Form 5500-SF		Short Form Annu	rt of Small Employee	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service		This form is required to be filed	Benefit Plan d under sections 104 and	4065 of the Employee Retireme	nt 2016					
	partment of Labor enefits Security Administration	Income Security Act of 1974	057(b) and 6058(a) of the Interna de).	This Form is Open to Public Inspection						
Pension Be	nefit Guaranty Corporation		accordance with the ins	structions to the Form 5500-SF						
Part I		lentification Information	016	12/21/20	16					
For calenda	ar plan year 2016 or fisca			and ending 12/31/20						
A This ret	urn/report is for:	a single-employer plan		plan (not multiemployer) (Filers c employer information in accordan	-					
B This retu	irn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 months)						
C Check b	box if filing under:	Form 5558	automatic extension		′C program					
		special extension (enter descr	iption)							
Part II	Basic Plan Inform	nation—enter all requested inf	ormation							
1a Name ROBERT M.		K PROFIT SHARING PLAN			Three-digit blan number PN) ▶ 001 Effective date of plan					
20 51					01/01/2016					
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		structions)	Employer Identification Number EIN) 47-3461141					
ROBERT M.	WIESEN, DDS, MS, PL	LC		20 8	2c Sponsor's telephone number 425-898-4604					
P.O. BOX C- BELLEVUE,				2d F	Business code (see instructions) 621210					
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	isor.	3b /	dministrator's EIN					
				3c /	dministrator's telephone number					
		olan sponsor has changed since to be from the last return/report.	the last return/report filed	for this plan, enter the 4b	EIN					
a Sponse	or's name			4c	PN					
5a Total r	number of participants at	the beginning of the plan year		5a	0					
b Total r	number of participants at	the end of the plan year			2					
		count balances as of the end of t			2					
d(1) Tota	al number of active partie	cipants at the beginning of the pla	an year							
• •		cipants at the end of the plan yea rminated employment during the		Charles the state of the state	-					
than '	100% vested									
				d unless reasonable cause is e						
SB or Sche		signed by an enrolled actuary, a		ve examined this return/report, inversion of this return/report, and the return/report, and						
SIGN	Filed with authorized/va	lid electronic signature.	03/28/2017	ROBERT M. WIESEN, DDS M	IS					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individual sigr	ing as plan administrator					
SIGN										
HERE	Signature of employe	Enter name of individual sign	ing as employer or plan sponsor							
Preparer's		ne, if applicable) and address (in	clude room or suite num		rer's telephone number					
		and the Instructions for Form FEOD			Earm EE00 SE (2016)					

6a b c										
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a	Total plan assets	7a	0	54896						
b	Total plan liabilities	7b	0	0						
С	Net plan assets (subtract line 7b from line 7a)	7c	0	54896						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	36896							
	(2) Participants	8a(2)	18000							
	(3) Others (including rollovers)	8a(3)	0							
b	Other income (loss)	8b	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		54896						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0							
e	Certain deemed and/or corrective distributions (see instructions).	8e	0							
f	Administrative service providers (salaries, fees, commissions)	8f	0							
g	Other expenses	8g	0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0						

Part IV	Plan Characteristics
Failly	Fian Unaracteristics

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

Transfers to (from) the plan (see instructions)

i.

j

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

8i

8j

0

54896

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			5000
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				

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	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No	
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-		
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	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 1	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		tract 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	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No	
		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	X No	
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to				
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information							
14a	Name	e of trust			14b ⊺	Frust's E	IN		
14c	Name	e of trustee or custodian					s or custo ne number		
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	ł	"Prior y test	ear" ADP	
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit 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		-			-			
	letter		er the	e date	of the m	nost 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 separce?		from	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No		

Form 5500-SF		eturn/Report Senefit Plan	Pian OMB Nos. 121							
Internal Revenue Service	This form is required to be filed				2	2016				
Department of Labor Employee Benefits Security Administration		al Revenue Code (th	e Code).	This Form is Open to Public						
Pension Benefit Guaranty Corporation	Complete all entries in accord logification information	lance with the instr	uctions to the Form 550	0-SF,						
For calendar plan year 2016 or fisca	lentification Information	01/01/2016	and ending	12/	31/2016					
A This return/report is for:	x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan									
B This return/report is:		the final return/repor a short plan year ret	t urn/report (less than 12 m	onths)						
C Check box if filing under:	Form 5558	automatic extension			DFVC progra	m				
Part II Basic Plan Infor	mation enter all requested inform	·								
1a Name of plan Robert M. Wiesen, DD		pla (P	nree-digit an number 'N) ► ffective date of	001 f plan						
2a Plan sponsor's name (employe Mailing Address (include room		2b Er		fication Number						
City or town, state or province, Robert M. Wiesen, DD	, country, and ZIP or foreign postal co	ode (if foreign, see in	structions)	2c Sp	IN) 47-346 ponsor's telepl 425) 898-4	none number				
P.O. Box C-96012				2d Business code (see instructions) 621210						
US Bellevue WA 98009	address 🕱 Same as Plan Sponsor			3b Administrator's EIN						
				3c Ac	dministrator's t	elephone number				
name, EIN, and the plan numb	plan sponsor has changed since the la per from the last return/report.	ast return/report filed	for this plan, enter the	4b EIN						
a Sponsor's name 5a Total number of participants at	the beginning of the plan year			4C PN 0						
	the end of the plan year			5b		2				
	count balances as of the end of the pl			5c		2				
d(1) Total number of active partic	ipants at the beginning of the plan yea	ar		5d(1)		0				
				5d(2)		2				
	minated employment during the plan	•		5e		0				
Caution: A penalty for the late of	r incomplete filing of this return/rep	oort will be assesse	d unless reasonable cau	use is es	stablished.					
SB or Schedule MB completed and	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 Sharm		3-28-17	Robert M. Wieser	, DDS	, MS					
HERE Signature of plan admin	listrator	Date	Enter name of individua	Isigning	as plan admir	istrator				
SIGN AN	y letter and the second	3-28-17	Robert M. Wieser	, DDS	. MS					
HERE Signature of employer		Date	Enter name of individua							
Preparer's name (including firm na Skip this question	me, if applicable) and address (includ	e room or suite num.	oer)	Prepare Skip t	r's telephone r t his questi d	number On				

Form	5500-SF	2016
------	---------	------

0

0 54,896

Form 5500-SF 2016		Page 2	
Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	XYes No
	-		
If you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must instead use F	orm 5500.
If the plan is a defined benefit plan, is it covered under the PBGC inst	surance pi	rogram (see ERISA section 4021)?	Yes No Not determined
art III Financial Information			
Plan Assets and Liabilities	TAL 25	(a) Beginning of Year	(b) End of Year
Total plan assets	7a	0	54,896
Total plan liabilities	7b	0	0
Net plan assets (subtract line 7b from line 7a)	7c	0	54,896
Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
Contributions received or receivable from: (1) Employers	8a(1)	36,896	
(2) Participants	8a(2)	18,000	
(3) Others (including rollovers)	8a(3)	0	17月時代出生: 12月時間、18月6日
Other income (loss)	8b	0	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		54,896
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
Certain deemed and/or corrective distributions (see instructions)	8e	0	A DEAL AND A STATE OF THE AND A DEAL AND A
Administrative service providers (salaries, fees, commissions)	8f	0	
Other expenses	8g	0	TO STATE DRIVEN AND CAREED STREET HOUSE AND ADDRESS
	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC ins art III Financial Information Plan Assets and Liabilities Total plan liabilities	Are you claiming a waiver of the annual examination and report of an independent under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditional to the provide set of the plan is a defined benefit plan, is it covered under the provide set of the plan cannot use Former of the plan is a defined benefit plan, is it covered under the PBGC insurance provide set of the plan assets and Liabilities Plan Assets and Liabilities 7a Total plan assets 7a Total plan liabilities 7b Net plan assets (subtract line 7b from line 7a) 7c Income, Expenses, and Transfers for this Plan Year 7a Contributions received or receivable from: 8a(1) (1) Employers 8a(2) (3) Others (including rollovers) 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d Certain deemed and/or corrective distributions (see instructions) 8e	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 (IQP, 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 F If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? art III Financial Information Plan Assets and Liabilities (a) Beginning of Year Total plan assets 7a 0 Total plan liabilities. 7b 0 Net plan assets (subtract line 7b from line 7a) 7c 0 Income, Expenses, and Transfers for this Plan Year (a) Amount Contributions received or receivable from: 8a(1) 36, 896 (2) Participants 8a(2) 18, 000 0 (3) Others (including rollovers) 8a(3) 0 0 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 0 Outre income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 0 Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 0

2	j Transfe	rs to (from) the plan (see instructions)	
1	Dent IV	Diam Characteristics	

h Total expenses (add lines 8d, 8e, 8f, and 8g)

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

Part IV Plan Characteristics

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

8h

8i

8j

i

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
a	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		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
С	Was the plan covered by a fidelity bond?	10c	x			5,000
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	and the second s	
f	Has the plan failed to provide any benefit when due under the plan?	10f		x	ille i	
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		x		
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				

Form 5500-SF 2016

Page 3 -

Contraction of the									
Part				-					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500 and line 11a below)					Yes [XX 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 C ERISA?					Yes [X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			_					
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver		and enter		of the Ye		uling		
lf y	ou 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						
c	Enter the amount contributed by the employer to the plan for the 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						
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?		C] 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 broug control of the PBGC?			□ Y	′es	X N	0		
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.)		110						
1:	Sc(1) Name of plan(s):	13c(2) E	EIN(s)		13c(3) PN(s)				
Parl	VIII Trust Information - Skip These Questions								
14a	Name of trust		14b1	rust's Ell	١				
14c	Name of trustee or custodian		14d Trustee or custodian's telephone number						
Pari	IX IRS Compliance Questions - Skip These Questions								
15a	Is the plan a 401(k) plan? If "No," skip b.	Y	es			No			
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	🗆 s	esign-ba afe harbo Current y	r		test	ear" ADP		
			DP 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:	🗀 р	atio ercentago est		Avera benefi		N/A		
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?									
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter/ and serial number	opinion le	tter or ad	visory lett	er, er	iter the	date of		
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter//	nter the da	te of the	most rece	ent de	termina	tion		
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sep- service?] Yes		No			
19	Service? Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? Yes No								