Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information										
For calend	lar plan year 2018 or fis	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018							
A This re	turn/report is for:	a single-employer plan	ingle-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									
B This reti	urn/report is											
		an amended return/report	a short plan year return	an year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	gram						
		special extension (enter descri	ription)									
Part II	Basic Plan Info	rmation—enter all requested in	formation									
1a Name		,			1b Three-	digit						
	. COPPIN, DMD, MSD	, PS 401(K) PLAN			plan nu (PN)	ımber						
					1c Effectiv	ve date of plan 01/01/2015						
		yer, if for a single-employer plan)			2b Employ	er Identification Number						
		m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		ructions)	(EIN)	61-1714480						
	. COPPIN, DMD, MSD		a. codo (rereigii, eco ine		2c Sponse	or's telephone number 360-357-9880						
					2d Busines	ss code (see instructions)						
128 LILLY R	OAD NE, STE. 105 VA 98506-7400				621399							
0 21												
3a Plan a	administrator's name ar	nd address X Same as Plan Spor	nsor.		3b Admini	strator's EIN						
					3c Administrator's telephone number							
					3C Adminis	strator's telephone number						
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN							
	sor's name		•	·	4d PN							
C Plan N	Name											
5a Total	number of participants	at the beginning of the plan year			5a	14						
b Total	number of participants	at the end of the plan year			5b	14						
		account balances as of the end of	. , , ,	•	5c	14						
d(1) Tot	al number of active par	rticipants at the beginning of the pl	an year		5d(1)	12						
d(2) Tot	tal number of active pa	d(2) Total number of active participants at the end of the plan year										
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						9						
than		terminated employment during the	e plan year with accrued be	enefits that were less	5d(2) 5e	5						
than Caution: A	100% vested	terminated employment during the	e plan year with accrued be	enefits that were less	5e	5						
Under pens SB or Sche	100% vested A penalty for the late of alties of perjury and otledule MB completed an	or incomplete filing of this return her penalties set forth in the instruent nd signed by an enrolled actuary, a	e plan year with accrued be n/report will be assessed ctions, I declare that I have	unless reasonable car examined this return/re	5e use is establi	shed.						
Under pens SB or Sche	100% vested A penalty for the late of alties of perjury and otherwise MB completed and true, correct, and complete true.	or incomplete filing of this return her penalties set forth in the instruent nd signed by an enrolled actuary, a	e plan year with accrued be n/report will be assessed ctions, I declare that I have	unless reasonable car examined this return/re	5e use is establi	shed.						
Caution: A Under pen SB or Sche belief, it is	100% vested A penalty for the late of alties of perjury and otherwise MB completed and true, correct, and complete true.	or incomplete filing of this return ther penalties set forth in the instrument signed by an enrolled actuary, a plete.	e plan year with accrued be n/report will be assessed ctions, I declare that I have as well as the electronic ver	unless reasonable car examined this return/re rsion of this return/repor	5e use is establi port, including t, and to the b	shed. , if applicable, a Schedule est of my knowledge and						
Caution: A Under pena SB or Sche belief, it is	100% vestedA penalty for the late of alties of perjury and othedule MB completed artrue, correct, and completed with authorized.	or incomplete filing of this return ther penalties set forth in the instrument signed by an enrolled actuary, a plete.	n/report will be assessed ctions, I declare that I have as well as the electronic ver	unless reasonable car examined this return/re sion of this return/repor	5e use is establi port, including t, and to the b	shed. , if applicable, a Schedule est of my knowledge and						
Caution: A Under pen. SB or Sche belief, it is SIGN HERE	100% vestedA penalty for the late of alties of perjury and othedule MB completed artrue, correct, and completed with authorized.	or incomplete filing of this return ther penalties set forth in the instruent signed by an enrolled actuary, ablete. /valid electronic signature. dministrator	n/report will be assessed ctions, I declare that I have as well as the electronic ver	unless reasonable carexamined this return/resion of this return/reportestate COPPIN Enter name of individ	5e use is establi port, including t, and to the b ual signing as	shed. , if applicable, a Schedule est of my knowledge and						

Form 5500-SF (2018) Page **2**

_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Pa	t III Financial Information	•							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
<u>a</u>	Total plan assets	7a	4	17974				465278	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	4	17974				465278	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)	4	41502	_				
	(2) Participants	8a(2)		74631					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	4	30880					
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						85253	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	29585					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		8364					
g	Other expenses	Other expenses							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			37949				
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						47304	
	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	cterist	ic Cod	les in the insti	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 contribu 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.)	t? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			450000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		10000	
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.).							724	
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
g			•	10g		X			
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 2520.10			10i					

Form 5500-SF (2018)	Page 3 - 1
1 3.111 3333 3.1 (23.13)	i ago 🗸 📑

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (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 ERISA?		:	Y	es 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, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	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?		Yes	× 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 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

2018

This Form is Open to **Public Inspection**

Part I	Annual Repor	t Identification Informati	01 /01 /0010	and ending	12/31/20	18		
or calendar	plan year 2018 or	fiscal plan year beginning	01/01/2018 a multiple-employer plan					
This retur	n/report is for:	x a single-employer plan	list of participating emp	loyer information in acc	cordance with the f	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 return/	onths)				
					DFVC program			
Check bo	x if filing under:	Form 5558	automatic extension		Di ve program			
		special extension (enter o						
Part II	Basic Plan In	formation—enter all requeste	ed information		1b Three-digit			
Name o	fplan on W. Coppir	n, DMD, MSD, PS 401	(k) Plan		plan numbe	or 001		
					1c Effective da 01/01/2			
			1			dentification Number		
B. 4 - 211 co. oc.	- ddraga (ipoluda r	ployer, if for a single-employer p com, apt., suite no. and street, c	r P.U. BOX)		(EIN) 61-1714480			
Mailing City or t	address (include r cown, state or provi	ince, country, and ZIP or foreign	postal code (if foreign, see instru	uctions)	2c Sponsor's telephone number			
Barto	on W. Coppin	n, DMD, MSD, PS			360-357-9880			
128]	Lilly Road	NE, Ste. 105			2d Business co	ode (see instructions)		
Olym			06-7400		621399			
		and address X Same as Plar	Sponeor		3b Administrator's EIN			
A 16 the w	same and/or FIN o	f the plan sponsor or the plan n	ame has changed since the last r	eturn/report filed for	4b EIN			
4 If the r this pl	an, enter the plan	sponsor's name, EIN, the plan r	ame and the plan number from t	ne last return/report.	4d PN			
	or's name				40 PN			
c Plan N	lame							
					5a			
5a Total	number of participa	ants at the beginning of the plan	year		5b			
m Niconala	of mortiologasts to	with account halances as of the	end of the plan year (only defined	Collinguitori biaria	5c			
comp	lete this item)				5d(1)			
d(1) Tot	tal number of active	e participants at the beginning o	f the plan year		= 1(0)			
d(2) To	tal number of activ	e participants at the end of the p	olan year					
e Num	ber of participants	who terminated employment du	ring the plan year with accrued b	ellellis illat were less	5e			
Caution	100% vested	ate or incomplete filing of this	s return/report will be assessed	l unless reasonable d	ause is establish	ed.		
Under per SB or Sch	alties of perjury ar edule MB complet	nd other penalties set forth in the ed and signed by an enrolled ac	s return/report will be assessed instructions, I declare that I have tuary, as well as the electronic ve	examined this return/ ersion of this return/rep	report, including, if ort, and to the bes	t of my knowledge and		
belief, it is	true, correct, and	complete.	10/1-/10	Leslie Coppi				
SIGN	lesta	la	0/0/17	Enter name of indiv		lan administrator		
HERE	Signature of p	lan administrator	Date	Citter name of filan	ridden organing do pr			
SIGN						malayar or alan enone		
HERE	Signature of e	mployer/plan sponsor	Date	Enter name of Indi	vidual signing as e	mployer or plan sponso		
Maria Carlo	Signature of e	mployer/plan sponsor	The second secon	The state of the s		Form 5500-SF (2		

	Form 5500-SF (2018)		Page 2					
	1 0111 3300-31 (2319)							
b	Were all of the plan's assets during the plan year invested in eligible 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 If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC instructions is checked, enter the My PAA confirmation number from the	n independ ind condition of use Fori surance pro	ons.) m 5500-SF and must in ogram (see ERISA sect	nstead i	use Fo	55 \[\text{Y}	Yes \[\big \] Not determine	
Pa	rt III Financial Information				_		Tarke 1 2 Value	_
7	Plan Assets and Liabilities		(a) Beginning of		_		(b) End of Year 465,2	278
а	Total plan assets	7a	4	17,97	4		405,2	
	Total plan liabilities	7b			-		465,	278
	Net plan assets (subtract line 7b from line 7a)	7c	4	17,9	/ 4		AT SHEETY IN IN	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) Total	1.000
	Contributions received or receivable from:	8a(1)		41,50)2			Si.
	(1) Employers	8a(2)		74,63	31	1		
	(2) Participants	8a(3)			0	31		
	(3) Others (including rollovers)	8b	_	30,8	30	MANUE.		
	Other income (loss)		West a this est is	1 83E V			85,	253
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00			18	14		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		29,5	85			
	Certain deemed and/or corrective distributions (see instructions)	. 8e			0	34,5		
f	Administrative service providers (salaries, fees, commissions)	. 8f		8,3				100
g					0	7/Te T	27	0.40
	Total expenses (add lines 8d, 8e, 8f, and 8g)							949
÷	Net income (loss) (subtract line 8h from line 8c)		unwersunsur Ex	1.31			4/,	304
i	Transfers to (from) the plan (see instructions)							
P	A DI Disas Characteristics							_
98	If the plan provides pension benefits, enter the applicable pension							
- k		feature co	des from the List of Plar	n Chara	cterist	ic Code	es in the instructions:	
P	art V Compliance Questions					-		_
10	During the plan year:				Yes	No	Amount	
-	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-1027 (See instructions and DOL's Program)	voluntary		10a		Х		
-	b Were there any ponexempt transactions with any party-in-intere	est? (Do no	t include transactions	10b		Х		
_	reported on line 10a.) C Was the plan covered by a fidelity bond?			10c	Х		450	,00
-	d Did the plan have a loss whether or not reimbursed by the plan	's fidelity b	ond, that was caused			Х		
	by fraud or dishonesty?			10d				
	Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so	ome or all	of the benefits under	10e	Х			72

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

2520.101-3.) 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

10f

10g

Χ

Χ

Χ

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	Form 5500-SF (2018)	Pa	ige 3 -						
Part \	/I Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum for		************	*********	******************			∐ Yes ∐	No
11a	Enter the unpaid minimum required contributions	or all years from Schedule SB (Forr	n 5500) lir	ne 40.		11a			
12	Is this a defined contribution plan subject to the m	inimum funding requirements of sec	:tion 412 (or trie				Yes X	
	If a waiver of the minimum funding standard for a	prior year is being amortized in this	***********	*********	111011111	d enter tl Day	he date (Year Year	
lf y	ou completed line 12a, complete lines 3, 9, and	I 10 of Schedule MB (Form 5500),	and skip	to line	a 13.	T T			
	Enter the minimum required contribution for this pl					12b			
	Enter the amount contributed by the employer to the	e plan for this plan year				12c			_
d	Subtract the amount in line 12c from the amount negative amount)	n line 12b. Enter the result (enter a	minus sig	n to th	e left of a	12d		□ No □ N/A	
е.	Will the minimum funding amount reported on line	12d be met by the funding deadline	?				Yes	∐ No ∐ N/A	<u>`</u>
Part									
	Has a resolution to terminate the plan been adopted						Yes	⊠ 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 participant control of the PBGC?	s or beneficiaries, transferred to and	ther plan	, or bro	ought under th	е		Yes X No	
	If, during this plan year, any assets or liabilities v	ere transferred from this plan to and	ther plan	(s), ide	entify the plan(s) to			
	which assets or liabilities were transferred.				13c(2) EIN(s)		13c(3) PN(s	;)
	13c(1) Name of plan(s):) Name of plan(s):							
-									
_									