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 A	Annual Report I	dentification information	1								
For calendar p	olan year 2018 or fisc	cal plan year beginning 01/01/2	2018		and ending 12	2/31/20	18				
A This return	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	_	oreign plan	, ,,			,			
B This return/	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 box	if filing under:	Form 5558	au	tomatic extension		DF\	/C program				
		special extension (enter desc	ription)								
Part II E	Basic Plan Infor	mation—enter all requested in	nformatio	on							
1a Name of p						1b ·	Three-digit				
		S. CASH BALANCE PLAN				1	plan number (PN)	003			
							Effective date o	f plan			
							01/0	1/2016			
		er, if for a single-employer plan) , apt., suite no. and street, or P.C	O Box)					fication Number			
		, country, and ZIP or foreign post		(if foreign, see instru	uctions)		,	127880			
THEODORE D.	HAINES, D.D.S., P.	S.				20 .	Sponsor's telep 360-568				
						2d 1	Business code (see instructions)			
810 AVENUE D SNOHOMISH, V	VA 98290-2385						6212	210			
,											
3a Plan admi	inistrator's name and	d address X Same as Plan Spor	nsor.			3b /	Administrator's	EIN			
						20	۸ - اسمانی امانی ۱				
						30 /	Administrators	telephone number			
		plan sponsor or the plan name has sor's name, EIN, the plan name a				4b	EIN				
a Sponsor's		sor o namo, En i, mo piam namo e	and the	pian nambor nom un	o laot rotalii/roporti	4d PN					
C Plan Nam	е										
						-	.				
_		at the beginning of the plan year.				5a 5b		8			
		at the end of the plan year ccount balances as of the end of						10			
						5c					
d(1) Total n	umber of active parti	icipants at the beginning of the pl	lan year			5d(-	8			
		icipants at the end of the plan ye				5d(2)	0			
• Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0					
		r incomplete filing of this retur									
SB or Schedul		er penalties set forth in the instru d signed by an enrolled actuary, a lete.									
		alid electronic signature.		06/28/2019	THEODORE HAINES						
HERE	ignature of plan ad	ministrator		Date	Enter name of individ	ual sigr	ning as plan adr	ministrator			
SIGN											
HERE	ignature of employ	er/plan sponsor		Date	Enter name of individ	ual sigr	ning as employe	er or plan sponsor			

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_	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No
D	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						. —	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	lan yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Er	d of Year
а	Total plan assets	7a	5	13861				673344
b	Total plan liabilities	7b		0				0
C	Net plan assets (subtract line 7b from line 7a)	7c	5	13861				673344
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b	Total Total
a	Contributions received or receivable from: (1) Employers	8a(1)	1	76530				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	-	17047				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						159483
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						159483
j	Transfers to (from) the plan (see instructions)	8j		0				
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 1C 3H	feature co	des from the List of Plant	an Cha	racteri	stic Co	des in the ir	nstructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in the ins	structions:
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)			10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X		
С				10c	X			400000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	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				

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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	X Ye	es 🗌 No			
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Y6	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 letter _ Year	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	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?		X Yes	No	ı			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			(
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
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)			

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Pension Benefit Guaranty Corporation

Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

b For terminated vested participants	Fo	or calendar plan year 2018 or fiscal plan year beginning 01/01/2018		and endin	g 12/3	31/2018	
A Name of plan THEODORE D. HAINES, D.D.S., P.S. CASH BALANCE PLAN C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THEODORE D. HAINES, D.D.S., P.S. D Employer Identification Number (EIN) 91-1127880 E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assets: a Market value	•	Round off amounts to nearest dollar.					
THEODORE D. HAINES, D.D.S., P.S. CASH BALANCE PLAN Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN) 91-1127880 E Type of plan:	•	Caution: A penalty of \$1,000 will be assessed for late filing of this report unles	s reasonable cau	se is established	d.		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THEODORE D. HAINES, D.D.S., P.S. E Type of plan:				B Three-dig	git		
E Type of plan: Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date:		THEODORE D. HAINES, D.D.S., P.S. CASH BALANCE PLAN		plan num	ber (PN) •	003
E Type of plan: Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date:							
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assats: 2 2a 496527 3 Funding target/participant count breakdown 5 Funding target/participants and beneficiaries receiving payment. (1) Number of participants and beneficiaries receiving payment. (2) Vested Funding Target Target Target Control of the participants and beneficiaries receiving payment. (1) Number of participants and beneficiaries receiving payment. (2) Vested Funding Target Target Control of the Participants (2) Funding target disregarding prescribed at-risk assumptions. (3) Total Funding Target and Section (3) Total Funding Target Control of Total (3) Funding target disregarding prescribed at-risk assumptions. (4) If the plan is in at-risk status, check the box and complete lines (a) and (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	Identific	ation Number (E	in)
Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assets: a Market value. b Actuarial value 2 Taget September 1 September 2 September 3 Sept		THEODORE D. HAINES, D.D.S., P.S.			91-112	27880	
Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assets: a Market value. b Actuarial value 2 Taget September 1 September 2 September 3 Sept							
1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assets:	E	Type of plan: Single Multiple-A Multiple-B	r year plan size: 🔀	100 or fewer	101-	500 More th	an 500
2 Assets: a Market value	F	Part I Basic Information					
a Market value		Enter the valuation date: Month 12 Day 31	Year <u>2018</u>				
b Actuarial value	2	Assets:					
3 Funding target/participants count breakdown a For retired participants and beneficiaries receiving payment. b For terminated vested participants. c For active participants. d Total. d Total. a Funding target disregarding prescribed at-risk assumptions. b Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate. 5 A 92 % 6 Target mormal cost. 5 A 4.92 % 6 Target normal cost. 5 A 4.92 % 6 Target normal cost. Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments if any, is complete and accurate. Each prescribed assumption was applied in combination, offer my best estimate of anticipated experience under the plan. Signature of actuary KEVIN I. ABRAHAMS Type or print name of actuary RETIREMENT HORIZONS, INC. Firm name Firm name Firm name Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		a Market value			2a		496527
a For retired participants and beneficiaries receiving payment		b Actuarial value					496527
b For terminated vested participants	3	Funding target/participant count breakdown	` '				
C For active participants 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		a For retired participants and beneficiaries receiving payment		0		0	0
d Total		b For terminated vested participants		10		486432	486432
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		C For active participants		0	0		0
a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate. 5 A.92 % 6 Target normal cost. To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, ofter my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Signature of actuary Date KEVIN I. ABRAHAMS 17-07962 Type or print name of actuary Most recent enrollment number RETIREMENT HORIZONS, INC. 281-296-1110 Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		d Total		10		486432	486432
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate	4	If the plan is in at-risk status, check the box and complete lines (a) and (b)					
at-risk status for fewer than five consecutive years and disregarding loading factor		a Funding target disregarding prescribed at-risk assumptions			4a		
5 4.92 % 6 Target normal cost					4b		
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Signature of actuary Date KEVIN I. ABRAHAMS 17-07962 Type or print name of actuary Most recent enrollment number RETIREMENT HORIZONS, INC. 281-296-1110 Firm name Telephone number (including area code) SUITE 150 THE WOODLANDS, TX 77380-1108 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	5				_		4.92 %
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN	6	Target normal cost			6		186537
accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE	Sta	tement by Enrolled Actuary				•	
Signature of actuary Signature of actuary Date KEVIN I. ABRAHAMS Type or print name of actuary Most recent enrollment number RETIREMENT HORIZONS, INC. 281-296-1110 Firm name Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (tak					
Signature of actuary KEVIN I. ABRAHAMS Type or print name of actuary Most recent enrollment number RETIREMENT HORIZONS, INC. 281-296-1110 Firm name Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see							
Type or print name of actuary RETIREMENT HORIZONS, INC. Firm name Print name Address of the firm Telephone number (including area code) Address of the firm Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		HERE				02/20/201	9
Type or print name of actuary RETIREMENT HORIZONS, INC. 281-296-1110 Firm name Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		g ,				Date	
RETIREMENT HORIZONS, INC. Firm name Telephone number (including area code) SUITE 150 THE WOODLANDS, TX 77380-1108 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	k						
Firm name 2201 TIMBERLOCH PLACE SUITE 150 THE WOODLANDS, TX 77380-1108 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see					Most i		
2201 TIMBERLOCH PLACE SUITE 150 THE WOODLANDS, TX 77380-1108 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	F						
SUITE 150 THE WOODLANDS, TX 77380-1108 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	2			Te	lephone	number (includ	ing area code)
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	5	SUITE 150					
		Address of the firm		_			
			statute in completi	ing this schedule	e, check	the box and see	·

Schedule SB (Form 5500) 2018	Page 2 - [

P	art II	Begin	ning of Year	Carryov	er and Prefunding E	Bala	ances						
					<u> </u>			(a) C	arryover balanc	е	(b) F	refundir	g balance
7		•	0 , ,		able adjustments (line 13 f					0			0
8				,	nding requirement (line 35					0			0
9													
10	10 Interest on line 9 using prior year's actual return of 14.28 %												
11	Prior yea	r's exces	s contributions to	be added t	to prefunding balance:								
	a Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)					•			45821
					over line 38b from prior you interest rate of4.85								0
	` '		•	•	dule SB, using prior year's								0
	C Total a	vailable a	t beginning of curre	ent plan yea	r to add to prefunding balan	ce							45821
	d Portion	n of (c) to	be added to prefu	unding bala	ance								0
12	Other red	ductions i	n halances due to	elections	or deemed elections					0			0
					ine 10 + line 11d – line 12					0			0
	Part III		ding Percenta		mo to time tra line 12,	,				U			
		_		<u> </u>								14	102.07%
												15	100.02%
			<u> </u>		of determining whether car								100.02 /6
					whether can							16	109.85%
17	If the cur	rent value	e of the assets of t	the plan is	less than 70 percent of the	e fur	nding target,	enter suc	h percentage			17	%
	art IV		tributions and	•	_ ·								
18					ar by employer(s) and emp	oloye		_ 1	(b) Amount		1 4-	\ \ \ \ = \	t maid by
(1	(a) Date MM-DD-Y		(b) Amount pa employer((c) Amount paid by employees				a) Date (b) Amount employed			emplo	it paid by yees
1	2/14/2018	}		128000	0)							
C	1/29/2019)		48530	0)							
						+	Totals ▶	18(b)		17650	0 18(c)		
19	Diagount	ad ampla	vor contributions	ooo inatri	uations for small plan with				boainning of the	17653	10(0)		U
19		•	•		uctions for small plan with num required contributions					19a			0
	_				usted to valuation date					19b			0
				•	red contribution for current y					19c			176632
20			tions and liquidity		rea contribution for current y	Cai	adjusted to vi	aluation u	atc	130			170032
	-				e prior year?								Yes X No
	b If line	20a is "Y	es," were required	quarterly i	installments for the current	yea	ar made in a	timely ma	anner?				Yes No
	C If line	20a is "Ye	es," see instruction	ns and com	nplete the following table a	s ap	pplicable:						
		(4)	,		Liquidity shortfall as of e	nd c	of quarter of t					(4)	
		(1) 1st	Į.		(2) 2nd			(3)	3rd			(4) 4th	
							<u> </u>						

P	Part V Assumptions Used to Determine Funding Target and Target Normal Cost									
	Part V Assumptions Used to Determine Funding Target and Target Normal Cost 21 Discount rate:									
~ I	a Segment rates: 1st segment: 3.92% 2nd segment: 3.92% 3rd segment: 0.29 % N/A, full yield curve used									
	h Applicable month (enter code)		0							
22	2 / Applicable illerial (cities code)									
					<u> </u>					
23	Mortality table(s) (see instruction	,								
		Current regulatio	n: X Prescribed - combi	ned Prescribed	d - separat	te Substitute				
Pa	art VI Miscellaneous Ite	ms								
24	Has a change been made in the attachment.									
25	Has a method change been mad	de for the current plan ye	ear? If "Yes," see instructions re	egarding required attach	ment					
26	Is the plan required to provide a	Schedule of Active Part	ticipants? If "Yes," see instruction	ns regarding required a	ttachmen	t				
27	If the plan is subject to alternativ		• •	ons regarding	27	- -				
Pa			n Required Contributions	s For Prior Years						
28	Unpaid minimum required contril	butions for all prior years	S		28	0				
29	Discounted employer contributio (line 19a)				29	0				
30	Remaining amount of unpaid min	nimum required contribu	utions (line 28 minus line 29)		30	0				
Pa	art VIII Minimum Requir	ed Contribution F	or Current Year							
31	Target normal cost and excess a	assets (see instructions)):							
	a Target normal cost (line 6)				31a	186537				
	b Excess assets, if applicable, b	ut not greater than line	31a		31b	10095				
32	Amortization installments:			Outstanding Bala	nce	Installment				
	a Net shortfall amortization insta	Ilment			0	0				
	b Waiver amortization installmen				0	0				
33	If a waiver has been approved for (Month Day		he date of the ruling letter grantin $_$) and the waived amount		33					
34	Total funding requirement before	e reflecting carryover/pre	efunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34 1764					
			Carryover balance	Prefunding balan	ice	Total balance				
35	Balances elected for use to offse requirement	•	0		0	0				
36	Additional cash requirement (line	e 34 minus line 35)			36	176442				
37										
38	38 Present value of excess contributions for current year (see instructions)									
	a Total (excess, if any, of line 37 over line 36)									
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances									
39										
40										
Pai	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)									
41	41 If an election was made to use PRA 2010 funding relief for this plan:									
	a Schedule elected									
	b Eligible plan year(s) for which the election in line 41a was made									

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Theodore D. Haines, D.D.S., P.S. Cash Balance Plan 91-1127880 / 003

For the plan year 01/01/2018 through 12/31/2018

Valuation Date: 12/31/2018

As prescribed in IRC Section 430 Funding Method:

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	2.50
Segment 2	6 - 20	3.92
Segment 3	> 20	4.50

Segment rates as of September 30, 2017 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA							
Segment #	Year	Rate %					
Segment 1	0 - 5	3.92					
Segment 2	6 - 20	5.52					
Seament 3	> 20	6.29					

Pre-Retirement - Mortality Table -None

> Early Retirement Table - None Turnover Table -None Disability Table -None Salary Scale -None

Interest Credit Rate -Current Yr - 5% Projected Yrs - 5%

Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -18C - 2018 Combined

> Cost of Living -None

Asset Valuation Method:

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

8.5% Pre-Retirement - Interest -CB Projection Rate - 5%

Post-Retirement - Interest -

Mortality Table -G71M - 1971 Group Annuity (male)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Theodore D. Haines, D.D.S., P.S. Cash Balance Plan 91-1127880 / 003 For the plan year 01/01/2018 through 12/31/2018

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

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

For calendar plan year 2018 of	or fiscal plan year beginning	01/01/2018	and ending	12/31/2	2018	
A This return/report is for:	X a single-employer plan		olan (not multiemployer) (mployer information in ac			
D water makes a few and the	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 retu	rn/report (less than 12 m	onths)		
C Check box if filing under:	Form 5558	automatic extension		DFVC progra	m	
	special extension (enter des	· · · · · · · · · · · · · · · · · · ·				
	nformation—enter all requested in	nformation				
1a Name of plan				1b Three-digi	1	
Theodore D. Hai	nes, D.D.S., P.S. Casl	n Balance Plan		plan numb (PN) ▶	003	
				1c Effective of 01/01/		
Mailing address (include:	ployer, if for a single-employer plan) room, apt., suite no. and street, or P.	O. Box)			Identification Number 1127880	
	rince, country, and ZIP or foreign pos nes, D.D.S., P.S.	stal code (if foreign, see ins	tructions)	2c Sponsor's 360-56	telephone number 8 - 8 5 7 7	
810 Avenue D				2d Business o	code (see instructions)	
Snohomish	WA 98290	-2385		621210		
3a Plan administrator's name	and address 🏻 Same as Plan Spo	onsor.		3b Administrator's EIN		
				3c Administra	tor's telephone number	
	the plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN		
a Sponsor's name	,	,		4d PN		
C Plan Name						
5a Total number of participa	nts at the beginning of the plan year			5a	8	
b Total number of participa	nts at the end of the plan year			5b	10	
	th account balances as of the end of			5c		
d(1) Total number of active	participants at the beginning of the p	lan year		5d(1)	8	
, ,	participants at the end of the plan ye		<u> </u>	5d(2)	0	
than 100% vested	no terminated employment during the			5e	0	
	other penalties set forth in the instru					
SB or Schedule MB completed belief, it is true, correct, and co	and signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/report	, and to the best	of my knowledge and	
SIGN MON	Jh.	10.78.19	THEODORE HAINE	S		
HERE Signature of pla	administrator	Date	Enter name of individu	al signing as pla	n administrator	
SIGN HERE						
Signature of emi	oloyer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor	

_			
Form	5500	-SF	(2018)

Ρ	ao	е	2

b	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC i	f an indepe r and condi n <mark>ot use</mark> Fo	ndent qualified public tions.) orm 5500-SF and mu	accour	ntant (i ead us	QPA) e Forn	n 5500.	. 🛚 🖾	Yes No
v	If "Yes" is checked, enter the My PAA confirmation number from the								determined nstructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ır		(b) End	d of Year	
a	Total plan assets	. 7a			861				673,344
b	Total plan liabilities	. 7b			0				0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		513	,861				673,344
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt			(b)	Total	***************************************
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		176,	530				
	(2) Participants	8a(2)		·	0	······································			
	(3) Others (including rollovers)	8a(3)			0				·
	Other income (loss)	8b		-17,	047				
d d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d			0	······································	· · · · · · · · · · · · · · · · · · ·		159,483
е	Certain deemed and/or corrective distributions (see instructions)	8e			o				
	Administrative service providers (salaries, fees, commissions)	8f			o				
	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		····					0
i	Net income (loss) (subtract line 8h from line 8c)	8i							159,483
j	Transfers to (from) the plan (see instructions)	8j			0				
Par	t IV Plan Characteristics				L				
9a	If the plan provides pension benefits, enter the applicable pension ${\tt 1C\ 3H}$								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Char	acteris	tic Cod	les in the instr	uctions:	
Pari	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	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 Fi	duciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not ii	nclude transactions	10b		х			
C	Was the plan covered by a fidelity bond?			10c	Х				400,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	er persons e or all of t	by an insurance he benefits under	10e		х			-
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	. **:		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-er	nd.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (32520.101-3.)	See instruc	tions and 29 CFR	10g 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 2520.101	e required	notice or one of the	10i					

Form 5500-SF (2018)	Page 3 -		···	
Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum fur (Form 5500) and line 11a below)	nding requirements? (If "Yes," see instructions and	d complete Sche	dule SE	X Yes No
11a Enter the unpaid minimum required contributions for			11a	0
12 Is this a defined contribution plan subject to the mir ERISA?	nimum funding requirements of section 412 of the			Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, a If a waiver of the minimum funding standard for a prigranting the waiver.	ior year is being amortized in this plan year, see in	nstructions, and	enter th	ne date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 1	0 of Schedule MB (Form 5500), and skip to line	⇒ 13.	Day	100
b Enter the minimum required contribution for this plan			12b	
C Enter the amount contributed by the employer to the			12c	
Subtract the amount in line 12c from the amount in line negative amount)	ine 12b. Enter the result (enter a minus sign to the	e left of a	12d	
e Will the minimum funding amount reported on line 1	2d be met by the funding deadline?			Yes No N/A
Part VII Plan Terminations and Transfers o		· · · · · · · · · · · · · · · · · · ·		
13a Has a resolution to terminate the plan been adopted in a	any plan year?		[2	X Yes No
If "Yes," enter the amount of any plan assets that re			13a	
b Were all the plan assets distributed to participants o control of the PBGC?	r beneficiaries, transferred to another plan, or brou			Yes X No
C If, during this plan year, any assets or liabilities were which assets or liabilities were transferred.		ntify the plan(s) t	0	
13c(1) Name of plan(s):		13c(2) E	:IN(s)	13c(3) PN(s)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ File as an attachme	ant to Farm FEOD or I	EE00 CE		
For	calendar plan year 2018 or fiscal p			and ending	12/31/2	018
	cound off amounts to nearest do		,	arra orranig	,,	010
		e assessed for late filing of this report	unless reasonable ca	use is established	1.	
900 1000	ame of plan	o account of the ming of the reper-		B Three-digit		
	M	, P.S. Cash Balance Plan		plan numbe		003
	,4010 2	,		,		
		* ************************************				
C PI	an sponsor's name as shown on I	ine 2a of Form 5500 or 5500-SF		D Employer Ide	entification Nu	mber (EIN)
The	odore D. Haines, D.D.S.	, P.S.		91	-1127880	
	· · · · · · · · · · · · · · · · · · ·					
E Ty	pe of plan: X Single Multipl	e-A Multiple-B	Prior year plan size:	100 or fewer]101-500	More than 500
Pa	rt I Basic Information					
1	Enter the valuation date:	Month 12 Day 31	Year 2018	***************************************		
2	Assets:					
_					2a	496,527
				-	2b	496,527
3	Funding target/participant count to	oreakdown.	(1) Number of	(2) Vested	Funding	(3) Total Funding
•	r anding target participant country	orcandown.	participants	Targ		Target
			0		0	0
	a For retired participants and ber	neficiaries receiving payment				486,432
	b For terminated vested participa	ants	10		486,432	
	c For active participants		0		0	0
	d Total		10		486,432	486,432
4	If the plan is in at-risk status, che	eck the box and complete lines (a) and	(b)			
	a Funding target disregarding pre	escribed at-risk assumptions	•••••	· · · · · · L	4a	
	- 0 0 0	assumptions, but disregarding transit		have been in	4b	
		five consecutive years and disregarding				
_5					5	4.92 %
6			•••••		6	186,537
	ement by Enrolled Actuary	oplied in this schedule and accompanying schedule	as statements and attachmen	ate if any is complete a	nd accurate Each	prescibed assumption was applied in
acco		In my opinion, each other assumption is reasonable				
S	IGN	1/1			- 1-	1
Н	ERE	V 1			2/10	12019
	;	Signature of actuary	*			Date
	Kevin I. Abraha	ms			17-0	7962
	Туре	or print name of actuary			Most recent e	nrollment number
	Retirement Hori	zons, Inc.			(281) 2	96-1110
		Firm name		Tele	ephone numbe	er (including area code)
	2201 Timberloch	Place			T _d	,
	Suite 150					
	US The Woodlands	TX 77380-1108	1255 D			
		Address of the firm				
If the	actuary has not fully reflected any	regulation or ruling promulgated under	er the statute in compl	leting this schedul	e, check the b	ox and see

Page 2		

Par	rt II Beg	inning of Year Carryov	er and Prefunding Bala	nces						
					(a) C	arryover balance		(b) F	Prefundi	ng balance
7			icable adjustments (line 13 fror				0			0
8			funding requirement (line 35 fro				0			0
9	Amount rema	ining (line 7 minus line 8)					0			0
10			turn of <u>14.28</u> %	1075		-	0			0
11		xcess contributions to be adde								
	a. manana.		ne 38a from prior year)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		45,821
			8a over line 38b from prior yea				9200			
			ive interest rate of 4.85							0
	100	on line 38b from prior year 30	hedule SB, using prior year's a	ictuai			T. T.			0
										4F 001
			an year to add to prefunding ba							45,821
		· /	palance							
			ns or deemed elections				0			0
13	Balance at be	eginning of current year (line 9	+ line 10 + line 11d - line 12)	•••••			U			0
		unding Percentages				4 4 4 4 4				
14	Funding targe	et attainment percentage		••••••			•••••	•••••	14	102.07 %
			ge						15	100.02 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement 109.85					109.85 %				
17	If the current	value of the assets of the plan	is less than 70 percent of the f	funding ta	arget, enter	such percentage	••••		17	%
Pa	rt IV C	ontributions and Liquid	dity Shortfalls							
	313 No. 1 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a		year by employer(s) and emplo	yees:						
	(a) Date M-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date D-YYYY)	(b) Amount employ				unt paid by oyees
12,	/14/2018	128,000								
01,	/29/2019	48,530				- 100 NO 100				1100000
				8_3						
									consist and	
1. 37 - 52										
				Totals	▶ 18(b)		176,5	30 18(c)	0
19	Discounted e	employer contributions see in	structions for small plan with a	valuatio	n date after	the beginning of t	he year:			
			inimum required contributions f			r	19a			0
	b Contribution	ons made to avoid restrictions	adjusted to valuation date				19b			0
			required contribution for currer				19c			176,632
20		ntributions and liquidity shortfa			<u> </u>					
	5.		r the prior year?				٠٠٠٠٠٠٠		Г	Yes X No
			rly installments for the current y						Г	Yes No
						,	1			
-	c if line 20a	is yes, see instructions and	complete the following table as Liquidity shortfall as of end		Transport of the second	n vear				
	(1)	1st	(2) 2nd	J. gaarte	(3)	3rd		1	(4) 41	h
										590

Pa	rt V Assumption	ons Used To Determine	Funding Target and Targ	et Normal Cost		
	Discount rate:		3 3			
	a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %)	N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22					22	65
recover	Mortality table(s) (se		ation: Prescribed - con	nbined Prescrib	oed - separ oed - separ	
Par	t VI Miscellane	eous items				
24	Has a change been i	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	instruction	ns regarding required
	attachment					
25	Has a method chang	e been made for the current p	lan year? If "Yes," see instructions	regarding required attac	chment .	Yes X No
26	Is the plan required t	o provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	l attachmei	nt Yes X No
27	1000 1 3000 1 100 5 100 100 100 100 100 100 100		ter applicable code and see instru		27	
Par		Z. Park Control Contro	ım Required Contribution			with the transfer of the second of the secon
28			years		28	0
29			d unpaid minimum required contrib			
	£1 150			20 90	29	0
30	Remaining amount of	of unpaid minimum required co	ntributions (line 28 minus line 29)		30	0
Pai	t VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost a	and excess assets (see instruc	tions):			
	a Target normal cost	t (line 6)			31a	186,537
	b Excess assets, if a	applicable, but not greater than	line 31a		31b	10,095
32	Amortization installm	nents:		Outstanding Bala	ance	Installment
	a Net shortfall amort	ization installment			0	0
	b Waiver amortization	on installment			0	0
33			nter the date of the ruling letter gra) and the waived amount .		33	
34	Total funding requirer	ment before reflecting carryove	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	176,442
			Carryover balance	Prefunding Bala	ance	Total balance
35	Balances elected for requirement	use to offset funding	0		0	0
36	Additional cash requ	irement (line 34 minus line 35)			36	176,442
37			contribution for current year adjuste		37	176,632
38	Present value of exc	ess contributions for current y	ear (see instructions)			
	a Total (excess, if ar	ny, of line 37 over line 36)			38a	190
	b Portion included in	line 38a attributable to use of	prefunding and funding standard of	carryover balances	38b	0
39	Unpaid minimum red	quired contribution for current y	vear (excess, if any, of line 36 over	line 37)	39	0
40	Unpaid minimum red	quired contributions for all year	s		40	0
Pai	rt IX Pension	Funding Relief Under	Pension Relief Act of 2010	(See Instructions)	
41	If an election was ma	de to use PRA 2010 funding re	elief for this plan:			
	a Schedule elected					2 plus 7 years 15 years
	b Fligible plan year(s	s) for which the election in line	41a was made		. 🗆 20	08

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Theodore D. Haines, D.D.S., P.S. Cash Balance Plan 91-1127880 / 003 For the plan year 01/01/2018 through 12/31/2018

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, Part V Summary of Plan Provisions

Theodore D. Haines, D.D.S., P.S. Cash Balance Plan 91-1127880 / 003

For the plan year 01/01/2018 through 12/31/2018

Employer: Theodore D. Haines, D.D.S., P.S.

Type of Entity - S Corporation

EIN: 91-1127880 Plan #: 003 Plan Type: Cash Balance

Dates: Effective - 01/01/2016 Year end - 12/31/2018 Valuation - 12/31/2018

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits

Pay Credits - Classification Pay Credit Formula

A 112% of compensation limited to \$300,000
B 100% of compensation limited to \$36,000
C 100% of compensation limited to \$49,000
E 2% of compensation limited to \$700

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) plan actuarial equivalence interest and mortality

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$220,000

Maximum 401(a)(17) compensation - \$275,000

Normal Form: Life Annuity
Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.

Service is calculated using all years of service

<u>Present Value of Accrued Benefit:</u> Based on the Hypothetical Account Balance.

Schedule SB, Part V Summary of Plan Provisions

Theodore D. Haines, D.D.S., P.S. Cash Balance Plan 91-1127880 / 003

For the plan year 01/01/2018 through 12/31/2018

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 18E - 2018 Applicable Mortality Table for 417(e) (unisex)