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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		t Identification Information								
For calend	ar plan year 2017 or t	fiscal plan year beginning 01/01/2017	7	and ending 12	2/31/2017					
A This re	turn/report is for:	X a single-employer plan		an (not multiemployer) (aployer information in ac	_					
D To and	over transport is	a one-participant plan	a foreign plan							
D This reti	urn/report is	H - H	the final return/report							
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC program					
		special extension (enter description	<u>, </u>							
Part II	Basic Plan Inf	ormation—enter all requested inform	nation		T					
1a Name	•				1b Three-digit					
RICHARD A	. NEIMAN, MD, PRO	FIT SHARING PLAN			plan number	001				
					(PN) •					
			1c Effective date 01	e of plan /01/1994						
	ponsor's name (empl		2b Employer Ide	ntification Number						
		om, apt., suite no. and street, or P.O. B ace, country, and ZIP or foreign postal c		ructions)	(=)	-1435347				
-	. NEIMAN, MD, INC.	ce, country, and 211 of foreign postar c	ode (ii loreign, see insti	delions)	2c Sponsor's tel	lephone number 399-1664				
					2d Business cod	le (see instructions)				
P.O. BOX C-			621111							
BELLEVUE,	WA 98009									
3a Plan a	udministrator's name of		3b Administrator's EIN							
Ja i lali a	diffillistrator s fiame a	and address X Same as Plan Sponso	1.		7 Administrator o Env					
					3c Administrator's telephone number					
		he plan sponsor or the plan name has c			4b EIN					
		onsor's name, EIN, the plan name and	the plan number from the	ne last return/report.	4d DN					
a Spons C Plan N	sor's name				4d PN					
C FIAITI	varrie									
5a Total	number of participant	s at the beginning of the plan year			5a 5					
		s at the end of the plan year			5b	5				
		n account balances as of the end of the	. , , ,	'	5c	4				
d(1) Tot	al number of active pa	articipants at the beginning of the plan	year		5d(1) 4					
` '	•		. 5d(2) 3							
	ber of participants wh 100% vested	enefits that were less	5e 1							
Caution: A	A penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable cau						
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, as w nplete.								
SIGN		d/valid electronic signature.	03/13/2018	RICHARD A. NEIMAN	I, MD					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan a	administrator				
SIGN	Filed with authorize	d/valid electronic signature.	03/13/2018	RICHARD A. NEIMAN, MD						

Date

Enter name of individual signing as employer or plan sponsor

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b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (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. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No 										
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			. (See instructions.)			
Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year			
а	Total plan assets	. 7a	273	30107				3241848			
b	Total plan liabilities	7b		0				0			
С	Net plan assets (subtract line 7b from line 7a)	7c	273	30107				3241848			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) -	Γotal			
a	Contributions received or receivable from: (1) Employers	8a(1)	(60330							
	(2) Participants	8a(2)		0	_						
	(3) Others (including rollovers)	8a(3)		0	_						
b	Other income (loss)	8b	4!	51411							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						511741			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	Certain deemed and/or corrective distributions (see instructions) 8e 0									
<u>f</u>	Administrative service providers (salaries, fees, commissions) 8f 0										
<u>g</u>	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0			
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						511741			
	Transfers to (from) the plan (see instructions)	8j		0							
	t IV Plan Characteristics			01		0	1 1 1 1				
9a 	If the plan provides pension benefits, enter the applicable pension 2E 3D										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amount			
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Χ					
C				10c	Χ			300000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		00000			
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.)					X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g				10g		Х					
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 Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (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 year, see instructions, an granting the waiver			of the lette Year _	r ruling				
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
С	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	. [Yes	No	N/A				
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	0				
	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 brought under the control of the PBGC?	Yes X No							
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to							
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested

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 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.

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a single-employer plan A This return/report is for: a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan the final return/report B This return/report is: the first return/report an amended return/report a short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information --- enter all requested information 1b Three-digit 1a Name of plan plan number Richard A. Neiman, MD, Profit Sharing Plan 001 (PN) ▶ 1c Effective date of plan 01/01/1994 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1435347 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number Richard A. Neiman, MD, Inc. (425) 899-1664 2d Business code (see instructions) P.O. Box C-96012 621111 US Bellevue WA 98009 Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN Sponsor's name Plan Name Total number of participants at the beginning of the plan year 5 5a 5a 5b Total number of participants at the end of the plan year 5 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 4 complete this item) **d(1)** Total number of active participants at the beginning of the plan year 5d(1) 4 5d(2) 3 **d(2)** Total number of active participants at the end of the plan year Number of participants who terminated employment during the plan year with accrued benefits that were 5e 1

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete

	to the first of the complete.		
SIGN	niche neman	3/13/18	Richard A. Neiman, MD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	nedard neman	3/13/12	Richard A. Neiman, MD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)						XYes	∐No	
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at	-							XYes	□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	surance p	rogram (see ERISA secti	on 40	21)?	[Yes		Not o	determined	
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	emium filing for this year						(See instru	uctions.)	
	art III Financial Information		(a) Paginning a	f Vaa	_	T		(b) End	of Voor		
7_	Plan Assets and Liabilities	7-	(a) Beginning o			+-		(D) End	of Year	0.40	
a	Total plan assets	7a	2,7.	30,1		1			3,241	,848	
b	Total plan liabilities	7b	2.7	20 1	0	1			2 041	0.40	
<u>c</u>	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount	30,1 '	0 /	1		(b)	3,241 Total	,848	
a	Contributions received or receivable from:	H-SSAMET	(a) Amoun	_		1000	J (L) 1.53 (I	(6)	Total	or a war of a s	
	(1) Employers	8a(1)		60,3	30	101		adout.			
	(2) Participants	8a(2)			0			(1)	J. William	self-period	
	(3) Others (including rollovers)	8a(3)			0	161	THE TA	11/1/201		all the state	
b	Other income (loss)	8b	4.	51,4	11	176	HARA		Anstalkok	12/3/11	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		0.90	0/53				511	,741	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0	774					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		05000			agisii i	
f	Administrative service providers (salaries, fees, commissions)	8f			0	101					
g	Other expenses	8g				TOL	romada	14 1 19 1		ix Hartin	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	THE REPORT OF THE PARTY OF THE		HERA!			0			
ï	Net income (loss) (subtract line 8h from line 8c)	8i		10/3	es los	5	511,741				
ī	Transfers to (from) the plan (see instructions)	8j			0	1301	100		HISSELF?	el appressi	
Pa	art IV Plan Characteristics										
-	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan C	harac	terist	ic Cod	es in th	ne instruc	ctions:		
2	2E 3D										
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	instruct	ions:		
Pa	art 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	ions within	n the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	duciary Correction								
	Program)			10a		X					
b	 Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) 	•		10b		x					
C				10c	х		10.4		-	300,000	
				100						,00,000	
_	by fraud or dishonesty?			10d		х					
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.)					х					
f	f Has the plan failed to provide any benefit when due under the plan?					х	(F-1)				
ç	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х					
r	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		x			ALE		
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				i de la composição de l					

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Page	5	-	l .	l
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Pari	.VI	Pension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple					Yes X] No	
11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (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 year, see instructions, and enter the date of the letter ruling granting the waiver								
lf y	ou con	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter t	he minimum required contribution for this plan year		12b					
С	C Enter the amount contributed by the employer to the plan for the plan year								
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)								
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?		Yes No N/A				A	
Par	VII	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	x	No		
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to						100 (22)		
С		ng 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.)	plan(s) to					
1	3c(1) Na	ame of plan(s):	(2) E	N(s)		130	(3) PN(s	s)	
	Landin S								