Form 5500-SF

Department of the Treasury Internal Revenue Service

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	1								
For calenda	r plan year 2018 or fi	iscal plan year beginning 01/01/2	2018		and ending 12	2/31/2018	3				
A This retu	ırn/report is for:	X a single-employer plan			an (not multiemployer) (ployer information in ac		-				
		a one-participant plan		oreign plan	, ,,			,			
B This retur	rn/report is	the first return/report	the	final return/report							
		an amended return/report	as	hort plan year return	/report (less than 12 m	onths)					
C Check b	ox if filing under:	Form 5558	au	tomatic extension		DFV	program				
		special extension (enter desc	ription)			_					
Part II	Basic Plan Info	ormation—enter all requested in	formation	on							
1a Name o						1h ⊤	ree-digit				
	•	PLLC 401(K) RETIREMENT PLAN	J			pla	an number N) •	001			
							fective date o	•			
								1/2013			
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		//f familian and instan	t'			fication Number 100974			
•	ORENSEN, D.M.D., F	ce, country, and ZIP or foreign post PLLC	tai code	(ir foreign, see instri	uctions)	2c S	oonsor's telep	hone number 7-6089			
						2d Bu		(see instructions)			
4116 CALIFO SUITE 102	RNIA AVENUE SW					621210					
SEATTLE, WA	A 98116										
3a Dlan ad	ministrator's name a	nd address X Same as Plan Spo	ncor			3h Ac	lministrator's	FINI			
Ja i lali au	ministrator s name a	nd address A came as i lan opo	11301.			OD AC	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	LIIV			
						3c Ac	lministrator's	telephone number			
4 If the na	ame and/or EIN of the	e plan sponsor or the plan name h	as chan	ged since the last re	eturn/report filed for	4b EI	N				
this pla	in, enter the plan spo	onsor's name, EIN, the plan name a									
a Sponsoc Plan Na						4d Pi	N				
• Hanne											
5a Total n	umber of participants	s at the beginning of the plan year.				5a		10			
		s at the end of the plan year				5b		9			
		account balances as of the end of				5с		9			
d(1) Tota	I number of active pa	articipants at the beginning of the p	lan year	·		5d(1)		7			
		articipants at the end of the plan ye				5d(2)		6			
than 1	00% vested	terminated employment during the				5e		0			
		or incomplete filing of this retur									
SB or Sched		ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.									
				TRAVIS SORENSEN							
HERE	Signature of plan a	administrator		Date	Enter name of individ	ual signir	ng as plan adı	ministrator			
SIGN											
HERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	ual signir	ng as employe	er or plan sponsor			

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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 For C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	m 5500. Yes No Not determined . (See instructions.) (b) End of Year 313693
Part III Financial Information Financial Information 7 Plan Assets and Liabilities Financial Information 8 Total plan assets Financial Information 8 Total plan assets Financial Information 9 Total plan assets Financial Information 1 Total plan assets Financial Information 2 Total plan assets Financial Information 2 Total plan assets Financial Information 2 Total plan assets Financial Information 3 Total plan assets Financial Information 2 Total plan assets Financial Information 3 Total plan assets Financial Information 3 Total plan assets Financial Information 3 Total plan assets Financial Information 4 Total plan assets Financial Information 5 Total plan assets Financial Information 5 Total plan assets Financial Information 6 Total plan assets Financial Information 6 Total plan assets Financial Information 6 Total plan assets Financial Information 7 Total plan assets Financial Information 8 Total plan assets	(b) End of Year 313693
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 7a 309592 b Total plan liabilities 7b 7c 309592 c Net plan assets (subtract line 7b from line 7a) 7c 309592 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) 16326	(b) End of Year 313693
7 Plan Assets and Liabilities 7 (a) Beginning of Year a Total plan assets 7 a 309592 b Total plan liabilities 7 b 7 7	313693 313693
a Total plan assets	313693 313693
b Total plan liabilities	313693 313693
C Net plan assets (subtract line 7b from line 7a)	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	
a Contributions received or receivable from: (1) Employers	(b) Total
(1) Employers	
(2) Participants	
b Other income (loss) 8b -28298	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	15404
d Benefits paid (including direct rollovers and insurance premiums	10.10.1
to provide benefits)	
e Certain deemed and/or corrective distributions (see instructions) 8e	
f Administrative service providers (salaries, fees, commissions) 8f 3517	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	11303
i Net income (loss) (subtract line 8h from line 8c)	4101
j Transfers to (from) the plan (see instructions)	
Part IV Plan Characteristics	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic (2A 2E 2J 2K 3D	Codes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Co	odes in the instructions:
Part V Compliance Questions	_
10 During the plan year: Yes No	Amount
 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?	50000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
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 2520.101-3.)	
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	

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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 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

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.

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan A This return/report is for: list of participating employer information in accordance with the form instructions.) a foreign plan a one-participant plan B This return/report is the first return/report the final return/report a short plan year return/report (less than 12 months) an amended return/report C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number Travis A. Sorensen, D.M.D., PLLC 401(k) Retirement Plan (PN) • 1001 1c Effective date of plan 01/01/2013 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 20-5100974 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Travis A. Sorensen, D.M.D., PLLC 206-937-6089 2d Business code (see instructions) 4116 California Avenue SW Suite 102 Seattle 98116 621210 3b Administrator's EIN 3a Plan administrator's name and address X Same as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4d PN C Plan Name 5a 10 5a Total number of participants at the beginning of the plan year 5_b 9 b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 9 complete this item) 5d(1) 7 d(1) Total number of active participants at the beginning of the plan year 6 5d(2) 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 0 than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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.

Signature of employer plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Signature of plan administrator

SIGN HERE

SIGN HERE

Enter name of individual signing as employer or plan sponsor Form 5500-SF (2018)

Travis Sorensen

Travis Sorensen

Enter name of individual signing as plan administrator

06/20

06/2

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b	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	an indepe	ndent qualified public a	account	ant (IC	PA)		_	Yes No
C	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 the	nsurance p	rogram (see ERISA se	ection 4	021)?	[Yes No		determined
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year	. [(b) En	d of Year	·
а	Total plan assets	7a		309,	_				313,693
	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		309,	592				313,693
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it			(b)	Total	
	Contributions received or receivable from: (1) Employers	8a(1)		16,	-	·			
	(2) Participants	8a(2)		27,	376				
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b		-28,	298				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							15,404
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7,	786				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		3,	517				.,
<u>g</u>	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				11,303
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)								4,101
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions	:
p	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	
Part	V Compliance Questions								
10	During the plan year:		-		Yes	No		Amoun	t
a	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	oluntary F	iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		х	_		
С	Was the plan covered by a fidelity bond?			10c	Х				50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as 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			10i					

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Do-4 \/	A Demois Sunding Compliance									
Part V										
11 (s this a defined benefit plan subject to minimum funding requirements? (If "Yes," s Form 5500) and line 11a below)	ee instruct	ions an	d complet	e Sche	edule S	B 		Yes	<u></u> №
11a I	Enter the unpaid minimum required contributions for all years from Schedule SB (F	om 5500)	line 40)		11a				
	Is this a defined contribution plan subject to the minimum funding requirements of ERISA?								Yes	X N
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				_					
	f a waiver of the minimum funding standard for a prior year is being amortized in the granting the waiver.				s, and	enter Da		of the le Yea		ng
lf yo	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550)), and ski	ip to lir	1e 13.						
bΕ	nter the minimum required contribution for this plan year					12b		·		
C E	nter the amount contributed by the employer to the plan for this plan year					12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)		_			12d				
e \	Will the minimum funding amount reported on line 12d be met by the funding dead	ine?					Yes	☐ No	\	I/A
Part V	II Plan Terminations and Transfers of Assets									
13a I	Has a resolution to terminate the plan been adopted in any plan year?						Ye	s 🗵	No	
	f "Yes," enter the amount of any plan assets that reverted to the employer this yea	۲				13a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to a control of the PBGC?						,	Yes	X No)
	f, during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred.	nother plai	n(s), ide	entify the p	lan(s)	to				
13	c(1) Name of plan(s):			1	3c(2)	EIN(s)		130	(3) PN	(s)
				-	_					
	· · · · · · · · · · · · · · · · · · ·									