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		Identification Information							
For calend	ar plan year 2017 or fi	iscal plan year beginning 01/01/2			2/31/2017				
A This re	turn/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions.						
D		a one-participant plan	a foreign plan						
B This reti	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	urn/report (less than 12 m	months)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram			
		special extension (enter descr							
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name SUSAN J. IS	•	1(K) PROFIT SHARING PLAN			1b Three plan n (PN)	umber			
					1c Effecti	ive date of plan 01/01/1988			
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Pov)			yer Identification Number			
City or	town, state or provinc	ce, country, and ZIP or foreign post		structions)	(EIN)	91-1148134 sor's telephone number			
SUSAN J. IS	SAACSON, D.D.S.					206-443-1788			
2112 3RD A	VENUE, SUITE 404				2d Business code (see instructions)				
SEATTLE, V					621210				
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrator's EIN				
		_			3c Admin	istrator's telephone number			
					OO Admin	istrator s telephone number			
		e plan sponsor or the plan name ha			4b EIN				
•	or's name	misor s mame, Lin, the plan hame a	and the plan number nom	the last return/report.	4d PN				
C Plan N	lame								
5a Total	number of participants	s at the beginning of the plan year			5a 8				
b Total	number of participants	s at the end of the plan year			5b	8			
		account balances as of the end of			5c	7			
d(1) Tot	al number of active pa	articipants at the beginning of the pl	lan year		5d(1)	6			
		articipants at the end of the plan year			5d(2)				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 0				
		or incomplete filing of this return							
SB or Sche		ther penalties set forth in the instructed and signed by an enrolled actuary, aplete.							
SIGN	Filed with authorized	d/valid electronic signature.	10/01/2018 SUSAN J. ISAACSON D.D.S.						
HERE	Signature of plan a	administrator	Date	Enter name of individ	idual signing as plan administrator				
SIGN HERE									
HEKE	Signature of employer/plan sponsor Date Enter name of individua				dual signing as employer or plan sponsor				

Form 5500-SF 2017 Page **2**

If you answered "No" to either line 8a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X	Yes	No
If you answered "No" to either line 8a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?										Yes	No
Part III Financial Information Financial Informa										- Т	1
Part III Financial Information Financial Informa	C If t	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No								determi	ined
7 Plan Assets and Liabilities 7a 2883124 2810 a Total plan assets	If '	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (S									ns.)
a Total plan assets	Part I	III Financial Information									
a Total plan assets	7 Pla	an Assets and Liabilities		(a) Beginning	of Year	·		(b) Eı	nd of Year		
C Net plan assets (subtract line 7b from line 7a)	a To	otal plan assets	7a			1		. ,	2610		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b To	otal plan liabilities	7b								
a Contributions received or receivable from: (1) Employers	C Ne	et plan assets (subtract line 7b from line 7a)	7c	23	83124			2610301			
(2) Participants	8 Inc	come, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total		
(2) Participants			90(4)		ECOE 4						
(3) Others (including rollovers)	` '	, , ,	` '								
b Other income (loss)				,	37040						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				4	05354	\dashv					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		,		4	00004				100	2/18	
e Certain deemed and/or corrective distributions (see instructions)	_		- OC						700.	240	
f Administrative service providers (salaries, fees, commissions)			8d	2	61613						
g Other expenses	e Ce	ertain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Ad	dministrative service providers (salaries, fees, commissions)	8f		10458						
i Net income (loss) (subtract line 8h from line 8c)	g Ot	ther expenses	8g								
Part IV Plan Characteristics	h To	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						272	071	
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 instruction 2E 2G 2J 2K 2R 3B 3D 2A 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: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? d 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			. 8i						227	177	
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction	J Tra	ransfers to (from) the plan (see instructions)	8j								
Part V Compliance Questions											
Part V Compliance Questions 10 During the plan year: a 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)			feature co	odes from the List of Pl	an Cha	racter	istic C	odes in the ii	nstructions	5 :	
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	b If	the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Char	acteris	tic Co	des in the ins	structions:		
10 During the plan year: a 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)											
a 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)		•				T	1	1			
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			4:	n the a time a mania d	I	Yes	No		Amoun	t	
reported on line 10a.)		described in 29 CFR 2510.3-102? (See instructions and DOL's $\mbox{\scriptsize V}$	oluntary F	Fiduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					10b		X				
by fraud or dishonesty?	C	Was the plan covered by a fidelity bond?			10c	X				240000	
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e f Has the plan failed to provide any benefit when due under the plan? 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR		d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused					X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	C	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					X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	f⊢	f									
· · · · · · · · · · · · · · · · · · ·	g [
2520.101-3.)		h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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						

Form 5500-SF 2017	Page 3- 1
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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)								
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 ERISA?	n 302 of			es X No			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter Year	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						
C Enter the amount contributed by the employer to the plan for this plan year								
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?		Yes	X No)			
	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

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 A	nnual Repor	t Identification Information	า					
For calendar p	lan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/20	17		
A This return	report is for:	X a single-employer plan		r plan (not multiemployer) employer information in a	•			
	·	a one-participant plan	a foreign plan					
B This return/	report is	the first return/report	the final return/repo	ort				
		an amended return/report	a short plan year re	turn/report (less than 12 n	nonths)			
C Check box	if filing under:	X Form 5558	automatic extensio	on.	DFVC program			
	g	special extension (enter des			_ Britoprogram			
Part II B	acia Plan Inf	ormation—enter all requested i						
1a Name of p		offilation—enter all requested i	monnation		1b Three-digit			
•		D G 401 (1) D	Observious Dlaw		plan number	002		
Susan J. 1	saacson, l	D.D.S. 401(k) Profit	Snaring Plan		(PN) ▶			
					1c Effective date 01/01/198	•		
2a Plan spon	sor's name (empl	oyer, if for a single-employer plan)	0.5.		2b Employer Ide			
		om, apt., suite no. and street, or P. ice, country, and ZIP or foreign pos		nstructions)	(EIN) 91 - 11			
,	Isaacson,	• • • • • • • • • • • • • • • • • • • •	nar oodo (ii foroigii, ooo ii	1011 401101107	2c Sponsor's telephone number			
					206-443-1			
2112 3rd	Avenue, Su	ite 404			2d Business code (see instructions) 621210			
					021210			
Seattle		WA 98121						
3a Plan admii	nistrator's name a	and address X Same as Plan Spo	onsor.		3b Administrator	's EIN		
					3C Administrator	's telephone number		
		ne plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN			
a Sponsor's		• •			4d PN			
C Plan Name	Э							
52 Total num	her of participant	s at the beginning of the plan year			5a	8		
		s at the end of the plan year				8		
c Number o	f participants with	account balances as of the end o	f the plan year (only defin	ned contribution plans	5c			
•					5d(1)	7		
		articipants at the beginning of the p				6		
 d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less 					5d(2)	6		
		o terminated employment during th			5e	0		
Caution: A per	nalty for the late	or incomplete filing of this retu	n/report will be assess	ed unless reasonable ca	use is established.			
SB or Schedule	s of perjury and o e MB completed a correct, and com	ther penalties set forth in the instru and signed by an enrolled actuary,	actions, I declare that I ha as well as the electronic	ve examined this return/reversion of this return/repo	eport, including, if ap rt, and to the best of	plicable, a Schedule my knowledge and		
SIGN	S A A	r A trager	2425 10.1.18	Susan J. Isaa	cson D.D.S.			
HERE -		7) •						
Si	gnature of plan	auministrator	Date	Enter name of individ	auai signing as pian a	auministrator		
SIGN HERE								
1 6:	anature of emal	over/plan enoneor	Date	Enter name of individ	over or plan sponsor			

Ρ	age	2

Form	5500-SF	2017

	Were all of the plan's assets during the plan year invested in eligib							X Ye	es 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.)						X Ye	es 🗌 No	
								□ N-4-1	
С	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							☐ Not de	
Pa			(a) Basinning	of Voor	. 1		(h) Eno	l of Voor	
	Plan Assets and Liabilities	7-	(a) Beginning	383,			(D) E110	of Year	610,301
a	Total plan assets	7a 7b	2,	303,	121				010,501
	Total plan liabilities	7 c	2	383,	124			2	610,301
	Net plan assets (subtract line 7b from line 7a)	1 70					(b) :		010/303
8_	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	11			(b)	Total	
а	(1) Employers	8a(1)		56,	054				
	(2) Participants	8a(2)		37,	840				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		405,	354				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						•	499,248
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		261,	613				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		10,458					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							272,071
i	Net income (loss) (subtract line 8h from line 8c)	8i							227,177
j	Transfers to (from) the plan (see instructions)	8i							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 3B 3D 2A	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	les in the instr	uctions:	
Pai	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Nergram)	oluntary F	iduciary Correction	10a		Х			
t	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х			
- 0	Was the plan covered by a fidelity bond?			10c	Х			2	240,000
C	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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.)					Х			
f	Has the plan failed to provide any benefit when due under the plan?					Х			
	Did the plan have any participant loans? (If "Yes," enter amount a	s 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	he required	d notice or one of the	10i					