Foi	rm 5500-SF	Short Form Annual Return/Report of Small Empl Benefit Plan				OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury rnal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R				t 2018				
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) Employee Benefits Security Administration Revenue Code (the Code).						This Form is Open to				
Pension B	Pension Benefit Guaranty Corporation Public Inspection Public Inspection Public Inspection									
Part I		Identification Information			10010010					
For calend	ar plan year 2018 or fis	cal plan year beginning 01/01/2			/30/2018	ing this hav must attach a				
A This re	turn/report is for:	a single-employer plan		mployer information in ac		ing this box must attach a ith the form instructions.)				
B This ret	urn/report is	the first return/report	the final return/report							
		rn/report (less than 12 mo	months)							
C Check	box if filing under:	Form 5558	automatic extension	[DFVC p	ogram				
	Ū	special extension (enter desci		l		ogram				
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Name					1b Three	e-digit				
SUSAN HO	LLINSWORTH DDS, P	S PROFIT SHARING PLAN & TR	UST		•	number				
				-	(PN)					
					IC Ellec	tive date of plan 12/01/1983				
Mailin	g address (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C		4	2b Employer Identification Number (EIN) 91-1177814					
-	LINSWORTH DDS, P	e, country, and ZIP or foreign post S	ai code (il foreign, see ins	tructions)	2c Sponsor's telephone number 253-631-8286					
					2d Business code (see instructions)					
13210 S.E. 240TH STREET, SUITE B-3 KENT, WA 98042						621210				
3a Plan a	dministrator's name an	id address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN				
				-						
					3C Admi	nistrator's telephone number				
		plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN					
•	sor's name				4d PN					
5a Total	number of participants	at the beginning of the plan year			5a	7				
		at the end of the plan year			5b	0				
		account balances as of the end of		-	50					
	,	ticipants at the beginning of the pl		1						
d(2) Total number of active participants at the end of the plan year					5d(2)	0				
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
Caution: A Under pen	A penalty for the late of alties of perjury and oth	or incomplete filing of this return ner penalties set forth in the instru- nd signed by an enrolled actuary, a	n/report will be assessed ctions, I declare that I hav	d unless reasonable cau e examined this return/rep	oort, includii	ng, if applicable, a Schedule				
belief, it is	true, correct, and comp	blete.				· · · · · ·				
SIGN Filed with authorized/valid electronic signature. 02/02/2019 SUSAN ADAMS HERE										
Signature of plan administrator Date Enter name of individu					vidual signing as plan administrator					
SIGN HERE		valid electronic signature.	02/02/2019	SUSAN ADAMS						
	Signature of employ	yer/plan sponsor e, see the Instructions for Form 5500	Date	Enter name of individu	ual signing a	as employer or plan sponsor Form 5500-SF (2018)				

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			-										
	N 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.)												
	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 in												
-	If "Yes" is checked, enter the My PAA confirmation number from the												
				,			(,						
Pa	rt III Financial Information		1										
7	Plan Assets and Liabilities		(a) Beginning	(b) End of Year									
a	Total plan assets	7a	173	38809			0						
b	Total plan liabilities	7b					0						
С	Net plan assets (subtract line 7b from line 7a)	7c	17	38809			0						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total						
а	Contributions received or receivable from:	- (I)		40700									
	(1) Employers	8a(1) 8a(2)		40709									
	(2) Participants		0										
<u> </u>	(3) Others (including rollovers)		0	_									
-	Other income (loss)		27360										
	C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 68069												
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	17	97193	_									
е	e Certain deemed and/or corrective distributions (see instructions) 8e												
f	Administrative service providers (salaries, fees, commissions)	8f		9685									
g	Other expenses	8g											
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1806878						
i	Net income (loss) (subtract line 8h from line 8c)	8i			-1738809								
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 $2A$ $2E$ $2F$ $3D$	feature co	odes from the List of Pl	an Cha	racteris	stic Co	des in the instructions:						
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	ic Coc	les in the instructions:						
Pa	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 Voluntary Fiduciary Correction Program)												
k	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X							
C	Was the plan covered by a fidelity bond?			10c	X		135000						
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							
				10d									

	reported on line 10a.)	10b		^	
	Was the plan covered by a fidelity bond?	10c	Х		135000
(Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	
(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	
ļ	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
ł	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	VI	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500) and line 11a below)							Y	es	K No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se SA?			of			Y	es	K No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			r th ay			letter ear	rulin	g
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Ente	r the minimum required contribution for this plan year		12b						
с	Ente	r the amount contributed by the employer to the plan for this plan year		12c						
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/	/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		No)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the				< Ye	s	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s)

05/10/2011 01:26 2536312584 SUSAN HOLLONSWORTH

Form 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Employ	ee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internel Revenue Service	This form is required to t	oe filed under sections 104	and 4065 of the Employe	8	2018
Department of Labor Employee Benefits Security Administration Pension Benefit Gueranty Corporation	Retirement Income Security the	Act of 1974 (ERISA), and Internal Revenue Code (the	ection 6057(b) and 6058 Code).	(a) of This F	orm is Open to Public Inspection
	Complete all entries in a dentification information		ictions to the Form 550)-SF.	
For calendar plan year 2018 or fisca		01/01/2018	and ending	11/30/20	
	x a single-employer plan		plan (not multiemployer) (
A This return/report is for:	a one-participant plan		employer information in a		
B This return/report is:	the first return/report	x the final return/repor	t		
. [an amended return/report	\mathbf{x} a short plan year ret	ım/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extension			program
 [special extension (enter des	cription)		<u> </u>	•
Basic Plan Infor	mation enter all requested	d information	· · ·		
1a Name of plan	mation enter all requests			1b Three-digi	t
•	DDS, PS PROFIT SHARIN	g plan & Trust		plan numt (PN) ►	001
				1c Effective of 12/01/3	
Mailing Address (include room	er, if for a single-employer plan 1, apt., suite no. and street, or F 2, country, and ZIP or foreign po	O. Box)		2b Employer	Identification Number
SUSAN HOLLINSWORTH D		Istat coos (ir ioteiĝii, ses iit			telephone number 31-8286
13210 S.E. 240TH STR	EET, SUITE B-3			2d Business 621210	code (see instructions)
US KENT WA 98042					
3a Plan administrator's name and	t address 🗴 Same as Plan S	ponsor		3b Administr	ator's EIN
				3c Administra	ator's telephone number
	plan sponsor or the plan name			4b EIN	
	sor's name, EIN, the plan name	and the plan number from	the last return/report.	4d PN	
 a Sponsor's name c Plan Name 				40 PN	
<u>,</u>				- 1	
• -	It the beginning of the plan year It the and of the plan year			5a 5b	7
· · ·	it the end of the plan year ccount balances as of the end o				0
	CCOULD BUSICES AS OF THE END C			5c	0
d(1) Total number of active partic	cipants at the beginning of the p	olan year		5d(1)	7
d(2) Total number of active partic			.,	5d(2)	Ó
	erminated employment during th			5e	0
Caution: A penalty for the late o					
Under penalties of penuty and oth SByor Schedule MBCompleted an belief, it is true, correct and comp	id signed by an enrolled actuary	ructions, I declare that I ha /, as well as the electronic,	/e.examined this return/repo retsion of this return/repo	pont including i trandito the bes	applicable, a Schedule, Normy, knowledge, and
Sin was and	alama 205	0-2/02/19	Susan	Adams	
		(Date)	Entermame of Induction		
ERE Signature of Blan admin	nistrator	L'ENSIGE	LIELIGE WEIGHER DER CHARGE AND A CHARGE AND	1661년(114년)(6666)(818)	C-CHARLEN IN THE PROPERTY INTERPROPERTY INTERP
ERC Signature of plan admin			Susan		<u>.9980.0090.9690</u>
	dans DD	0-2/0+/19		Adams	

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

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05/10/2011 01:26 2536312584 SUSAN HOLLONSWORTH PAGE Form 5500-SF 2018 Page 2 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 walver 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 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 Dot determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year _ (See Instructions.) Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Totai plan assets а 7a 1,738,809 Total plan liablilities h 7b Net plan assets (subtract line 7b from line 7a) Ζe 1,738,809 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 7 Contributions received or receivable from: (1) Employers 40.709 8a(1) (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) n .ь Other income (loss) 8b 27,360 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 68.069 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8đ 1,797,193 e Certain deemed and/or corrective distributions (see instructions) ... 8e f Administrative service providers (salaries, fees, commissions) 8f 9,685 Other expenses q 8a h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1,806,878 Net income (loss) (subtract line 8h from line 8c) 81 (1,738,809) Transfers to (from) the plan (see instructions) 8i Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2F 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions: Part Val Compliance Questions 10 During the plan year: Yes No Amount 3176 Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction x Program) ______ 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions х reported on line 10a.) 105 C Was the plan covered by a fidelity bond? 10c х 135,000 ď Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused х by fraud or dishonesty? 10d

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

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

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

2520.101-3.)

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 as of year end.)

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SUSAN HOLLONSWORTH

Form 5500-SF 2018

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Page 3 -

Part	Vi 🖞 Pension Funding Compliance			,	
1 1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500 and line 11a below)			Yes X	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 s	ection 30)2 of	 Yes 🕅	No
	CRISA?				
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver Month		iter the date Day)
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			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	. C]Yes] No 🛄 N/A	
Part	VII a Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	No No	
• •	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0
Ь	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unde control of the PBGC?	the		Yes 🗌 No	
C	E, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pl which assets or liabilities were transferred. (See instructions.)	an(s) to			
1	3c(1) Name of plan(s): 13c(2	EIN(s)		13c(3) PN(s)	