	n 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089						
	ent of the Treasury Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Re				2017				
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) o Employee Benefits Security Administration Revenue Code (the Code).						This Form is Open to				
Pension Benef	500-SF.	Public Inspection								
		dentification Information			_ / /					
For calendar	For calendar plan year 2017 or fiscal plan year beginning 01/01/2018 and ending 03/31/2018 Image: Single-employer plan Image: Single-employer plan Image: Single-employer plan Image: Single-employer plan									
A This return	n/report is for:	X a single-employer plan	list of participating	r plan (not multiemployer) employer information in a		-				
D This mature	lasa sat is	a one-participant plan	a foreign plan							
B This return	report is	the first return/report	X the final return/repo	ort						
		an amended return/report	\times a short plan year re	eturn/report (less than 12 m	onths)					
C Check box	x if filing under:	Form 5558	automatic extension	n	DFVC p	rogram				
		special extension (enter descri	ption)							
Part II	Basic Plan Infor	mation—enter all requested info	ormation							
1a Name of					1b Thre					
KIERSTEN C.	WEEK, D.D.S., M.S.,	PLLC 401(K) PROFIT SHARING	PLAN		plan (PN)	number 001				
					()	ctive date of plan				
						09/01/2017				
		er, if for a single-employer plan) , apt., suite no. and street, or P.O	. Box)		2b Empl (EIN)	loyer Identification Number 26-0772549				
City or to		, country, and ZIP or foreign posta		nstructions)	20 Sponsor's telephone number					
NEROTEN C. 1	WEER, D.D.S., M.S.,				509-735-7591					
432 ERIKA LAN	VE				2d Business code (see instructions)					
	WA 98801-5500				621210					
3a Plan adm	ninistrator's name and	l address X Same as Plan Spon	sor.		3b Administrator's EIN					
					3c Administrator's telephone number					
4 If the nar	me and/or FIN of the	plan sponsor or the plan name ha	s changed since the la	st return/report filed for	4b EIN					
this plan	, enter the plan spons	sor's name, EIN, the plan name a								
a Sponsor'c Plan Nan					4d PN					
	lie									
5a Total nur	mber of participants a	t the beginning of the plan year			5a	8				
b Total nur	mber of participants a	it the end of the plan year			5b	0				
		ccount balances as of the end of t			5c	0				
•	,		5d(1)	0						
 d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year 						0				
e Number of participants who terminated employment during the plan year with accrued benefits that were less						0				
Caution: A p	enalty for the late o	r incomplete filing of this return	/report will be assess	ed unless reasonable ca	5e use is estal	blished.				
Under penalti	es of perjury and othe	er penalties set forth in the instruc	tions, I declare that I ha	ave examined this return/re	port, includi	ing, if applicable, a Schedule				
	ule MB completed and e, correct, and compl	d signed by an enrolled actuary, a ete.	s well as the electronic	version of this return/repo	rt, and to the	e best of my knowledge and				
	iled with authorized/v	alid electronic signature.	09/24/2018	KIERSTEN WEEK						
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	vidual signing as plan administrator					
SIGN										
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	lual signing	as employer or plan sponsor				

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Form 5500-SF (2017) v.170203

	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 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 cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	Not determined		
	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		55198			(0) 2110	0		
b		7b		1290				0		
с	Net plan assets (subtract line 7b from line 7a)	7c	7	53908				0		
8	Income, Expenses, and Transfers for this Plan Year	-	(a) Amour	nt			(b) ⁻	Fotal		
	Contributions received or receivable from:						<u> </u>			
	(1) Employers	8a(1)		0						
	(2) Participants	(2) Participants								
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b		20168						
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						20168		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7	71716						
e	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		2360						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						774076		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-753908		
j	Transfers to (from) the plan (see instructions)	8j								
Ра	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D	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 fe	eature coo	des 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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V									
	Program)					Х				
b	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			80000		
Ċ	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				

u	by fraud or dishonesty?	10d	Х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e	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	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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Part	VI Pension Fu	iding Compliance				
11		fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 11a below)	dule S	В	Y	es 🗌 No
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	ribution plan subject to the minimum funding requirements of section 412 of the Code or section me 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	f 	[] Y	es X No
a		mum funding standard for a prior year is being amortized in this plan year, see instructions, and			f the letter Year _	ruling
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum re	uired contribution for this plan year	12b			
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			_
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termir	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	C
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b		ets distributed to participants or beneficiaries, transferred to another plan, or brought under the		×	Yes	No
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s	13c(2)	EIN(s)		13c(3)	PN(s)

For	m 5500-SF	Short Form Annual R		of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury mal Revenue Service	This form is required to be filed unde	Benefit Plan	065 of the Employee Re	tirement	2017		
Employee B	epartment of Labor lenefits Security Administration	Income Security Act of 1974 (ERIS Reve	7(b) and 6058(a) of the I		This Form is Open to Public Inspection			
Pension B	enefit Guaranty Corporation	Complete all entries in accord	lance with the instri	uctions to the Form 55	00-SF,	r aone mapeedon		
Part I	Annual Report lo	entification Information						
For calend	lar plan year 2017 or fisc	al plan year beginning $01/$	01/2018	and ending	03/3	1/2019		
A This re	turn/report is for:					ing this box must attach a th the form instructions.)		
B This ret	urn/report is		in the second					
			e final retum/report					
	l	an amended return/report	short plan year return	/report (less than 12 mo	nths)			
C Check	box if filing under:	Form 5558	utomatic extension	(in] DFVC pr	ogram		
		special extension (enter description)	1					
Part II	Basic Plan Infor	mation-enter all requested informat	ion					
1a Name					1b Three	-digit		
		.S., M.S., PLLC 401(k)	Profit Sharin	g Plan	plan r (PN)	number 001		
				125	10 Effect	ive date of plan 1/2017		
		er, if for a single-employer plan)		nangeneren bi enternaleren han generen mediserato museakos bise (n.e. god	2b Emplo	over Identification Number		
City o	r town, state or province,	, apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code		uctions)	(EIN) 26~0772549 20 Sponsor's telephone number			
Kiersten C. Week, D.D.S., M.S., PLLC					509-735-7591			
432 Er.	ika Lane				2d Busin 6212	ess code (see instructions) L0		
Wenatc	hee	WA 98801-5500						
3a Plan a	administrator's name and	address X Same as Plan Sponsor.		ngennin engen generation generation generation in die Antonio al Suite en Al Al Al Antonio and a Al Al Al Al Al	3b Admir	histrator's EIN		
				ba	3c Admir	histrator's telephone number		
this p		plan sponsor or the plan name has cha sor's name, EIN, the plan name and the		e last return/report.	4b EIN 4d PN			
C Plan M								
5a Total	number of participants a	t the beginning of the plan year			5a	8		
b Total	number of participants a	t the end of the plan year			5b	0		
C Numb	per of participants with ad	ccount balances as of the end of the pla	in year (only defined	contribution plans	5c	0		
		cipants at the beginning of the plan yea		100	5d(1)	0		
d(2) Tol	tal number of active parti	cipants at the end of the plan year			5d(2)	0		
e Numl	ber of participants who te	erminated employment during the plan	year with accrued be	nefits that were less	50	Ô		
Caution: A Under pen SB or Sche	A penalty for the late or alties of perjury and othe	Incomplete filing of this return/report proper penalties set forth in the instructions, i signed by an enrolled actuary, as well	rt will be assessed i I declare that I have as the electronic veri	unless reasonable causes examined this return/rep	ort, includir	lished. ng, if applicable, a Schedule		
SIGN	KATT	>	7/24/18	KIERSTEN WEEK				
HERE	Signature of plan add	ninistrator	Date	Enter name of individu	al signing a	as plan administrator		
SIGN								
HERE	Signature of employe	Signature of employer/plan sponsor Date Enter name of individual signing as employer or						

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

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
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 Fo	rm 5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning of Ye		'ear		(b) End of Year			
а	Total plan assets	7a		755,	198		0			
b	Total plan liabilities	7b		1,	290		0			
С	Net plan assets (subtract line 7b from line 7a)	7c		753,	908					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		(b) Total				
а	Contributions received or receivable from:				0					
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0	, 				
	Other income (loss)	8b		20,	168					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					20,168			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		771,	716					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		2,	360					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					774,076			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-753,908			
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a										
	2E 2F 2G 2J 2K 2T 3B 3D			0						
b 	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the list of Pla	n Chara	acterist		ies in the instructions:			
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					х				
	Program)			10a		Λ				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	х		80,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		Х				
e	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.).	ne or all of	the benefits under	10e		Х				
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х				
g	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? 2520.101-3.)	•		10h		Х				
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 Schec (Form 5500) and line 11a below)		В	Y	es 🗌 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 3 ERISA?	302 of		Y	es 🛛 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e granting the waiver			of the letter _ Year	ruling
lf y	ou 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 '	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	No)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 1	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		2	Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	0			
1	3c(1) Name of plan(s): 13c(2) E	EIN(s)		13c(3)	PN(s)