Foi	rm 5500-SF	rt of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089						
	rtment of the Treasury rnal Revenue Service	This form is required to be file		Retirement 2017						
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).								
	enefit Guaranty Corporation	Complete all entries in		structions to the Form 55	500-SF.	Fublic Inspection				
For calend	Annual Report I ar plan year 2017 or fise	dentification Information cal plan year beginning 01/01/2		and ending 12	2/31/2017					
		X a single-employer plan	<b>F</b>			ing this box must attach a				
A This return/report is for:										
<b>B</b> This ret	urn/report is	the first return/report	the final return/report	t						
		an amended return/report		urn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter desci								
Part II	Basic Plan Infor	mation—enter all requested in	formation							
1a Name	•				1b Three	5				
DAVID RICH	HARDSON, DDS 401(K)	) PROFIT SHARING PLAN			pian (PN)	number 001				
					( )	tive date of plan 01/01/1986				
		ver, if for a single-employer plan)			•	oyer Identification Number				
City or	r town, state or province	n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		structions)	(EIN) 2c Spor	93-0892557 Isor's telephone number				
DAVID RICF	IARDSON, DDS					425-823-6820				
P.O. BOX C-					2d Business code (see instructions) 621210					
BELLEVUE,	WA 98009-9612					021210				
3a Plan a	dministrator's name and	d address 🗙 Same as Plan Spor	nsor.		<b>3b</b> Admi	nistrator's EIN				
					3c Admi	nistrator's telephone number				
		plan sponsor or the plan name ha			4b EIN					
•	ian, enter the plan spon sor's name	sor's name, EIN, the plan name a	ind the plan number from	the last return/report.	<b>4d</b> PN					
C Plan N	lame									
5a Total	number of participants a	at the beginning of the plan year			5a	8				
-		at the end of the plan year			5b	7				
		ccount balances as of the end of			5c	7				
		ticipants at the beginning of the pl			5d(1)	8				
<b>d(2)</b> Tot	al number of active part	ticipants at the end of the plan yea	ar		5d(2)	7				
		terminated employment during the			5e	1				
Caution: A	A penalty for the late o	or incomplete filing of this return or penalties set forth in the instruct	n/report will be assesse	d unless reasonable cau						
SB or Sche		d signed by an enrolled actuary, a								
SIGN		valid electronic signature.	03/12/2018	DAVID RICHARDSON	I, DDS					
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ual signing a	as plan administrator				
SIGN	Filed with authorized/	valid electronic signature.	03/12/2018	DAVID RICHARDSON	I, DDS					
HERE	Signature of employ		Date	Enter name of individu	ual signing a	as employer or plan sponsor				
For Paperw	OF REQUCTION ACT NOTICE	e, see the Instructions for Form 5500	ror.			Form 5500-SF (2017) v.170203				

6a b c	Were all of the plan's assets during the plan year invested in eligibl 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 <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> 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 indeper and conditi <b>ot use Fo</b> surance p	ndent qualified public accountant ( ions.) rm 5500-SF and must instead us rogram (see ERISA section 4021)	QPA)       X       Yes       No         Se Form 5500.       ?       No       Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	2725986	2906420
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	2725986	2906420
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	64103	
	(2) Participants	8a(2)	61441	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	589699	

(2) Participants	8a(2)	61441	
(3) Others (including rollovers)		0	
<b>b</b> Other income (loss)		589699	
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		715243
<b>d</b> Benefits paid (including direct rollovers and insurance pre to provide benefits)		506213	
e Certain deemed and/or corrective distributions (see instru	uctions) 8e	0	
f Administrative service providers (salaries, fees, commiss	ions) <b>8f</b>	28596	
g Other expenses		0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)			534809
i Net income (loss) (subtract line 8h from line 8c)			180434
<b>j</b> Transfers to (from) the plan (see instructions)	······ 8j	0	
Part IV Plan Characteristics			
<b>0.2</b> If the plan provides panajor hanafite, optar the applicable	a papaian factura andra from	the List of Plan Characteristic Code	a in the instructions:

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

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 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	
С	Was the plan covered by a fidelity bond?	10c	Х		300000
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		X	
e	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	X		45562
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			

r

Г

Page 3- 1

Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)	) to				
1	3c(1	) Name of plan(s): 13c(2	) EIN(s	5)	130	: <b>(3)</b> F	'N(s)

Form 5500-SF	of Small Employ	'ee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	B This form is required to be filed	enefit Plan	and 4065 of the Employe	a	2017
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security Act of	1974 (ERISA), and s I Revenue Code (the	ection 6057(b) and 6058 Code).	(a) of .	This Form is Open to Public Inspection
Part I Annual Report Ic	lentification Information				
For calendar plan year 2017 or fisca		01/01/2017	and ending	12/3	1/2017
A This return/report is for:	a one-participant plan the first return/report	a list of participating e a foreign plan the final return/report		ccordance	king this box must attach with the form instructions.)
C Check box if filing under:	Form 5558	automatic extension ı)		[] D	FVC program
Part II Basic Plan Inform	mation enter all requested inforr	nation			
<b>1a</b> Name of plan David Richardson, DD	S 401(k) Profit Sharing N	Plan		(PN) 1c Effe	number
Mailing Address (include room City or town, state or province	Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) David Richardson, DDS				
P.O. Box C-96012					iness code (see instructions) 210
US Bellevue WA 98009-9612 <b>3a</b> Plan administrator's name and	address X Same as Plan Sponsor				ninistrator's EIN
	olan sponsor or the plan name has ch or's name, EIN, the plan name and th			4b EIN 4d PN	
52 Total number of participants of	the beginning of the plan year			5a	8
	t the beginning of the plan year t the end of the plan year			5a 5b	7
c Number of participants with ac	count balances as of the end of the p	lan year (only defined	l contribution plans	5c	7
Coll Service States	pipants at the beginning of the plan ye			5d(1)	8
d(2) Total number of active partic	pants at the end of the plan year			5d(2)	7
Number of participants who te	rminated employment during the plan	year with accrued be	nefits that were	5e	1
Caution: A penalty for the late o	r incomplete filing of this return/rep	oort will be assessed	d unless reasonable ca	use is esta	ablished.
Under penalties of perjury and other	er penalties set forth in the instruction d signed by an enrolled actuary, as w	s, I declare that I hav	e examined this return/re	port, incluc	ling, if applicable, a Schedule
SIGN 201	tu and	3/12/18	David Richardson	, DDS	
HERE Signature of plan admin	nistrator	Date	Enter name of individua	l signing as	s plan administrator

3/1

Date

David Richardson, DDS

Enter name of individual signing as employer or plan sponsor

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

Julph

the

HERE Signature of employer/plan sponsor

SIGN

Page 2

XYes No

	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	and conditio	ns.)						XYes No
	If you answered "No" to either line 6a or line 6b, the plan cann								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section	on 402	21)?	[	Yes		Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pre	mium filing for this year						(See instructions.)
-	rt III Financial Information			5 1/ 2 2		1		Net Find	-6.
7	Plan Assets and Liabilities		(a) Beginning of			-		(b) Ena	of Year
-	Total plan assets		2,72	25,9		-			2,906,420
b	Total plan liabilities	. 7b			0				0
C	Net plan assets (subtract line 7b from line 7a)	. 7c	2,72		86				2,906,420
	Income, Expenses, and Transfers for this Plan Year	11-21-0	(a) Amount					(b)	Total
а	Contributions received or receivable from:	. 8a(1)	e	54,1	03				
	(1) Employers			51,4		+ 411		1.5.1.1.1.1.1	
	(2) Participants				0	10 Million			
h	(3) Others (including rollovers)		EC	39,6	_	100			
	Other income (loss)	-	50	, 9, 0	,,	1	11 U	1.11.11.1.14.14.1	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		1112	10.000	-	and Earner		715,243
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	_	50	6,2		111		DVI SHE	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0				
f	Administrative service providers (salaries, fees, commissions)	. 8f	2	28,5	96		1	- 15 JP	
g	Other expenses	. 8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	and the subset of the second s		1941				534,809
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		14/20	111	1	180,4		
i	Transfers to (from) the plan (see instructions)	. 8j			0		11111		
-	If the plan provides pension benefits, enter the applicable pension	feature code	s from the List of Plan C	harac	terist	ic Cod	es in th	ie instru	ctions:
	2E 2G 2J 2K 2R 3B 2B								
b	If the plan provides welfare benefits, enter the applicable welfare fe								-
	If the plan provides welfare benefits, enter the applicable welfare is	ature codes	from the List of Plan Ch	aracte	eristic	Code	s in the	instruct	ions:
	If the plan provides wehate benefits, enter the applicable wehate it	eature codes	from the List of Plan Ch	aracte	eristic	Code	s in the	instruct	ions:
	rt V Compliance Questions	ature codes	from the List of Plan Ch	aracte	eristic	Code	s in the	instruct	ions:
		eature codes	from the List of Plan Ch	aracte	eristic Yes		s in the	instruct	ions: Amount
Pa	rt V Compliance Questions			aracto	_			instruct	
<b>Pa</b> 10	rt V Compliance Questions During the plan year:	utions within	the time period	aracte	_			instruct	
<b>Pa</b> 10	Image: compliance Questions           During the plan year:           Was there a failure to transmit to the plan any participant contribution	utions within 'oluntary Fid	the time period uciary Correction	aracte	_			instruct	
<b>Pa</b> 10	rt V         Compliance Questions           During the plan year:         Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	utions within /oluntary Fid t? (Do not ir	the time period uciary Correction clude transactions		_	No		instruct	
<b>Pa</b> 10	Image: Non-structure         Compliance Questions           During the plan year:         During the plan year:           Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)           Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	utions within ′oluntary Fid t? (Do not ir	the time period uciary Correction clude transactions	10a	Yes	No		i instruct	
Pa 10 a	Image: Program       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 V 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's	utions within oluntary Fid t? (Do not ir	the time period uciary Correction iclude transactions d, that was caused	10a 10b	Yes	No		instruct	Amount
Pa 10 a b c d	Int V       Compliance Questions         During the plan year:       Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         Were there any nonexempt transactions with any party-in-interest reported on line 10a.)       Was the plan covered by a fidelity bond?         Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?       Did the plan have a loss.	utions within /oluntary Fid t? (Do not ir s fidelity bon	the time period uciary Correction clude transactions d, that was caused	10a 10b 10c	Yes	No x x		instruct	Amount
Pa 10 a b	rt V       Compliance Questions         During the plan year:       Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         Were there any nonexempt transactions with any party-in-interess 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's by fraud or dishonesty?       Was the plan covered by a fidelity bond?	utions within 'oluntary Fid t? (Do not ir s fidelity bon ther persons ne or all of t	the time period uciary Correction clude transactions d, that was caused by an insurance ne benefits under	10a 10b 10c	Yes	No x x		instruct	Amount
Pa 10 a b c d	Int 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 V Program)           Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         Was the plan covered by a fidelity bond?           Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sorted and the plan that provides sorted by the plan that plan that provides sorted by the plan that provides sorted by the plan that plan th	utions within 'oluntary Fid t? (Do not ir s fidelity bon ther persons ne or all of t	the time period uciary Correction clude transactions d, that was caused by an insurance ne benefits under	10a 10b 10c 10d	Yes	No x x x		instruct	Amount
Pa 10 a b c d d	Image: system of the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?           Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?           Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan failed to provide any benefit when due under the plan	utions within 'oluntary Fid t? (Do not ir s fidelity bon ther persons ne or all of t	the time period uciary Correction clude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	Yes	No x x x x x		instruct	Amount
Pa 10 a b c d d e e	Image: style="text-align: center;">rt V         Compliance Questions           During the plan year:         Was there a failure to transmit to the plan any participant contributes of the plan in the plan any participant contributes of the plan in the plan is the plan covered by a fidelity bond?           Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?           Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)           Has the plan failed to provide any benefit when due under the plan is big the plan have any participant loans? (If "Yes," enter amount	utions within 'oluntary Fid t? (Do not ir s fidelity bon ther persons ne or all of t an?	the time period uciary Correction clude transactions d, that was caused by an insurance ne benefits under nd.)	10a 10b 10c 10d 10e 10f	Yes	No x x x x x		instruct	Amount 300,000

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

Form 5500-SF 2017

Page **3 -**

Part	VI	Pension Funding Compliance							
11	(Form 5500 and line 11a below)								
11a		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11		,				
12	ERISA (If "Ye	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s ? 		•••••	🗌 Yes 🗴				
a	grantin	ver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction g the waiver	s, and e	enter the date Day	e of the letter rul Year	ling			
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter t	he minimum required contribution for this plan year	. 12	b					
С	Enter t	he amount contributed by the employer to the plan for the plan year	. 12	c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a re amount)	. 12	:d					
е	Will the	e 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	. 13	a					
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?		become of	Yes 🕱 No				
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p assets or liabilities were transferred. (See instructions.)	an(s) to	0					
1			) EIN(s	;)	13c(3) PN(s	5)			