## 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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

0046

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Parti		t identification information									
For calen	dar plan year 2016 or	fiscal plan year beginning 01/01/2	2016		and ending 12	2/31/2	2016				
<b>A</b> This r	eturn/report is for:	X a single-employer plan			an (not multiemployer) ( aployer information in ac		-				
	•	a one-participant plan	a f	oreign plan							
<b>B</b> This re	turn/report is	the first return/report	the	final return/report							
_		an amended return/report	a s	hort plan year retur	n/report (less than 12 m	onths	5)				
C Check	box if filing under:	X Form 5558		tomatic extension		DI	FVC program				
D 4 !!	T	special extension (enter descri	. ,								
Part II		formation—enter all requested in	formatio	n		41					
1a Nam		404/I/) PROFIT SUADING DI ANI				1b	Three-digit				
VIERRA O	RTHODONTICS, PS 4	401(K) PROFIT SHARING PLAN					plan number (PN) ▶	001			
						1c	Effective date of	<sup>1</sup> plan /2003			
2a Plan	enoncor'e namo (omn	loyer, if for a single-employer plan)				2h					
	Mailing address (include room, apt., suite no. and street, or P.O. Box)						Employer Identif (EIN) 75-29	100 Number 100 100 Number			
		nce, country, and ZIP or foreign post	tal code	(if foreign, see instr	ructions)	20	· /	hone number			
VIERRA OI	IERRA ORTHODONTICS, PS					<b>2c</b> Sponsor's telephone number 425-774-1811					
						2d	Business code (	see instructions)			
PO BOX C-							6212				
BELLEVUE	, WA 98009-9612										
<b>3a</b> Plan	administrator's name	and address X Same as Plan Spor	nsor.			3b	Administrator's E	EIN			
						3c	Administrator's to	elephone number			
		the plan sponsor has changed since number from the last return/report.	the last	return/report filed for	or this plan, enter the	4b	EIN				
	sor's name	idiliber from the last return/report.				4c	PN				
		ts at the beginning of the plan year					ia	6			
<b>b</b> Tota	I number of participan	ts at the end of the plan year				5	b	1			
		h account balances as of the end of	•	, , ,	•	5	ic	1			
	,	participants at the beginning of the pl				5d	(1)	(			
<b>d(2)</b> ⊤o	otal number of active r	participants at the end of the plan year	ar			5d	(2)	(			
		at terminated employment during the						(			
thar	n 100% vested						ie				
		e or incomplete filing of this return other penalties set forth in the instruc						able a Schedule			
SB or Sch	nedule MB completed	and signed by an enrolled actuary, a									
belief, it is	true, correct, and cor		<u> </u>		1						
SIGN	Filed with authorize	d/valid electronic signature.		09/20/2017	DARIN A. VIERRA, DI	MD					
HERE	Signature of plan	administrator		Date	Enter name of individ	lual si	oning as plan adn	ninistrator			

Date

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number )

SIGN HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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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 cannus the plan is a defined benefit plan is it to plan in a defined benefit plan is it to plan in a defined benefit plan is it to plan in a defined benefit plan is it to plan in a defined benefit plan.	an indepe and condi ot use Fo	ndent qualified public a ions.) rm 5500-SF and mus	account t instea	ant (IC	PA)  Form	5500.		∐ Y	es No		
	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	isurance p	orogram (see ERISA se	ection 4	021)?		res	Пио	☐ Not d	etermined		
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year			
a	Total plan assets	7a		591342				(b) Lile	5638	30		
	Total plan liabilities	7b		0						0		
	Net plan assets (subtract line 7b from line 7a)	7c		591342	:				5638	30		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b)	Total			
а	Contributions received or receivable from:		, ,	0								
	(1) Employers	8a(1)										
	(2) Participants	8a(2)		0	_							
	(3) Others (including rollovers)	8a(3)		58520								
	Other income (loss)	8b		30320					F.0.F	:20		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							585	020		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		86032								
е	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							860	)32		
i	Net income (loss) (subtract line 8h from line 8c)	8i							-275	512		
j	Transfers to (from) the plan (see instructions)		0									
Pai	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the ins	tructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	les in t	he instr	uctions:			
Par	t V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amoui	nt		
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a		X						
				10c	X					50000		
d		fidelity bo	nd, that was caused	10d		X						
е		ner person ne or all of	s by an insurance the benefits under	10a		X						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			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 2520.10			10i								

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Part	VI	Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								Yes X No	
		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.  A?						Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	er ruling 	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1			
<u>b</u>	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	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
		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	13a Has a resolution to terminate the plan been adopted in any plan year?						S [] I	No	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0	
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(	<b>3)</b> PN(s)	
Part	VIII	Trust Information							
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN		
14c	Name	of trustee or custodian			<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		<u> </u>					
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:	- ILI ,		ign-based "Prior year" ADP test				
				"Curre	rrent year"				
16a 		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	
	for the	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rece	ent determ	nination	
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 e?		rom	Ye	s [	No		
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No		

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This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 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

1174	- ID (	11 4161 41 1 6 41										
	The state of the s	Identification Information		01 /01 /001 6			100 1001 0					
-0	r calendar plan year 2016 or fi			01/01/2016	and ending		2/31/2016					
A	This return/report is for:	x a single-employer plan a one-participant plan				(Filers checking this box must attach accordance with the form instructions.)						
В	This return/report is:	the first return/report	=	a loreigh plan the final return/report								
	·	an amended return/report	=	·	eturn/report (less than 12 months)							
С	Check box if filing under:	x Form 5558 special extension (enter desc		automatic extension		[	DFVC progra	am				
-		ormation enter all requested	inforr	mation				1				
118	Name of plan Vierra Orthodontic	s, PS 401(k) Profit Sha	ring	g Plan		1b Three-digit plan number (PN) ▶ 001						
							Effective date o					
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) Vierra Orthodontics, PS						Employer Ident (EIN) 75-29	ification Number 78104				
							Sponsor's telep (425) 774-					
	PO Box C-96012		2d Business code (see instructions) 621210									
3a	US Bellevue WA 98009-96:  Plan administrator's name a	and address X Same as Plan Sp	onsor			3b Administrator's EIN						
							0.00 / 1.00.1.00.00.00.00					
						3c Administrator's telephone number						
4		ne plan sponsor has changed since mber from the last return/report.	the la	ast return/report filed	for this plan, enter the	4b	EIN					
. 8	Sponsor's name				-1	4c	PN					
<b>5</b> a	Total number of participants	s at the beginning of the plan year				5a		6				
b	• •	s at the end of the plan year				5b		1				
С		account balances as of the end of				5c		1				
d	(1) Total number of active pa	rticipants at the beginning of the pla	an ye	ar		5d(	1)	0				
d		rticipants at the end of the plan yea				5d(	2)	0				
е	1	terminated employment during the		-		5e		0				
C	aution: A penalty for the late	or incomplete filing of this return	rn/rep	ort will be assesse	d unless reasonable ca	use is	established.					
S		other penalties set forth in the instruand signed by an enrolled actuary, nplete.										
1	SIGN CON	\~		9-10-17	Darin A. Vierra	, DMD						
HERE Signature of plan administrator  Date  Enter name of individual signing as plan administrator							nistrator					
1	SIGN ( )	~		9-20-17	Darin A. Vierra	, DMD						
	HERE Signature of employe			Date	Enter name of individua	al signir	ng as employer	or plan sponsor				
	reparer's name (including firm kip this question	name, if applicable) and address (i	nclud	e room or suite numb	er)		rer's telephone o this questi					
						THE C	TO LOS STOR					
1						- T						

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6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)						X Yes No
	Are you claiming a waiver of the annual examination and report of a								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a								X Yes No
	If you answered "No" to either line 6a or line 6b, the plan canno							,	
No. of Concession,	If the plan is a defined benefit plan, is it covered under the PBGC in:	surance p	rogram (see ERISA section	on 40	21)?	•••••	Yes	. [_] N	o Not determined
Pa	nt III Financial Information		0						
7_	Plan Assets and Liabilities		(a) Beginning o	f Yea	r	-		(b) End	l of Year
a	Total plan assets	7a	55	91,3	42				563,830
<u>b</u>	Total plan liabilities	7b			0	-			0
-	Net plan assets (subtract line 7b from line 7a)	7c		91,3	42	-		(44)/41	563,830
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	(Perkerala)	(a) Amount	t		- Lucion	THE REAL PROPERTY.	(b)	Total
	(1) Employers	8a(1)			0			and the same of th	
	(2) Participants	8a(2)			0	4.10	DE HE	I SOLD	10 Mar - 8 48 Mar
	(3) Others (including rollovers)	8a(3)			0		SESTE		All the second of the second
b	Other income (loss)	8b		58,5	20	PASS		STATE OF	THE WALLES
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	SAMEDLE SAME PERSONAL AND ADDRESS OF THE LAKE	Navi.	157 E	H			58,520
d	Benefits paid (including direct rollovers and insurance premiums			26.0	20	100			THE STREET STREET
	to provide benefits)	8d	1	86,0		1160	MICCUS!		
	Certain deemed and/or corrective distributions (see instructions)	8e			0	EBU		1111 ST	AUNDO DE MENOR DE LA
100	Administrative service providers (salaries, fees, commissions)	8f			0	15003	i i i kan	not like	
g	Other expenses	8g		19,140	0	No.		TO THE LAND	
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			Mail:				86,032
누	Net income (loss) (subtract line 8h from line 8c)	81	CONTRACTOR OF THE PART OF	III-SEE		E STATE OF	Nanchite.	AND DESIGNATION OF THE PARTY OF	(27,512)
)	Transfers to (from) the plan (see instructions)	8j			0	N/A		S-SONT BILL	The Shanth Ship (1972)
	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	les from the List of Plan C	Charac	cterist	ic Cod	les in tl	he instru	ctions:
_	2E 2G 2J 2K 2R								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Ch	aract	eristic	Code	s in the	e instruct	tions:
Secretario									
Pa	rt 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 contribut		·			-	31		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo			40-		x			
h	Program)  Were there any nonexempt transactions with any party-in-interest*			10a	_	_	G 2310		
	reported on line 10a.)			10b		x			
С	Was the plan covered by a fidelity bond?			10c	x		2-10-3		50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo					fig (d		
	by fraud or dishonesty?	-		10d		X	TOWN I		
е	by fraud or dishonesty?	er person	s by an insurance the benefits under	10d 10e		x	200		
e	by fraud or dishonesty?  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.)	er person e or all of	s by an insurance the benefits under				100 P		
f	by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides somethe plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan	er person e or all of	s by an insurance the benefits under	10e		x			
f	by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some 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	er person e or all of	s by an insurance the benefits under	10e		x			
f	by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some 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	er person e or all of n? s of year e	s by an insurance the benefits under end.)	10e		x			

STREET, STREET	archive con						
Pari	VI Pension Funding Compliance				,		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500 and line 11a below)					Yes 2	No No
_	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?					Yes 2	∑ No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver	Month	and ente		of the		uting ————
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				
С	Enter the amount contributed by the employer to the plan for the plan year		12c				
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [	] No		I/A
Par	VII Plan Terminations and Transfers of Assets						
_13a	Has a resolution to terminate the plan been adopted in any plan year?		[2	Yes		No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b control of the PBGC?	_		x	Yes	☐ No	)
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ic which assets or liabilities were transferred. (See instructions.)	dentify the pla	n(s) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	c(3) PN	(s)
Par	VIII Trust Information - Skip These Questions		,				
14a	Name of trust		14b	Trust's El	N		
140	Name of trustee or custodian			14d Trustee or custodian's telephone number			
Par	IX IRS Compliance Questions - Skip These Questions						
15a	Is the plan a 401(k) plan? If "No," skip b.		Yes			No	
15k	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 harb			"Prior y test	ear" ADP
			"Current :			N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the playear? Check all that apply:		Ratio percentaç test	де 🗌	Avera benef		□ N/A
16k	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 the letter/ and serial number	IRS opinion I	etter or a	dvisory le	tter, er	nter the	date of
17k	If the plan is an individually-designed plan that received a favorable determination letter from the IR letter/	S, enter the d	late of the	most red	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 service?			Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year	MODEL CHICOTIFIC CONTRACTOR	r	Yes		No	