature confeature confeature from the confeature confea	les from the List of Plan in the time period Fiduciary Correction		cterist	ic Codes in	the instructions:
Pari 9a b Pari 10	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2G 3D 2T 2F 2K If the plan provides welfare benefits, enter the applicable welfare V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	feature confeature confeature confeature confeature confeature confeature confeature from the confeature confe	des from the List of Plan in the time period Fiduciary Correction include transactions	n Chara	cterist	ic Codes in	the instructions:
Part 9a b Part 10 a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2G 3D 2T 2F 2K If the plan provides welfare benefits, enter the applicable welfare **Y Compliance Questions** During the plan year: Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interereported on line 10a.)	feature confeature confuctions with Voluntary F	in the time period Fiduciary Correction include transactions	10a	cterist	No X	the instructions:
Part 9a b Part 10 a b c	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2G 3D 2T 2F 2K If the plan provides welfare benefits, enter the applicable welfare V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan pave a loss, whether or not reimbursed by the plan	feature confeature confeature confutions with Voluntary F	in the time period Fiduciary Correction include transactions	10a	Yes	No X	the instructions: Amount
Pari 9a b Pari 10 a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2G 3D 2T 2F 2K If the plan provides welfare benefits, enter the applicable welfare V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or covering insurance service, or other organization that provides so	n feature confeature c	in the time period Fiduciary Correction include transactions ond, that was caused ins by an insurance of the benefits under	10a 10b 10c	Yes	No X	the instructions: Amount
Pari 9a b Pari 10 a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2G 3D 2T 2F 2K If the plan provides welfare benefits, enter the applicable welfare V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	feature confeature con	in the time period Fiduciary Correction include transactions ond, that was caused as by an insurance of the benefits under	10a 10b 10c	Yes	No X X	the instructions: Amount
Pari 9a b Pari 10 a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2G 3D 2T 2F 2K If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare to the plan any participant contributed by the plan and participant and	feature confeature con	in the time period Fiduciary Correction include transactions and, that was caused his by an insurance ond the benefits under	10a 10b 10c 10d	Yes	No X X X	the instructions: Amount
Pari 9a b Pari 10 a b c d d e	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2G 3D 2T 2F 2K If the plan provides welfare benefits, enter the applicable welfare V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	feature confeature con	in the time period Fiduciary Correction include transactions ond, that was caused as by an insurance of the benefits under -end.)	10a 10b 10c 10d 10e 10f	Yes	No X X X	Amount 150,0

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Form 5500-SF 2017

Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum fundir	ng requirements? (If "Yes," see instructions and complete S	Schedule	SB 	Yes
11a Enter the unpaid minimum required contributions for all	I years from Schedule SB (Form 5500) line 40	11a		
12 Is this a defined contribution plan subject to the minim	um funding requirements of section 412 of the Code or sec	ction 302	of	Yes
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and	d 12e below, as applicable.)		the date o	f the letter ruling
granting the waiver.	year is being amortized in this plan year, see instructions, Month	and enter	ay	Year
If you completed line 12a, complete lines 3, 9, and 10	of Schedule MB (Form 5500), and skip to line 13.		T	
	ar	12b		
c Enter the amount contributed by the employer to the pla	in for this plan year	120		
d Subtract the amount in line 12c from the amount in line	e 12b. Enter the result (enter a minus sign to the left of a	12d		T
	be met by the funding deadline?		Yes	No NA
Part VII Plan Terminations and Transfers of				
13a Has a resolution to terminate the plan been adopted in an			Yes	X No
If "Yes," enter the amount of any plan assets that reve	rted to the employer this year	13a		
control of the PBGC?	peneficiaries, transferred to another plan, or brought under			Yes X No
c If, during this plan year, any assets or liabilities were t which assets or liabilities were transferred. (See instru	ransferred from this plan to another plan(s), identify the pla	ın(s) to		
13c(1) Name of plan(s):	13	c(2) EIN(s)	13c(3) PN(s)
The second of th				
-			1	