Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan				OMB Nos. 121						
	rtment of the Treasury mal Revenue Service	This form is required to be filed			etirement		2016			
Employee B	Department of Labor Employee Benefits Security Administration Revenue Code (the Code).						orm is Open to c Inspection			
	enefit Guaranty Corporation	Complete all entries in a	accordance with the in	structions to the Form 5	500-SF.	1 0.51				
For calenda	ar plan year 2016 or fisca	dentification Information al plan year beginning 01/01/2	016	and ending 12	2/31/2016					
A This ref	turn/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) ( employer information in ac		-				
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension	n	DFVC p	rogram				
Part II	Basic Plan Inform	<b>nation</b> —enter all requested inf	,							
1a Name		·			(PN)	number				
Mailing	g 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)	(EIN)	91-14	ication Number 35347			
	. NEIMAN, MD, INC.			,	2c Sponsor's telephone number 425-899-1664					
P.O. BOX C- BELLEVUE,					2d Busir	ness code (s 6211	see instructions)			
		address 🛛 Same as Plan Spon	501.			nistrator's E nistrator's te	elephone number			
		blan sponsor has changed since to be from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN					
	or's name				4c PN					
_		t the beginning of the plan year			5a 5b		5			
C Numb	er of participants with ac	t the end of the plan year count balances as of the end of t	he plan year (only defin	ed contribution plans	50 5c		5			
	,	cipants at the beginning of the pla			5d(1)		5			
• • •	•	cipants at the end of the plan yea	•		5d(2)		4			
e Numb than	per of participants that te 100% vested	rminated employment during the	plan year with accrued	benefits that were less	5e		1			
		incomplete filing of this return r penalties set forth in the instruct					abla a Schadula			
SB or Sche		signed by an enrolled actuary, a								
SIGN	Filed with authorized/va	lid electronic signature.	03/20/2017	RICHARD A. NEIMAN	, MD					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan adm	ninistrator			
SIGN HERE										
	Signature of employe		Date	Enter name of individ						
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite nur	iber)	Preparer's	s telephone	number			
		see the Instructions for Form 5500	05				orm 5500-SE (2016)			

6a b	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b 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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>								
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Vot determined								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	2008381	2730107					
b	Total plan liabilities	7b	0	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	2008381	2730107					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from:	80(4)	59192						

(3) Others (including rollovers)	8a(3)	387957	
<b>b</b> Other income (loss)		274577	
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		721726
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions).		0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
Net income (loss) (subtract line 8h from line 8c)	8i		721726
j Transfers to (from) the plan (see instructions)	8j	0	

## **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 3D
	2E 3D

**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:				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			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		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		х		
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(	<b>3)</b> 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         Short Form Annual Return/Report of Small Employee         OMB N           Department of the Treasury         Benefit Plan         OMB N						OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service	This form is required to be file				2016			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of the Intern	of 1974 (ERISA), and al Revenue Code (the	section 6057(b) and 6058 e Code).	This Form is Open to Public Inspection				
Pension Benefit Guaranty Corporation           Part I         Annual Report I	Complete all entries in accord dentification Information	dance with the instru	uctions to the Form 550	0-SF.				
For calendar plan year 2016 or fisc		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) ( employer information in a	Filers c	hecking this bo	x must attach m instructions.)		
<b>B</b> This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/repor	t					
[	an amended return/report	a short plan year ret	urn/report (less than 12 m	ionths)				
C Check box if filing under:	Form 5558	automatic extension			] DFVC progra	m		
The second se	special extension (enter descriptio							
	mation enter all requested infor	mation						
<b>1a</b> Name of plan Richard A. Neiman, M	D, Profit Sharing Plan			р	hree-digit lan number	0.01		
				1c E	PN) ► ffective date o	001 f plan		
2a Plan sponsor's name (employ	rer, if for a single-employer plan)				1/01/1994	fination Number		
Mailing Address (include roon	n, apt., suite no. and street, or P.O. Be country, and ZIP or foreign postal co	ox) ode (if foreign, see ins	structions)		EIN) 91-143	fication Number 35347		
Richard A. Neiman, N	D, Inc.				ponsor's telepi 425) 899-1			
P.O. Box C-96012				2d Business code (see instructions) 621111				
US Bellevue WA 98009	pour à							
<b>3a</b> Plan administrator's name and	d address 🕱 Same as Plan Sponso	r		3b A	dministrator's I	EIN		
						elephone number		
4 If the name and/or EIN of the name, EIN, and the plan numl	plan sponsor has changed since the I ber from the last return/report.	ast return/report filed	for this plan, enter the	<b>4b</b> E	IN			
a Sponsor's name				4c PN				
	t the beginning of the plan year			<u>5a</u> 5b	5			
	t the end of the plan year ccount balances as of the end of the p				_	5		
complete this item)				5c		5		
	cipants at the beginning of the plan ye		-	5d(1)		5		
Number of participants that te	cipants at the end of the plan year . rminated employment during the plan	year with accrued be	nefits that were	5d(2)	/	4		
				5e		1		
Under penalties of perjury and oth	r incomplete filing of this return/rep er penalties set forth in the instruction d signed by an enrolled actuary, as w lete.	s, I declare that I hav	e examined this return/re	port. inc	luding, if applic	cable, a Schedule / knowledge and		
SIGN Much	and neme		Richard A. Neima	n, MD				
HERE Signature of plan admin		Date 3 /20 /11	Enter name of individual	Isigning	as plan admir	nistrator		
SIGN Nuclea	el nem		Richard A. Neima	n, MD				
HERE Signature of employer/		Date 3/20/17	Enter name of individual	l signing	as employer o	or plan sponsor		
Preparer's name (including firm na Skip this question	ame, if applicable) and address (includ	le room or suite numb	per)		er's telephone r this question			
				n i i	781 1472			

Form 5500-SF 20	16
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- a	L II		~	

	Form 5500-SF 2016		Page 2			÷				
6a b	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 a	n indepen	dent qualified public acco	ountar	nt (IQI	PA)			X Yes	□ No
	If you answered "No" to either line 6a or line 6b, the plan cannot								X Yes	
с	If the plan is a defined benefit plan, is it covered under the PBGC in							s 🗖 No	Not de	etermined
-	art III Financial Information				, .					
7	Plan Assets and Liabilities	1 1 1 23	(a) Beginning o	f Voa		-T		(b) End c	f Voor	
- a	Total plan assets	70		_	_	+	_			107
b	Total plan liabilities	7a 7b	2,0	08,3	0	-	_		2,730,	
c	Net plan assets (subtract line 7b from line 7a)	70	2.00	08,3		+			0 700	0
8	Income, Expenses, and Transfers for this Plan Year	The second	(a) Amount		01	+-		(b) To	2,730,	107
а	Contributions received or receivable from:	COLUMN STREET	(u) / inicum	-		1057	the state		Stat makes	C. Lington La
	(1) Employers	8a(1)		59,1	.92	100		A SHOL .	31.5	
-	(2) Participants	8a(2)	· · · · · · · · · · · · · · · · · · ·	_	0	49		S per fits	gripting of	- 1. F. F.
-	(3) Others (including rollovers)	8a(3)		87,9		10 100	- Sunsa	11 Dalie	11111	Sille Arts
b	Other income (loss)	8b	2'	74,5	77	(and)	4.184	N. C. Martin	P. C. Large	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	80	THE PARTY AND A	1.14	N.		to line in	And Distance in cases	721,	726
u	to provide benefits)	8d			0	10 10			A CARLENCE AND A CARLENCE	
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	1 TH	10-20	A TO D	with the second	ujeni (e )
f	Administrative service providers (salaries, fees, commissions)	8f			0	A. Sta	Windsto	AN ALLE IN		121-1-11
g	Other expenses	8g			0	N=1	18itar	:	15 1013-11	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		言い語言語						0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i	Is the first the first of the	in the state					721,	726
j	Transfers to (from) the plan (see instructions)	8j		0			(正法)		No. 101 State	14. 11. 18 E. W.
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan C	harac	cterist	ic Coc	les in t	he instructi	ons:	
_	2E 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code:	s from the List of Plan Ch	aract	eristic	Code	es in th	e instructio	ns:	
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A	L A	Amount	
а	1		-				( Balling and			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	•					Serie			
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		X	ATTUIS.			
	reported on line 10a.)		iciude transactions	10ь		x				
C				10c	x		111		30	0,000
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.)	e or all of t	he benefits under	10e		x	1.0			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		x	NI P			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		x	and a			
h	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 the exceptions to providing the notice applied under 29 CFR 2520.101			10i			- Charles			Frank Frank

Form 5500-SF 2016

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2019							
Part							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500 and line 11a below)		Schedul	e SB		Yes 🗴	No
-	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 th ERISA?	e Code or s	ection 30	2 of		Yes 🗴	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 granting the waiver			ter the dat	e of the		ing
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	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 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 negative amount)		. 12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		. 🗌 🗆	] Yes [	] No	□ N/A	\
Part							
_13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes 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 br control of the PBGC?	rought unde	r the		Yes	X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)						
1:	Bc(1) Name of plan(s):	13c(2	) EIN(s)	EIN(s) 13c(3) PI			
Part	VIII Trust Information - Skip These Questions						
Contraction of the	Name of trust		14b	Trust's E	IN		
14c	Name of trustee or custodian		14d	Trustee of telephone			
Part	IX IRS Compliance Questions - Skip These Questions						
15a	Is the plan a 401(k) plan? If "No," skip b		Yes			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:		Design-b safe har			"Prior yea test	r" ADP
			"Current ADP test			N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the pla	in l	Ratio				
	year? Check all that apply:		percenta test	ge 🗌	Avera benefi		] N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)( for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable I the letter/ and serial number	IRS opinion	letter or a	idvisory le	tter, en	ter the da	te of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS letter/	S, enter the	date of th	e most ree	cent de	terminatio	n
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 s service?	separated fr	om [	] Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No	