Form 5500-SF		Short Form Annua	al Return/Repo Benefit Plan	rt of Small Employee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be filed	4065 of the Employee Retirement d 4065 of the Employee Retirement	nt 2016					
	epartment of Labor enefits Security Administration		057(b) and 6058(a) of the Internal	This Form is Open to					
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the in	structions to the Form 5500-SF.	Public Inspection				
Part I		lentification Information			-				
For calenda	ar plan year 2016 or fisc		_	and ending 12/31/201					
A This ret	urn/report is for:	a single-employer plan		plan (not multiemployer) (Filers cl employer information in accordance	-				
B This retu	urn/report is	the first return/report an amended return/report	the final return/repor	rt :urn/report (less than 12 months)					
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extension		C program				
Part II	Basic Plan Inform	nation—enter all requested info	. /						
1a Name	of plan	K) PROFIT SHARING PLAN		q)	hree-digit lan number ⊃N) ▶ 001 ffective date of plan 01/01/2000				
Mailing	2a 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)				2b Employer Identification Number (EIN) 91-1957020				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KEN R. BURNETT D.D.S., P.S.			2c S	2c Sponsor's telephone number 206-583-6021					
	25 SENECA ST EATTLE, WA 98101				2d Business code (see instructions) 621210				
3a Plan a	dministrator's name and	address 🗙 Same as Plan Spon	sor.		dministrator's EIN dministrator's telephone number				
name	, EIN, and the plan numb	olan sponsor has changed since the sponsor has changed since the last return/report.	he last return/report file						
a Spons				4c F					
5a Total r	number of participants at	the beginning of the plan year			3				
		the end of the plan year count balances as of the end of th		ad contribution plana	3				
compl	ete this item)			50	3				
		cipants at the beginning of the pla	-	5.1/0	c				
e Numb	per of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued	benefits that were less 50	,				
				ed unless reasonable cause is e	stablished.				
SB or Sche		signed by an enrolled actuary, as		ve examined this return/report, inc version of this return/report, and to					
SIGN	Filed with authorized/va	lid electronic signature.	07/17/2017	KEN R. BURNETT					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individual sign	ng as plan administrator				
SIGN									
HERE	Signature of employe		Date		ng as employer or plan sponsor				
Preparer's	name (including firm nar	ne, if applicable) and address (ind	clude room or suite num	nber) Prepa	er's telephone number				
		age the Instructions for Form FEOD	A-		Form 5500 SE (2016)				

6a 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepei and condit	ndent qualified public accountant i	(IQPA)
С	If the plan is a defined benefit plan, is it covered under the PBGC ir			
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	517320	596956
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	517320	596956
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	24630	
	(2) Participants	8a(2)	20400	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	34606	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		79636
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		79636
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt 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: 2A 2E 2F 2J 2K 2R 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:		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		
С	Was the plan covered by a fidelity bond?	10c	Х			25000
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(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	

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FAX COVER SHEET

TO: Jessica Schick

FAX NUMBER: 253-926-4370

FROM: KEN R. BURNETT, D.D.S

FAX NUMBER: 206-341-1993

4 pages

Jul 17 17 08:09a	Dr. Ken Burnett		20634	11993		р.З			
-16-00cc mo-	SHOLL FOUR ANNUAL R	eturn/Report of a Benefit Plan	sman ⊏mpi	ογεε		1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be file		4065 of the Emplo	wee	2	2016			
Department of Labor		of 1974 (ERISA), and sectional Revenue Code (the Co	on 6057(b) and 60)58(a) of	is Open to Public				
Employee Benefits Security Administra Pension Benefit Guaranty Corporation				5500-SF.		apecao			
	ort Identification Information								
or calendar plan year 2016 o	r fiscal plan year beginning	01/01/2016	and ending		/31/2016				
A This return/report is for: B This return/report is:	a single-employer plan a one-participant plan the first return/report	a multiple-employer plan a list of participating emp a foreign plan the final return/report	oloyer information	in accorda	hecking this bo nce with the fon	(must attach n instructions.)			
	an amended return/report] a short plan year return/	report (less than 1	2 months)					
C Check box if filing under:	 Form 5558	automatic extension		[DFVC progra	1 TT			
	special extension (enter descripti	on)							
Part II Basic Plan I	nformation enter all requested info	ormation				T			
1a Name of plan				10	Three-digit plan number				
KEN R. BURNETT D	D.D.S., P.S. 401(K) PROFIT S	HARING PLAN			(PN) ►	001			
				10	Effective date (01/01/2000				
	mployer, if for a single-employer plan)	 Box)		2 b		tification Number			
City or town, state or pro	e room, apt., suite no. and street, or P.O. I ovince, country, and ZIP or foreign postal	code (if foreign, see instru-	ctions)	20					
KEN R. BURNETT D.D.S., P.S.					2c Sponsor's telephone number (206) 583-6021				
925 Seneca St				2d	Business code 621210	(see instructions)			
US Seattle WA 98101	ne and address X Same as Plan Spon	SOF		3b	Administrator	EIN			
				30	Administrator	s telephone number			
			·····		EIN				
4 If the name and/or EIN name, EIN, and the pla	of the plan sponsor has changed since th n number from the last return/report.	e last return/report filed for	r this plan, enter u	1.	: PN				
a Sponsor's name			· · · · · · · · · · · · · · · · · · ·			3			
5a Total number of particip	pants at the beginning of the plan year		+= 9 B I I 0 0 U + 5 1 4 0 B I I 0 I U + 5 4 5 4 5 4 5 4 5 4 5 5 4 5 4 5 4 5 4		b	3			
b Total number of particip	pants at the end of the plan year with account balances as of the end of th	e nian vear (only defined (contribution plans		ic				
complete this item)		***************************************		······		3			
d(1) Total number of activ	e participants at the beginning of the plan	year	&&************************************	50	J(1)	3			
	e participants at the end of the plan year				1(2)	3			
e Number of participants less than 100% vested	that terminated employment during the plant	lan year with accrued bene	ents that were		5e	0			
	- late or incomplete filing of this return	report will be assessed	unless reasonab	le cause is	s established.				
Under penalties af perjury SB or Schedule MB corpo	and other penalties set forth in the instruc etect and signed by an enrolled actuary, a	the set is a second sheet is now a	overnined this fet	urn/renon	Includend. Il adu	licable, a Schedule ny knowledge and			
belief, it is true, correct, and		7.7.17	Ken R. Burn	ett					
SIGN	ATP	Date 217.17	Enter name of in		ning as plan ad	ministrator			
HERE Signature of pla	21	7/7/7	20 P			- -			
SIGN		Date 17/17/17				er or plan sponsor			
Preparer's name (including	ptoyer/plan sponsor g firm name, if applicable) and address (in			Pre	eparer's telepho hip this que	ne number			
Skip this question									
For Paperwork Reduction	on Act Notice. see the instructions for F	Form 5500-SF.	<u></u>	<u> </u>		Form 5500-SF (201			

Ju	I 17 17 08:09a Dr. Ken Burnett		2	20634	1119	93		p.4	
	Form 5500-SF 2016		Page 2						
62	Were all of the plan's apport during the plan year invested in elimital					•			· · · · · · · · · · · · · · · · · · ·
	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		•					X	res 🗌 No
Ň	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and							X	∕es ∏No
	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 ins								lot determined
<u> </u>	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning c	of Yea	r		(b) End of Yea	
а	Totai plan assets	7a		17,3					96,956
b	Total plan liabilities	7b		<u>+ / , J</u>	20				90,900
C	Net plan assets (subtract line 7b from line 7a)	76	5	17,3	20				06 056
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun		20	· · ·		(b) Total	96,956
а	Contributions received or receivable from:		(4) 3 110001	•					
	(1) Employers	8a(1)		24,6	30				
	(2) Participants	8a(2)		20,4	00				
	(3) Others (including rollovers)	8a(3)							·
	Other income (loss)	8b		34,6	06				
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							79,636
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e				+			
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							, at the second second
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			· .	+			
í	Net income (loss) (subtract line 8h from line 8c)	8i	· · · · · · · · · · · · · · · · · · ·				••••		79,636
ĭ	Transfers to (from) the plan (see instructions)	<u>\$</u> i				+			
Pá	art IV Plan Characteristics			<u>-</u>		_	·· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · ·	
	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Cl	haract	orietic	Code	e in the i	netructione:	
	2A 2E 2F 2J 2K 2R 3D			araci	ensue	COUC		nstructions.	
b	If the plan provides welfare happfite onto the section his welfare free		from the Life (D)						
	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	aracte	ristic (Jodes	in the in	structions:	
Do	Int V Compliance Questions								
10	During the plan year:	·			×				<u> </u>
_	Was there a failure to transmit to the plan any participant contributi	ione within	the time period	1	Yes	NO	N/A	Amou	int
_	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol								
	Program)	-	•	10a		х			
b	Were there any nonexempt transactions with any party-in-interest?	? (Do not in	clude transactions					· · · · · · · · · · · · · · · · · · ·	
	reported on line 10a.)			10Ь	-	х			
<u> </u>				10c	x				25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		x			
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of th	ne benefits under	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х		······································	
g				10g		x			
h		See instruc	tions and 29 CFR	10h		x		·	<u> </u>
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	e required	notice or one of the	10i					

2063411993

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Form 5500-SF 20	11	6
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Page 3 -

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Par		Pension Funding Compliance	<u>.</u> .			· · · · · · · · · · · · · · · · · · ·			
11		e defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 500 and line 11a below)				Yes	X	No	
<u>11a</u>		e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		_			
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the (of	Yes	X	No	
······		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				<u> </u>			
	granting	ver of the minimum funding standard for a prior year is being amortized in this plan year, see in g the waiver	Month	-	the date	of the lette	-]	
if y		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			r				
b	Enterth	e minimum required contribution for this plan year.	**	12b					
<u> </u>		e amount contributed by the employer to the plan for the plan year		12c					
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the e amount)		12d	d				
e	Will the	minimum funding amount reported on line 12d be met by the funding deadline?		_	Yes 🗌	No [N/A		
Part		Plan Terminations and Transfers of Assets							
_13a		esolution to terminate the plan been adopted in any plan year?			Yes	X No			
		enter the amount of any plan assets that reverted to the employer this year						<u> </u>	
	control	I the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?				Yes X	No		
с 		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ssets or liabilities were transferred. (See instructions.)	ntify the pla	in(s) to					
1;	3 c(1) Na	me of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)		
Part	: VIII	Trust Information - Skip These Questions					•		
14a	Name o			145	Trust's El	IN			
14c	Name o	of trustee or custodian			Trustee o telephone	e number	's	<u> </u>	
Part	IX	IRS Compliance Questions - Skip These Questions							
		lan a 401(k) plan? If "No," skip b.		Yes		No No			
15b		the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design-b safe harb			or year	r" ADP	
				"Current	year"	□ N/A			
16a		sting method was used to satisfy the coverage requirements under section 410(b) for the plan the k all that apply:		Ratio percentaç test	je 📋	Average benefit tes	t 🗆] N/A	
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes		No No			
	the lette				-				
17b	If the pl	an is an individually-designed plan that received a favorable determination letter from the IRS,	enter the o	late of the	most reci	ent determi	nation		
18	Were as	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not se	eparated fro	om E] Yes	□ No			
19	Was an	y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	** 388 5 5 5 5 6 6 6 5	·····] Yes	No No			