Form 5500-SF Short Form Annual Return/Report of Benefit Plan Department of the Treasury Internal Revenue Service Department of Labor Department of Labor Department of Labor Department of Labor Department of Labor Department of Labor Department of Labor Paration Benefit Guaranty Corporation Paration Benefit Guaranty Corporation Paratin Benefit Guaranty Corporation Paratin Benefit Guaranty Corporation For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 A This return/report is for: a single-employeer plan a foreign plan B This return/report is the first return/report a short plan year return/report B This return/report is Form 5558 automatic extension B Reveine Code plan short plan year return/report B Nue of plan Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Super Flan SUE E. WEISHAAR, D.D.S. 401(K) PLAN 20 23 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 instrususue to sponsor's name and address <th>of Small Emplo</th> <th>oyee</th> <th>OMB Nos. 1210-0110 1210-0089</th>	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
			d under sections 104 and 4			2017
		Income Security Act of 1974			Internal	This Form is Open to Public Inspection
Pension Be			ccordance with the instr	uctions to the Form 55	500-SF.	r ubic inspection
			047	and an diam of the	NO 4 100 4 7	
For calenda	ar plan year 2017 or fi			6	2/31/2017	king this hav must attach a
A This ret	urn/report is for:		list of participating em			vith the form instructions.)
R This rate	rn/report is	a one-participant plan	a foreign plan			
-		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Check b	box if filing under:				DFVC p	program
	ſ		,			
		rmation—enter all requested info	ormation			
		() PLAN			1b Thre plan (PN)	number
					()	ctive date of plan
			Box)			loyer Identification Number
City or	town, state or provinc			ructions)	(EIN) 2c Spor	nsor's telephone number
	,				2d Busir	509-922-3333 ness code (see instructions)
						621210
					3b Admi	inistrator's EIN 46-0498278
SUE E. WEIS	SHAAR, D.D.S.				3c Admi	inistrator's telephone number 509-922-3333
this pla	an, enter the plan spo				4b EIN	
•					4d PN	
5a Total r	number of participants	at the beginning of the plan year			5a	16
b Total r	number of participants	at the end of the plan year			5b	15
				-	5c	15
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	9
• •		rticipants at the end of the plan yea			5d(2)	10
than ?	100% vested	terminated employment during the			5e	0
Under pena SB or Sche	alties of perjury and ot	or incomplete filing of this return her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.	tions, I declare that I have	examined this return/rep	port, includi	ing, if applicable, a Schedule
SIGN		/valid electronic signature.	09/25/2018	SUE E. WEISHAAR, D).D.S.	
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing	as plan administrator
SIGN						
HERE	Signature of emplo	oyer/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

6a b c	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 cann 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 th	an indepe and condi ot use Fo nsurance p	ndent qualified public accountant (l tions.) orm 5500-SF and must instead us program (see ERISA section 4021)	QPA) X Yes No Form 5500. ? Not determined
Pa	rt III Financial Information		<u> </u>	()
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1253950	1618844
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1253950	1618844
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	20424	

8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	20424	
	(2) Participants	8a(2)	72505	
	(3) Others (including rollovers)	8a(3)	64109	
b	Other income (loss)	8b	213424	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		370462
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5518	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	50	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		5568
i	Net income (loss) (subtract line 8h from line 8c)	8i		364894
j	Transfers to (from) the plan (see instructions)	8j		
Da	rt IV Plan Characteristics			

Par	t IV	Pla	n Cł	nara	cteri	stics	;										
9a	If the	plan	provic	les pe	ension	bene	fits,	enter th	ne applicable	pension fea	ature co	des from th	e List of Pla	an Characte	ristic Codes i	n the instruc	ctions:
	2A	2E	2G	2J	2K	3B	2F	2T	3D								

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	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		161885
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	
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		X	
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			

Page 3- 1

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 Annu	al Return/Report Benefit Plan	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fil	ed under sections 104 and 4			2017
Department of Labor Employee Benefits Security Administratio		4 (ERISA), and sections 605 Revenue Code (the Code		nemai	This Form is Open to
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the Instr	uctions to the Form 550	0-SF.	Public Inspection
Part I Annual Repor	rt Identification Information	1			
For calendar plan year 2017 or		01/01/2017	and ending	12/3	31/2017
A This return/report is for:	X a single-employer plan	list of participating em	an (not multiemployer) (Fi aployer information in acc		(ing this box must attach a ith the form instructions.)
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 mor	nths)	
C Check box if filing under:			l		
Check box it hindy bridge.	X Form 5558	automatic extension	L	DFVC p	rogram
	special extension (enter desc			_	
the second se	formation-enter all requested in	nformation	1	41	
1a Name of plan				1b Three	e-digit number 001
Sue E. Weishaar, D.I	D.S. 401(k) Plan			(PN)	
					tive date of plan 1/2003
Mailing address (include ro	loyer, if for a single-employer plan) om, apl., suite no. and street, or P.	O. Box)	(oyer Identification Number 46-0498278
City or town, state or provir SUE E. WEISHAAR, D.	nce, country, and ZIP or foreign pos	tal code (if foreign, see instr	ructions)		isor's telephone number 922-3333
1005 N. EVERGREEN,	SUITE 101			2d Busin 6212	ess code (see instructions) 10
SPOKANE	WA 99216			<u>.</u>	
3a Plan administrator's name a SUE E. WEISHAAR, D.1	and address 🗍 Same as Plan Spo D.S.	insor.		46-04	nistrator's EIN 198278
1005 N. EVERGREEN,	SUITE 101				nistrator's telephone number 122–3333
SPOKANE	WA 99216				
4 If the name and/or EIN of the this plan, enter the plan sp	he plan sponsor or the plan name h onsor's name, EIN, the plan name	as changed since the last re and the plan number from th		4b EIN	
a Sponsor's name			4	4d PN	
C Plan Name					
1 1	ts at the beginning of the plan year.			5a	16
	is at the end of the plan year			_5b	15
	h account balances as of the end of			5c	15
· · · · · · · · · · · · · · · · · · ·	articipants at the beginning of the p			5d(1)	9
				5d(2)	10
	participants at the end of the plan ye to terminated employment during th		Lange State		
than 100% vested				5e	0
Caution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	uniess reasonable caus	e is estat	lished.
Under penalties of perjury and on SB or Schedule MB completed, belief, it is true, correct, and con	other penalties set forth in the instru- and signed by appenrolled actuary,	clions, I declare that I have as well as the electronic ver	examined this return/report, a sion of this return/report, a	and to the	ng, it applicable, a Schedule best of my knowledge and
SIGN NL	Darlan X	DS	SUE E. WEISHAAR	, D.D.	s.
HERE Signature of plan	administrator	Date 2.2.20	Enter name of individua		
				and a state of a	
SIGN HERE Standuce of amo	louerining encode	Date	Enter name of ladividue	l signion -	as employer or plan sponsor
Signature of empl	loyer/plan sponsor ice, see the Instructions for Form 550		E curre ribing of individual	ក ទាក្ខណាម្នាន	Form 5500-SF (2017)
					v.170203

. . .

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
b	under 29 CFR 2520 104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
		. (See instructions.)

Page 2

. .

Form 5500-SF 2017

7									
	Plan Assets and Liabilities		(a) Beginning c				(b) End of		
а	Total plan assets	7a	1,	253,	950			1,618	,844
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	253,	950			1,618	,844
•	Income, Expenses, and Transfers for this Plan Year		(a) Amouni	t			(b) Toi	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)		20,	424				
	(2) Participants	8a(2)		72,	505				
	(3) Others (including roliovers).	8a(3)		64,	109				
-	Other income (loss)	8b		213,	424				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-				370	,462
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	- 8d		5,	518				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			50				
g	Other expenses	8g							
÷	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							i,568
· · · · · · · · · · · · · · · · · · ·	Net income (loss) (subtract line 8h from line 8c)	81						364	,894
j	Transfers to (from) the plan (see instructions)	Bj							
Dor	t IV Plan Characteristics					· · ·			
		foot up or	tes from the List of Pis	an Cha	racteri	stic Codes I	in the instru	ctions	
9a b	If the plan provides pension benefits, enter the applicable pension $2A \ 2E \ 2G \ 2J \ 2K \ 3B \ 2F \ 2T \ 3D$ If the plan provides welfare benefits, enter the applicable welfare f								
9a	If the plan provides pension benefits, enter the applicable pension $2A \ 2E \ 2G \ 2J \ 2K \ 3B \ 2F \ 2T \ 3D$ If the plan provides welfare benefits, enter the applicable welfare f				Icteris	lic Codes in	the instruc	tions	
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3B 2F 2T 3D If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions During the plan yoar:	ealure coo	des from the List of Plar				the instruc		
9a b Part 10 a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3B 2F 2T 3D If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribudes described in 29 CFR 2510.3-1027 (See instructions and DOL's V Program)	eature coo	des from the List of Plar in the time period Fiduciary Correction		Icteris	lic Codes in	the instruc	tions	
9a b Part 10 a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3B 2F 2T 3D If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions During the plan year: 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	eature coo tions with /oluntary f	des from the List of Plan in the time period Fiduciary Correction Include transactions	n Chara	Icteris	lic Codes in	the instruc	nount	
9a b Part 10 a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3B 2F 2T 3D If the plan provides welfare benefits, enter the applicable welfare for If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest	eature coo tions with /oluntary f	tes from the List of Plan in the time period Fiduciary Correction Include transactions	n Chara	Icteris	No X	the instruc	nount	, 885
9a b Par 10 a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3B 2F 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	ealure coo itions with /oluntary f /Do not fidelity bo	tes from the List of Plan in the time period Fiduciary Correction Include transactions	10a 10b	Yes	No X	the instruc	nount	,885
9a b Par 10 a b c d	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3B 2F 2T 3D If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	ealure cod itions with /oluntary f // (Do not fidelity bo fidelity bo	tes from the List of Plan in the time period Fiduciary Correction Include transactions Include transactions ind, that was caused is by an insurance the benefits under	10a 10b 10c	Yes	No X	the instruc	nount	,885
9a b Part 10 a b c d e	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3B 2F 2T 3D If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's 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	ealure cod itions with /oluntary f // (Do not fidelity bo her person he or all of	tes from the List of Plan in the lime period Fiduciary Correction Include transactions Include transactions ind, that was caused is by an insurance the benefits under	10a 10b 10c 10d	Yes	No X	the instruc	nount	,885
9a b Part 10 a b c d d e f g	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3B 2F 2T 3D If the plan provides welfare benefits, enter the applicable welfare f It V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides som 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 and participant loans?	ealure cod titions with /oluntary f /? (Do not fidelity bo ner person te or all of m?	des from the List of Plan in the time period Fiduciary Correction Include transactions and, that was caused is by an insurance the benefits under	10a 10b 10c 10d 10s	Yes	No X	the instruc	nount	,885
9a b Part 10 a b c d d f g	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3B 2F 2T 3D If the plan provides welfare benefits, enter the applicable welfare f It V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	ealure coo titions with /oluntary f /? (Do not fidelity bo ner person te or all of m?	des from the List of Plan in the time period Fiduciary Correction Include transactions and, that was caused its by an insurance the benefits under and.)	10a 10b 10c 10d 10s 10f	Yes	No X	the instruc	nount	, 885