Form 5500-SF	Short Form Annua	l Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be filed		065 of the Employee Re	etirement	2017		
Department of Labor Employee Benefits Security Administration	ployee Benefits Security Administration Revenue Code (the Code).						
Pension Benefit Guaranty Corporation	00-SF.	Public Inspection					
	dentification Information	17	and anding 10	104/0047			
For calendar plan year 2017 or fisc				2/31/2017 Filoro chool	ring this hav must attach a		
A This return/report is for:	a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)		
B This return/report is	a one-participant plan	a foreign plan the final return/report					
l	an amended return/report	a short plan year return	n/report (less than 12 mo	onths)			
C Check box if filing under:	Form 5558	automatic extension	[DFVC p	rogram		
	special extension (enter descrip						
-	mation—enter all requested info	rmation					
1a Name of plan				1b Thre	e-digit number		
TRAVIS A. SORENSEN, D.M.D., PL	LC 401(K) RETIREMENT PLAN			(PN)			
				1c Effect	tive date of plan 01/01/2013		
2a Plan sponsor's name (employe	er, if for a single-employer plan) apt., suite no. and street, or P.O.	Pov)			oyer Identification Number		
City or town, state or province,	country, and ZIP or foreign postal		uctions)	(EIN) 20-5100974 2c Sponsor's telephone number			
TRAVIS A. SORENSEN, D.M.D., PL	LC		-	206-937-6089			
4116 CALIFORNIA AVENUE SW				2d Busir	ness code (see instructions)		
SUITE 102 SEATTLE, WA 98116					621210		
-				3h Admi	nistrator's EIN		
3a Plan administrator's name and	address A Same as Plan Spons	or.	-	JD Admi	TISUALOI S EIN		
				3c Admi	nistrator's telephone number		
	plan sponsor or the plan name has sor's name, EIN, the plan name an			4b EIN			
a Sponsor's name	or s hame, Lin, the plan hame an			4d PN			
C Plan Name							
5a Total number of participants a	t the beginning of the plan year			5a	10		
	t the end of the plan year			5b	10		
	count balances as of the end of th		-	5c	10		
d(1) Total number of active parties	cipants at the beginning of the plar	ı year		5d(1)	8		
• •	cipants at the end of the plan year			5d(2)	7		
than 100% vested	erminated employment during the p			5e	1		
Caution: A penalty for the late or Under penalties of perjury and other							
SB or Schedule MB completed and belief, it is true, correct, and completed	signed by an enrolled actuary, as						
	alid electronic signature.	06/12/2018	TRAVIS SORENSEN				
HERE Signature of plan adu		Date	Enter name of individu	ual signina	as plan administrator		
SIGN							
HERE Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

с	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
a	Total plan assets	7a	229843	309592							
b	Total plan liabilities	7b									
C	Net plan assets (subtract line 7b from line 7a)	7c	229843	309592							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)	15811								
	(2) Participants	8a(2)	28160								
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	38738								
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		82709							
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	2960								
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2960							
i	Net income (loss) (subtract line 8h from line 8c)	8i		79749							
j	Transfers to (from) the plan (see instructions)	8j									

				,			,		IJ					
Par	t IV	Pla	an C	hara	cteristic	s								
9a	If the	plan	provi	des pe	ension ber	efits, enter	the applicable p	pension fe	ature co	des from the	List of Plan Cha	racterist	ic Codes in	the instructions:
	2A	2E	2J	2K	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	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	X		12026
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
C	Was the plan covered by a fidelity bond?	10c	Х		50000
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		X	
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.)	10e		X	
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			

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the 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 Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

Form 5500-SF	Short Form Ann	ual Return/Repor Benefit Plan	t of Small Emp	loyee	ON	MB Nos. 1210-0110 1210-0089
Department of Labor	This form is required to be fi	led under sections 104 and	4065 of the Employee I	Retirement	2	2017
Employee Benefits Security Administratio Pension Benefit Guaranty Corporation		4 (ERISA), and sections 60 Revenue Code (the Cod	te).			rm is Open to
	Complete all entries in	n accordance with the ins	tructions to the Form	5500-SF.	Public	Inspection
or calendar plan year 2017 or	I Identification Informatio	n				
pidit four 2017 of		01/01/2017	and ending		1/2017	
A This return/report is for:	X a single-employer plan	a multiple-employer p list of participating e	blan (not multiemployer) mployer information in a	(Filers checki ccordance wi	ing this box i th the form i	must attach a nstructions.)
B This return/report is	a one-participant plan	a foreign plan				,
,	the first return/report	the final return/report				
	an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)		
C Check box if filing under:	Form 5558	automatic extension				
. 1	special extension (enter des			DFVC pro	ogram	
Part II Basic Plan Inf	ormation—enter all requested in				·····	
a Name of plan	enter an requested in	nonnauon				
	D.M.D., PLLC 401(k)	Retirement Plan		1	umber 0	01
				(PN) 1c Effecti	ve date of p	lan
a Plan sponsor's name (emp	loyer, if for a single-employer plan)				/2013	
Mailing address (include ro City or town, state or provin	om, apt., suite no. and street, or P. ice, country, and ZIP or foreign nos			2b Emplo (EIN) 2	yer Identific 20-51009	ation Number 974
fravis A. Sorensen,	D.M.D., PLLC	ta code (i totelgn, see inst	il ucions)	2c Spons	or's telepho	ine number
1116 California Ave Suite 102	enue SW			2d Busine		e instructions)
				62121	^	•
	172			62121	0	·
Geattle	WA 98116			62121	.0	•
Seattle	WA 98116 and address X Same as Plan Spo	onsor.		62121 3b Admini		
eattle a Plan administrator's name a	and address X Same as Plan Spo			3b Admini	istrator's Elf	N ephone number
Seattle Ba Plan administrator's name a Plan administrator's name a If the name and/or EIN of th	and address X Same as Plan Spo	as changed since the last a	eturn/report filed for	3b Admini	istrator's Elf	
Beattle Ba Plan administrator's name a If the name and/or EIN of the this plan, enter the plan spi a Sponsor's name	and address X Same as Plan Spo	as changed since the last a	eturn/report filed for he last return/report.	3b Admini 3c Admini 4b EIN	istrator's Elf	
 Geattle 3a Plan administrator's name a 4 If the name and/or EIN of the this plan, enter the plan spine a Sponsor's name c Plan Name 	ne plan sponsor or the plan name honsor's name, EIN, the plan name	has changed since the last r and the plan number from t	he last return/report.	3b Admini 3c Admini	istrator's Elf	
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 Ba Plan administrator's name a If the name and/or EIN of the this plan, enter the plan spinal sp	and address X Same as Plan Spo he plan sponsor or the plan name h onsor's name, EIN, the plan name s at the beginning of the plan year account balances as of the end of articipants at the beginning of the plan year account balances as of the plan year is account balances as of the plan year account balances as of the plan year account balances as of the plan year is account balances as of the plan year account balances as of the plan year is account balances as of the plan year account balances as of the plan year account balances as of the plan year is account balances as of the plan year account balances as of the	the plan year (only defined lan year e plan year with accrued be <u>n/report will be assessed</u> ctions, I declare that I have as well as the electronic ver	he last return/report.	3b Admini 3c Admini 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e Use is establi port, including t, and to the b en ual signing as	istrator's Elt istrator's tele ished. J, if applicab lest of my kr	ephone number 10 10 10 10 10 10 10 10 10 10
 Plan administrator's name a Plan administrator's name a If the name and/or EIN of the this plan, enter the plan spine a Sponsor's name Plan Name Total number of participants Total number of participants with complete this item)	and address X Same as Plan Spo he plan sponsor or the plan name h onsor's name, EIN, the plan name s at the beginning of the plan year account balances as of the end of articipants at the beginning of the plan year account balances as of the plan year is account balances as of the plan year account balances as of the plan year account balances as of the plan year is account balances as of the plan year account balances as of the plan year is account balances as of the plan year account balances as of the plan year account balances as of the plan year is account balances as of the plan year account balances as of the	the plan year (only defined he plan year (only defined lan year	he last return/report.	3b Admini 3c Admini 3c Admini 4b EIN 4d PN 5a 5b 5b 5c 5d(1) 5d(2) 5e Juse is establic port, including t, and to the branual signing as en	istrator's Elt istrator's tele ished. g, if applicab jest of my kr plan admin	ephone number

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Page 2	p	aae	2
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	 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 in If "Yes" is checked, enter the My PAA confirmation number from the								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
a	Total plan assets	7a	229,843	309,592					
<u>b</u>	Total plan liabilities	7b		· ·					
С	Net plan assets (subtract line 7b from line 7a)	7c	229,843	309,592					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
a	Contributions received or receivable from: (1) Employers	8a(1)	15,811						
	(2) Participants	8a(2)	28,160						
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	38,738						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		82,709					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	2,960						
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2,960					
i	Net income (loss) (subtract line 8h from line 8c)	8i		79,749					
j	Transfers to (from) the plan (see instructions)	8i							

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: 2A 2E 2J 2K 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	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	x		12,026
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
C	Was the plan covered by a fidelity bond?	10c	х		50,000
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		x	
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.)	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		x	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		x	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
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			

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Page	3-	
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Part V	Pension Funding Compliance								
	this a defined benefit plan subject to minimum funding requirements? (If 'Yes," see instructions and c Form 5500) and line 11a below)			3	Te Ye	s 🗌 No			
11a E	nter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
E	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the C RISA?		n 302 of		T Ye	s 🗙 No			
the second se	(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
9	a 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, Month Day Year								
if yo	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.							
b E	nter the minimum required contribution for this plan year		12b						
C Ei	ter 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 regative amount)		12d						
e \	Vill the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No L	N/A			
Part V	I Plan Terminations and Transfers of Assets								
13a I	las a resolution to terminate the plan been adopted in any plan year?			Yes	X No				
	f "Yes," enter the amount of any plan assets that reverted to the employer this year		13a						
	Nere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou- control of the PBGC?			[[] Yes 🛛	No			
	f, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	tify the plan(s)) to						
13	c(1) Name of plan(s);	13c(2)	EIN(s)		13c(3)	PN(s)			