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

2016

This Form is Open to **Public Inspection**

Part I		Identification Information					
For calenda	ar plan year 2016 or fi	iscal plan year beginning 01/01/2	<u>:016</u>	and ending 12	2/31/2016		
A This return/report is for: 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.)							
	·						
B This retu	ırn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	rn/report (less than 12 m	ionths)		
C Check	oox if filing under:	X Form 5558	automatic extension		DFVC program		
	·- · - · ·	special extension (enter descr	· /				
Part II		ormation—enter all requested inf	formation		141		
1a Name SUSAN J. IS		1(K) PROFIT SHARING PLAN			1b Three-digit plan number	002	
					(PN) •		
	` '	oyer, if for a single-employer plan)			2b Employer Ident	tification Number	
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		ructions)	(=::1)	1148134	
	AACSON, D.D.S.	,	, -	ŕ	2c Sponsor's telep	phone number 3-1788	
2112 200 11	/ENUE, SUITE 404				2d Business code	,	
SEATTLE, W					621	210	
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrator's	EIN	
		ь '			20 11 11 11		
					3c Administrator's	telephone number	
name	EIN, and the plan nu	e plan sponsor has changed since imber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN		
a Spons					4c PN	_	
5a Total r	number of participants	s at the beginning of the plan year			5a	7	
		s at the end of the plan year			5b	7	
	er of participants with ete this item)	account balances as of the end of	the plan year (only defined	l contribution plans	5c	7	
d(1) Tota	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	6	
d(2) Tota	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	6	
than	100% vested	t terminated employment during the			5e	C	
		or incomplete filing of this return				and a contract of	
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a polete.					
SIGN		/valid electronic signature.	09/19/2017	SUSAN J. ISAACSON	I D.D.S.		
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plan ad	lministrator	
SIGN HERE				<u> </u>			
	Signature of emplo	* : :	Date		lual signing as employ		
Preparers	name (including firm i	name, if applicable) and address (ir	iclude room of suite numbe	er)	Preparer's telephon	e number	

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b Are you claiming a walver of the annual oxamination and report of an independent qualified public accountant (ICPA) If you answered "No" to either line is a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line is a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line is a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line is a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line is a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line is a line instead use Form 5500. If you answered "No" to either line is a line instead use Form 5500. If you answered "No" to either line is a line instead use Form 5500. If you answered "No" is a line instead use Form 5500. If you answered "No" is a line instead use Form 5500. If you answered "No" is a line instead use Form 5500. If you answered "No" is a line instead use Form 5500. If you answered "No" is a line instead use Form 5500. If you answered "No" is a line instead use Form 5500. If you answered "No" is a line instead use Form 1500. If you answered "No" is a line instead use Form 1500. If you answered "No" is a line instead use Form 1500. If you answered "No" is a line instead use Form 1500. If you answered "No" is a line instead use Form 1500. If you answered "No" is a line instead use Form 1500. If you answered "No" is a line instead use Form 1500. If you answered "No" is a line instead use Form 1500. If you answered "No" is a line instead use Form 1500. If you answered "No" is a line instead use Form 1500. If you answered "No" is a line instead use Form 1500. If you answered "No" is a line instead use Form 1500. If you answered "No" is a line instead use Form 1500. If you answered "No" is a line instead use Form 1500. If you answered "No" is a line instead use Form 150		Were all of the plan's assets during the plan year invested in eligib		,						X Ye	s No
C if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b									X Ye	s No
Part III Financial Information (a) Beginning of Year (b) End of Year 2 14,0031 23,003124		(,						ш	ш
7 Plan Assets and Liabilities 7 Ray 2142031 2393124 a Total plan assets 2 78 2142031 2393124 b Total plan assets (subtract line 76 from line 7a)	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?	🗌	Yes	No	Not de	termined
a Total plan isobitities	Pa	rt III Financial Information									
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a	2	142631					238312	24
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 20864 (2) Participants. (3) Others (including rollovers). 8a(2) 40142 (3) Others (including rollovers). 8a(3) 2567 b Other income (loss). 8a(3) 2567 b Other income (loss). 8b 189356 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 252929 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 189356 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 252929 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 189356 e Certain deemed and/or corrective distributions (see instructions). 8e 1	b	Total plan liabilities	7b		3255						
a Contributions received or receivable from: (i) Employers	<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	2	139376					238312	24
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal	
(2) Participants	а		90/1)		20864						
(a) Others (including rollovers)			i ''		40142						
b Other income (loss)		•									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)										25292	29
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). g Other expenses. g Other expenses. h Total expenses (add lines 8d, 8e, 8f, and 8g)			00								
f Administrative service providers (salaries, fees, commissions)			8d								
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f								
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		9181						
Part IV Plan Characteristics Provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Plan Characteristics	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
Part IV Plan Characteristics	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							24374	18
9a	<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
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	Pa	t IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 3B 3D	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in	the insti	ructions:	
10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in t	he instru	ictions:	
10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Dor	t V Compliance Overtions									
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)						Voc	No	NI/A		A	
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			ıtions withi	n the time period		162	NO	IWA		Amoun	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		described in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	iduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b				10b		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	С	Was the plan covered by a fidelity bond?			10c	X					200000
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d	•	•	·			X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son	her person ne or all of	s by an insurance the benefits under			Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan	an?		10f		X				
2520.101-3.)	9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
	h	·	•		10h		X				
	i	·			10i						

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)					es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f		es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter t Day		of the lette Year _	r ruling
If	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug		e 		Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2	2) EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d ["Prior ye test	ar" ADP
			Gur ADP	rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat perd test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determi	nation
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 sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••	. Ye	s	No	

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Pension E	Benefit Guaranty Corporation		accordance with the instructions to the Form	5500-SF.	- done mapeedon
Part I		Identification Information			
For calend	dar plan year 2016 or fis		01/01/2016 and ending	12/31/	
A This re	eturn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in a	(Filers checking) accordance with the	this box must attach a he form instructions.)
D			a foreign plan		
B This ret	turn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 return/report)	months)	
C Check	box if filing under:	Form 5558	automatic extension	DFVC progra	am
		special extension (enter desc			
Part II	Basic Plan Info	rmation—enter all requested in	formation		
1a Name Susan J	•	D.S. 401(k) Profit (Sharing Plan	1b Three-dig plan num (PN) ▶	ber 002
				1c Effective 01/01/1	
Mailin	g address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C e, country, and ZIP or foreign posi	D. Box) tal code (if foreign, see instructions)	(EIN)91-	Identification Number -1148134
Susan	J. Isaacson, D	.D.S.		206-443	
2112 3:	rd Avenue, Sui	te 404		2d Business 621210	code (see instructions)
Seattle		WA 98121			
Ja Flati a	giministrator s name an	d address 😡 Same as Plan Spo	isui.	3b Administra 3c Administra	ator's telephone number
name		plan sponsor has changed since ber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN 4c PN	
5a Total	number of participants a	at the beginning of the plan year.			-
					,
c Numb	er of participants with a	ccount balances as of the end of	the plan year (only defined contribution plans	5c	
d(1) Tot	al number of active part	icipants at the beginning of the pl	an year	5d(1)	6
d(2) Tot	al number of active part	icipants at the end of the plan yea	ar	5d(2)	(
than	100% vested	. , ,	plan year with accrued benefits that were less	5e	Ú
Under pena SB or Sche	alties of perjury and other	er penalties set forth in the instruct d signed by an enrolled actuary, a	n/report will be assessed unless reasonable ca ctions, I declare that I have examined this return/re is well as the electronic version of this return/repo	eport, including, if	applicable, a Schedule
SIGN HERE	susan g	- Dicacom	Susan J. Isaa	cson D.D.S	•
SIGN	Signature of plan ad	ministrator	Date 9/19/17 Enter name of individ	dual signing as pla	an administrator
HERE	Signature of employ	or/nlan anoncor	Doto Futor unance of individual		
Preparer's		me, if applicable) and address (in		Preparer's tele	nployer or plan sponsor phone number

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Part III Financial Information (a) Beginning of Year (b) End of Year 2	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								□	es No es No etermined	
7 Plan Assets and Liabilities 7a 2, 142, 631 2, 381 2, 382 3 2, 382 3 2, 382 3 3 2, 383 3 3 3 3 3 3 3 3 3			ilourunee p	orogram (see Errio/ (se	500011 4	021):] 103	Пио	Пиоса	Cterriiried
a Total plan assets	7			(a) Beginning	of Year				(b) End	of Year	
b Total plan liabilities	a		. 7a					<u>'</u>	(b) Liid		383,124
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 20, 864 (2) Participants. 8a(2) 40, 142 (3) Others (including rollovers). 8a(3) 2, 567 b) Other income (loss). 8b 189, 356 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8e c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8e d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d e Certain deemed and/or corrective distributions (see instructions). 8d e Certain deemed and/or corrective distributions (see instructions). 8d f Administrative service providers (salaries, fees, commissions). 8f g Other expenses. 8g g 9, 181 h Total expenses (add lines 8d, 8e, 8f, and 8g). 8h i Net income (loss) (subtract line 8h from line 8c). 8i j Transfers to (from) the plan (see instructions). 8g lent IV Plan Characteristics 9a lf the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J X 2R 3B 3D b fith 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: 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions for the plan party 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 d Were an		·		·							
a Contributions received or receivable from: (i) Employers		·		2,	139,	376				2,	383,124
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	- Total	
(2) Participants	а	Contributions received or receivable from:		, ,	20	0.6.4			· · ·		
33 Others (including rollovers)		(1) Employers				_					
b Other income (loss)		·				_					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	. 8a(3)			_					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d Cectatin deemed and/or corrective distributions (see instructions). 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses		. ,			189,	356					0=0 000
e Certain deemed and/or corrective distributions (see instructions)			. 8c								252,929
e Certain deemed and/or corrective distributions (see instructions)	d	, , ,	84								
f Administrative service providers (selaries, fees, commissions)		· ,				\neg					
By State						\neg					
h Total expenses (add lines 8d, 8e, 8f, and 8g)			1		9.	181					
i Net income (loss) (subtract line 8h from line 8c)											9,181
Part IV Plan Characteristics	一	= = = = = = = = = = = = = = = = = = = =									243,748
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: Example 2G 2J 2K 2R 3B 3D	÷										
Part V Compliance Questions	Pa		[8 <u>]</u>								
Description			feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ructions:	
Part V Compliance Questions 10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 100 N/A Amount Amount Yes No N/A Amount Amount Amount 10a X 2 4 2 4 4 4 4 4 4 4 4 4 4					a o a		00				
10 During the plan year: 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)	b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	des from the List of Pla	n Chara	acteris	tic Coc	des in t	he instr	uctions:	
10 During the plan year: 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)											
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	Pai	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	10				1	Yes	No	N/A		Amoui	nt
Program) 10a	а										
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					10a		Х				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	b	Were there any nonexempt transactions with any party-in-interes	t? (Do not	include transactions	10b		Х				
by fraud or dishonesty?	c	Was the plan covered by a fidelity bond?			10c	Х					200,00
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.)	C				10d		Х				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son	her persor ne or all of	s by an insurance the benefits under	10e		Х				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
2520.101-3.)		Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)			Х				
 	h	·	•		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	i				10i						

	Form 5500-SF 2016 Page 3	-					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruc					Υe	es No
	(Form 5500) and line 11a below)						
11a 12	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 4 ERISA?					Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan years the waiver.			_			ruling
If v	granting the waiveryou completed lines 3, 9, and 10 of Schedule MB (Form 5500), and s			_ Day		_ Year	
	Enter the minimum required contribution for this plan year	•		12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus	sign to the	left of a	12d			
е	negative amount)				Yes	No	N/A
Part '							1
	Has a resolution to terminate the plan been adopted in any plan year?				Yes	X No	
13a				40		A 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 pleantrol of the PBGC?		0			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another pl which assets or liabilities were transferred. (See instructions.)	an(s), iden	tify the plan(s)) to			
1	3c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
		<u> </u>					
Part	VIII Trust Information	_					
14a	Name of trust			14b ⊺	Γrust's EI	N	
14c	Name of trustee or custodian			14d 1	rustee's telephone	or custodia e number	n's
Part	IX IRS Compliance Questions						
152	Is the plan a 401(k) plan? If "No," skip b		Yes			No	
			□ Desig	n-based		"Prior yea	r" ADP
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under se 401(k)(3) for the plan year? Check all that apply:		□ Safe r			test	
			ADP			N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for year? Check all that apply:		Ratio	entage		erage nefit test	□ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and for the plan year by combining this plan with any other plan under the permissive aggregation					No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a fave the letter and the serial number .			or advi	sory lette	r, enter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from letter	the IRS,	enter the date	of the m	ost recer	nt determin	ation
	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 here.			Yes	s [No	
19	Was any plan participant a 5% owner who had attained at least age 70 $1/2$ during the prior plan	an year?		Yes	s 🗍	No	

Form **5558**(Rev. August 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

Par	t I Identification					•		
-	Name of filer, plan administrator, or plan sponsor (see instructions) Susan J. Isaacson, D.D.S.		B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX)					
	Number, street, and room or suite no. (If a P.O. box, see instructions) 2112 3rd Avenue, Suite 404	\vdash	Socia	l security	91-114 y number (SSN)		XXX-XX-XXXX)	
•	City or town, state, and ZIP code							
	Seattle, WA 98121	<u> </u>		1	Dla			
,	Plan name	r	Plan numb		MM	year endi	YYYY	
	Susan J. Isaacson, D.D.S. 401(k) Profit Sharing Plan	0	0	2	12	31	2016	
Par	Extension of Time To File Form 5500 Series, and/or Form 89	955-S	SA					
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	e first l	orm :	5500 s	eries return/r	eport for the	e plan listed	
2	I request an extension of time until			•	structions).			
3	I request an extension of time until to file Form Note. A signature IS NOT required if you are requesting an extension to file Form		,		tructions).			
	The application is automatically approved to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the third month after the n	this e	xtensi	on is r				
Part	Extension of Time To File Form 5330 (see instructions)							
4	I request an extension of time until/ to file Form You may be approved for up to a 6 month extension to file Form 5330, after the		nal due	e date	of Form 5330).		
а	Enter the Code section(s) imposing the tax	•	а					
b	Enter the payment amount attached				►	b		
с 5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/ State in detail why you need the extension:	ameno	dment	date .	•	С		

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.