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

Parti	Annual Report	i identification information	1						
For calend	ar plan year 2017 or f	iscal plan year beginning 01/01/2	2017		and ending 1	2/31/2017			
A This re	turn/report is for:	X a single-employer plan			an (not multiemployer) (aployer information in ac				
		a one-participant plan	af	foreign plan				,	
B This ret	urn/report is	the first return/report	the	final return/report					
		an amended return/report	a s	hort plan year retur	n/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	au	tomatic extension		DFVC progr	ram		
		special extension (enter desc	ription)						
Part II	Basic Plan Info	ormation—enter all requested in	nformatio	on					
1a Name DANIEL J. T		401(K) PROFIT SHARING PLAN				1b Three-diplan num	nber	001	
						1c Effective	date of plan 01/01/1992		
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				2b Employe (EIN)	r Identification N 91-1542806	Number	
DANIEL J. T	rtown, state or province HACKER, DDS, PS TREE COVE DENTA	ce, country, and ZIP or foreign pos	tal code	(if foreign, see instr	ructions)	2c Sponsor's telephone number 360-297-3392			
DBA APPLE	TREE COVE DENTA	AL CENTER					s code (see instr	ructions)	
P.O. BOX C- BELLEVUE,	-96012 WA 98009-9612						621210		
3a Plan a	idministrator's name a	and address X Same as Plan Spo	nsor.			3b Administ	rator's EIN		
						3c Administ	rator's telephon	e number	
		ne plan sponsor or the plan name honsor's name, EIN, the plan name a				4b EIN			
a Spons	sor's name	•		•	·	4d PN			
C Plan N	Name								
5a Total	number of participants	s at the beginning of the plan year.				5a		10	
		s at the end of the plan year				5b		10	
		account balances as of the end of				5c		10	
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year	•		5d(1)		8	
		articipants at the end of the plan ye				5d(2)		8	
than	100% vested	o terminated employment during th				5e		0	
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report	t will be assessed	unless reasonable ca				
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a polete.							
SIGN		d/valid electronic signature.		02/27/2018	DANIEL A. THACKER	R, DDS			
HERE	Signature of plan	administrator		Date	Enter name of individ	lual signing as p	olan administrate	or	
SIGN	Filed with authorized	d/valid electronic signature.		02/27/2018	DANIEL A. THACKER	R, DDS			
HERE	l a:		Ī		I =			· · · · · · · · · · · · · · · · · · ·	

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

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6a b	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 an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes	No 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. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determine If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
a	Total plan assets	7a	289	96779				3357326	
b	Total plan liabilities	7b		0				0	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	289	96779				3357326	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) ⁷	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)	-	73569					
	(2) Participants	8a(2)	8	36220					
	(3) Others (including rollovers)	8a(3)		0					
<u>b</u>	Other income (loss)	8b	30	01058					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						460847	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		300					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						300	
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	ome (loss) (subtract line 8h from line 8c)						460547	
j_	Transfers to (from) the plan (see instructions)	8j		0					
Pa	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 3D	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les 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)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	include transactions	10b		X			
С				10c	X			40000	0
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								
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g	X		_	3000	8
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 2520.101			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 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 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

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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

P	art I	Annual Report	Identification Information								
For	calenda	ar plan year 2017 or fi	scal plan year beginning	01/01/2	017	and ending	12/	/31/2017			
A	This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan										
В	This ret	urn/report is:	the first return/report	the final return	/report						
_	11110 101	diffroport is.									
			an amended return/report	a snoπ pian ye	ear retu	rn/report (less than 12 i	months)				
С	Check b	oox if filing under:	Form 5558	automatic exte	ension			DFVC program			
D	Part II Basic Plan Information enter all requested information										
	Name	of plan	ormation enter all requested info	rmation			1h T	han digit			
ıa			DDS, PS 401(k) Profit Sha	aring Plan			p	hree-digit lan number PN) ► 001			
_								ffective date of plan 1/01/1992			
2a	Mailing	g Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. E ce, country, and ZIP or foreign postal o		see ins	tructions)	2b Employer Identification Number (EIN) 91-1542806				
	Dani	el J. Thacker,				,	2c Sponsor's telephone number (360) 297-3392				
	P.O.	Box C-96012						usiness code (see instructions) 21210			
_	US Be	llevue WA 98009-961	.2								
3a	Plan a	idministrator's name a	nd address 🗓 Same as Plan Sponso	or			3b Administrator's EIN				
							3c A	dministrator's telephone number			
4			e plan sponsor or the plan name has c nsor's name, EIN, the plan name and t				4b E	IN			
а		or's name	,,				4d P	N			
С	Plan N							•			
 5a	Total	number of participants	at the beginning of the plan year				5a	10			
b			at the end of the plan year				5b	10			
С	Numbe	er of participants with	account balances as of the end of the	plan year (only	defined	contribution plans	5c	10			
d(ticipants at the beginning of the plan y			***************************************	5d(1)	8			
d((2) Tota	al number of active par	ticipants at the end of the plan year				5d(2)	8			
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0					
Ca	aution: /	A penalty for the late	or incomplete filing of this return/re	eport will be as	sesse	d unless reasonable ca	ause is es	stablished.			
Ur SE	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.										
9	IGN	10-	- 170	2/27/	8	Daniel J. Thack	er, DD	S			
William	THE STREET	ignature of plan adn	ninistrator	Date		Enter name of individu	al signing	as plan administrator			
s	IGN	10	Ple.	2/27	68	Daniel J. Thack					
110 53	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor										

P	а	α	e	2

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	Were all of the plan's assets during the plan year invested in eligible	•	· · · · · · · · · · · · · · · · · · ·					••••••	X Yes	∐_No
	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	-			•	,			XYes	□No
	If you answered "No" to either line 6a or line 6b, the plan canno							entremel.		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section	on 40	21)?		Yes	☐ No	☐ Not d	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year					(8	See instru	ctions.)
Pa	rt III Financial Information		15.	Pla						
7	Plan Assets and Liabilities	1	(a) Beginning o	f Yea	r			(b) End o	f Year	
а	Total plan assets	7a	2,8	96,7	79				3,357,	326
<u>b</u>	Total plan liabilities	-7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	2,8	96,7	79				3,357,	326
	Income, Expenses, and Transfers for this Plan Year	SANTE OF	(a) Amount					(b) To	otal	
	Contributions received or receivable from: (1) Employers	8a(1)		73,5	69					
	(2) Participants	8a(2)		36,2		1000	(Panis)		Bull Or Sk	\$ X824
,,	(3) Others (including rollovers)	8a(3)			0	120	THE REAL PROPERTY.	, in the		123 (634)
7	Other income (loss)	8b	30	01,0	58	l de la			BELFILE	\$ BULL
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	(A) m (A) (A) (A) (A) (A) (A) (A)	H HI OX	wals				460,	847
	Benefits paid (including direct rollovers and insurance premiums	0.4			0		A SAME	SHEET SHEET	To a link	PLVN IN
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e			0			1.50-00-00		5 0 S 1 ()
	Administrative service providers (salaries, fees, commissions)	8f		2	00			eligi Kilak	100 M	
	Other expenses	8g			0	100				
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	AN REPORT OF THE PARTY OF	1 126	VOSES E	1	300			300
-	Net income (loss) (subtract line 8h from line 8c)	81	Level do linguale	1 1 1 1 1	100				460,	
	Transfers to (from) the plan (see instructions)	8j		HIII (SEPA	0	168	SARE L	ELLEGIES EN	in vini	
No. of Concession, Name of Street, or other Designation, or other	rt IV Plan Characteristics		ME IA							
	If the plan provides pension benefits, enter the applicable pension fe	eature code	s from the List of Plan C	harac	teristi	ic Co	des in th	e instructi	ons:	
	2E 2G 2J 2K 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Ch	aracte	eristic	Code	es in the	instructio	ns:	
ACC.	NACE OF THE PARTY									
Pa							Market	500		
10	During the plan year:				Yes	No	N/A		mount	
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 Vo									
	Program)	•	•	10a		x	100			
b	Were there any nonexempt transactions with any party-in-interest?						10 (V)			
Ü	reported on line 10a.)			10b		х	151.6			
C	Was the plan covered by a fidelity bond?			10c	х		1264		4	00,000
d 	Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?	•	·	10d		х	18: e			
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	ne benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	CONTRACTOR CONTRACTOR		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year er	ıd.)	10g	х		100			30,008
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruc	tions and 29 CFR	10h		x			SKI ST	A Land
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	e required	notice or one of the	10i			1501		400	
			The state of the s							

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Pari	VI Pension Funding Compliance							
11								
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12	ERISA? Yes X No							
	(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, ar granting the waiver	nd enter t Day	he date of the letter ruling Year					
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						
C	Enter the amount contributed by the employer to the plan for the 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								
Parl	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?							
C	c 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.)							
1:	c(1) Name of plan(s): 13c(2) EII	N(s)	13c(3) PN(s)					
	©							
	The state of the s							