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

| Part I | | dentification Information | | | | | | | | |
|--|--|---|--------------------------|--|---|---------------------------------------|--|--|--|--|
| For calend | lar plan year 2017 or fis | cal plan year beginning 01/01/20 | _ | | 2/31/2017 | | | | | |
| A This re | turn/report is for: | X a single-employer plan | | olan (not multiemployer) (l mployer information in ac | | | | | | |
| | | a one-participant plan | a foreign plan | | | | | | | |
| B This ret | urn/report is | the first return/report | the final return/report | | | | | | | |
| | | an amended return/report | a short plan year retu | ırn/report (less than 12 m | onths) | | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | DFVC prog | yram | | | | |
| | | special extension (enter descri | ption) | | | | | | | |
| Part II | Basic Plan Infor | rmation—enter all requested info | ormation | | | | | | | |
| 1a Name DAVID R. A | • |) PROFIT SHARING PLAN | | | 1b Three-coplan nu (PN) ▶ | mber | | | | |
| | | | | | 1c Effectiv | e date of plan 01/01/2002 | | | | |
| | | ver, if for a single-employer plan) n, apt., suite no. and street, or P.O. | Pov | | | er Identification Number | | | | |
| | g address (include room r town, state or province | structions) | (EIN) | 91-1391726 | | | | | | |
| DAVID R. ATHERTON, DDS | | | | | | or's telephone number 425-869-1830 | | | | |
| | | | | | | ss code (see instructions) | | | | |
| P.O. BOX C-96012 BELLEVUE, WA 98009-9612 | | | | | 621210 | | | | | |
| | | | | | | | | | | |
| 3a Plan a | 3a Plan administrator's name and address X Same as Plan Sponsor. | | | | 3b Administrator's EIN | | | | | |
| | | | | | 3c Adminis | strator's telephone number | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 4 If the | name and/or FIN of the | plan sponsor or the plan name ha | s changed since the last | return/report filed for | 4b EIN | | | | | |
| this p | lan, enter the plan spon | isor's name, EIN, the plan name ar | | | | | | | | |
| • | sor's name | | | | 4d PN | | | | | |
| C Plan N | vame | | | | | | | | | |
| 5a Total | number of participants | at the beginning of the plan year | | | 5a | | | | | |
| b Total | number of participants | at the end of the plan year | | | 5b | 8 | | | | |
| | | account balances as of the end of the | | - | 5c | 8 | | | | |
| d(1) Tot | tal number of active part | ticipants at the beginning of the pla | an year | | 5d(1) | 8 | | | | |
| | | ticipants at the end of the plan yea | | | 5d(2) | 8 | | | | |
| Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | | | | 5e 0 | | | | | |
| | | or incomplete filing of this return | | | | | | | | |
| 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. | | | | | | | | | | |
| SIGN | Filed with authorized/v | valid electronic signature. | 03/28/2018 | DAVID R. ATHERTON | I, DDS | | | | | |
| HERE | Signature of plan ac | Iministrator | Date | Enter name of individu | ndividual signing as plan administrator | | | | | |
| SIGN | Filed with authorized/v | valid electronic signature. | 03/28/2018 | DAVID R. ATHERTON | I, DDS | | | | | |
| HERE | Signature of employ | /er/plan sponsor | Date | Enter name of individu | ual signing as | employer or plan sponsor | | | | |

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| 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) 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 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 th | nsurance p | rogram (see ERISA se | ection 4 | 021)? | [| Yes No | Not determined (See instructions.) |
| Pa | rt III Financial Information | 1 | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning (| of Year | | | (b) Er | d of Year |
| <u>a</u> | Total plan assets | | | | | | | 2238236 |
| <u>b</u> | Total plan liabilities | | | | | | 0 | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 189 | 58926 | | | | 2238236 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | | (b) | Total |
| а | Contributions received or receivable from: | | | 50000 | | | | |
| | (1) Employers | 8a(1) | | 58609 | | | | |
| | 2) Participants | | | | | | | |
| | 3) Others (including rollovers) | | | | | | | |
| | Other income (loss) | 8b | 34 | 46015 | _ | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 463474 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | - | 71315 | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | , | 12849 | | | | |
| g | Other expenses | . 8g | | 0 | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 84164 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 379310 |
| j | Transfers to (from) the plan (see instructions) | 8i | | 0 | | | | |
| Par | t IV Plan Characteristics | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3B 3D 2A | feature co | des from the List of Plant | an Cha | racteri | stic Co | odes in the in | structions: |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Pla | n Chara | acteris | tic Coc | 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 | 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 | Х | | | 500000 |
| d | d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused | | | 10d | | X | | 000000 |
| 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.) | • | | 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 Schedule SB (Form 5500) and line 11a below) | | | | | | | | | |
| 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | | | | | | | | |
| 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.) | | | | | | | | | |
| а | 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 letter ruling granting the waiver | | | | | | | | |
| 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? | | Ye | s X N | 0 | | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | | | | | |
| b | 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.) | | | | | | | | | |
| 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

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

2017

This Form is Open to Public Inspection

| | Part I | Annual Report | Identification Information | | | *** | | |
|------------------|--|---|--|---------------------------|---|------------------|----------------------------------|--|
| Fo | or calend | dar plan year 2017 or fis | scal plan year beginning | 01/01/2017 | and ending | 12/31/2 | 017 | |
| Α | This re | eturn/report is for: | | a list of participating e | olan (not multiemployer) employer information in a | | | |
| D | This | oturo/romortio | | a foreign plan | | | | |
| D | I nis re | eturn/report is: | | the final return/report | | | | |
| | | | an amended return/report | a short plan year retu | rn/report (less than 12 n | nonths) | | |
| C | Check | box if filing under: | ☐ Form 5558 ☐ | automatic extension | | □ pevo | C program | |
| Ī | 0110011 | C DOX II IIIII g uiluui. | special extension (enter description | | | | | |
| | S 4 III | [B . BL . L. | 502 | <u> </u> | | | | |
| - | Part II | Basic Plan Into ne of plan | prmation enter all requested infor | mation | | 1b Three-d | igit | |
| - | | · | DDG 401(b) Dansit Ghaning | 71 | | plan nur | mber | |
| | Dav | id K. Atherton, | DDS 401(k) Profit Sharing | Plan | | (PN) ► | 001 | |
| _ | | | | | | 01/01 | | |
| 2 | Maili | sponsor's name (emploing Address (include roo or town, state or province | tructions) | | er Identification Number 91–1391726 | | | |
| | David R. Atherton, DDS | | | | | | r's telephone number 869-1830 | |
| | | | | | | | ss code (see instructions) | |
| P.O. Box C-96012 | | | | | | | 0 | |
| | US Bellevue WA 98009-9612 | | | | | | | |
| 3 | a Plan | administrator's name a | | 3b Administrator's EIN | | | | |
| | | | | | | | | |
| | | | | | | 3c Adminis | strator's telephone number | |
| 4 | | | e plan sponsor or the plan name has ch nsor's name, EIN, the plan name and th | | | 4b EIN | | |
| į | | nsor's name | , | | | 4d PN | | |
| | C Plan | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 5 | a Tota | I number of participants | at the beginning of the plan year | | | 5a | 8 | |
| ŀ | | | at the end of the plan year | | | 5b | 8 | |
| (| | | account balances as of the end of the p | | • | 5c | 8 | |
| (| | | rticipants at the beginning of the plan ye | | | 5d(1) | 8 | |
| (| d(2) To | tal number of active par | rticipants at the end of the plan year | | | 5d(2) | 8 | |
| • | - | | terminated employment during the plan | • | | 5e | 0 | |
| - | | | or incomplete filing of this return/re | | | use is establis | shed. | |
| | | | | | | | | |
| 5 | 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. | | | | | | | |
| - | SIGN | AL. | Hill | 03/28/18 | David R. Athert | on, DDS | | |
| - | HERE | Signature of plan adn | ninistrator | Date | Enter name of individua | | an administrator | |
| r | Mass. | A A | Wille. | 02/28/18 | DAvid R. Athert | | | |
| | SIGN | Oi. | dulan anguage | | | | anlever or plan anamari | |
| | HERE | Signature of employe | ripian sponsor | Date | Enter hame of individua | ai signing as en | nployer or plan sponsor | |

| _ | _ | | _ | - |
|---|---|---|---|---|
| ۲ | а | a | e | - |

| 6a | Were all of the plan's assets during the plan year invested in eligible | e assets? (S | See instructions.) | | | | | | ΧYε | s No |
|---------|---|----------------|----------------------------|--------------------------------------|---------|----------|------------|------------------|------------|--------------|
| b | 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 | | | | | | | | X Ye | sNo |
| | If you answered "No" to either line 6a or line 6b, the plan canno | | | | | | | _, | | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | | | | | | | | _ | t determined |
| | If "Yes" is checked, enter the My PAA confirmation number from the | e PBGC pre | mium filing for this year | | | | | | (See ins | tructions.) |
| Pa | art III Financial Information | | | | | | | | | |
| 7 | Plan Assets and Liabilities | 3 -6,546 | (a) Beginning of | f Year | • | | | (b) En | d of Year | |
| a | Total plan assets | 7a | 1,85 | 8,92 | 26 | | | | 2,23 | 8,236 |
| b | Total plan liabilities | 7b | • | | 0 | | | | | 0 |
| С | Net plan assets (subtract line 7b from line 7a) | | | | | | 2,23 | 8,236 | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | | | | | (b) | Total | | |
| а | tributions received or receivable from: 8a(1) 58,609 | | | 17048 | 19540 | tering y | 6 4 1 5 | and the state of | | |
| _ | (1) Employers | 8a(1) | | | | | 13 61.0 | | Sale Tool | |
| | (2) Participants | 1 1 1 1 1 1 1 | | 8,8 | | 2.000 | | | | |
| - | (3) Others (including rollovers) | 8a(3) | | | 0 | 5500 | HANDE | | 10001120 | |
| b | Other income (loss) | | 34 | 16,0 | 15 | 3.76 | 100 | | Halle | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | THE S | 1 | | ndekom n | 46 | 3,474 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 7 | 71,3 | 15 | | | | 11111 | |
| е | Certain deemed and/or corrective distributions (see instructions) | | | 0 | | | 111418 | | 108 11 180 | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 1 | 12,8 | 49 | | nony= | 10880 | | |
| g | Other expenses | . 8g | | 0 | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | teranisco de il l'estada de l'ilico. | | | 84,164 | | | |
| Ť | Net income (loss) (subtract line 8h from line 8c) | | | | | T I | | | 37 | 9,310 |
| Ė | Transfers to (from) the plan (see instructions) | | | | 0 | utal | HIST. | | ing in | |
| P | art IV Plan Characteristics | | | | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension f | eature code | es from the List of Plan C | harac | terist | ic Cod | les in th | ne instru | uctions | |
| Ju | 2E 2G 2J 2K 3B 3D 2A | | | | | | | | | |
| | If the plan provides welfare benefits, enter the applicable welfare fe | atura aadaa | from the List of Plan Ch | aracte | rictio | Code | e in the | inetru | etione: | |
| b | iff the plan provides welfare benefits, effer the applicable wellare le | ature codes | illoin the List of Flan On | aracie | 7115010 | Code | 5 III LIIC | s monuc | Ziloris. | |
| D | ed W. Compliance Questions | | | | | | | | | |
| - | art V Compliance Questions | | | | Yes | No | N/A | | Amour | .+ |
| 10 a | During the plan year: Was there a failure to transmit to the plan any participant contribu | itions within | the time period | | 163 | 140 | 13/0 | | Ailloui | |
| • | described in 29 CFR 2510.3-102? (See instructions and DOL's V | | | | | | | | | |
| | Program) | | | 10a | | x | N 30 | | | |
| k | Were there any nonexempt transactions with any party-in-interest | | | | | | | | | |
| _ | reported on line 10a.) | | | 10b | | х | 915 | | | |
| C | Was the plan covered by a fidelity bond? | | ••••• | 10c | Х | | Y5,00 | | | 500,000 |
| C | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | х | | | | |
| • | Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.) | ne or all of t | he benefits under | 10e | | x | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | in? | | 10f | | х | | | | |
| - | Did the plan have any participant loans? (If "Yes," enter amount a | as of year e | nd.) | 10g | | x | alele | | | |
| _ | If this is an individual account plan, was there a blackout period? 2520.101-3.) | (See instru | ctions and 29 CFR | 10h | | x | | | | |
| i | If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 | the required | notice or one of the | 10i | | | | | | |

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Form 5500-SF 2017

| Part | VI | Pension Funding Compliance | | | | | |
|--|------------------|---|-----|---------------|-------|---------------|------------|
| 11 | | a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and | | | | | x No |
| 11a | Enter t | he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | | |
| 12 | ERISA (If "Ye | a defined contribution plan subject to the minimum funding requirements of section 412 of the C? | | ********* | | ☐ Yes | |
| а | | iver of the minimum funding standard for a prior year is being amortized in this plan year, see ing g the waiver | | | | te of the let | ter ruling |
| H v | | g the waiver | 13. | | | 1001 | |
| b | | he minimum required contribution for this plan year | | 12b | | | |
| 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) | | | | | | | |
| е | Will the | e minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes [|] No [|] N/A |
| Parl | : VII | Plan Terminations and Transfers of Assets | | | | | |
| 13a | Has a | resolution to terminate the plan been adopted in any plan year? | | | Yes | X N | 0 |
| | | ," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | |
| b | | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought 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 | | | | EIN(s) 13c(3) | | | PN(s) |
| | | | | | | | |