2018           Construct diver expendence of the finance Social VI Are finance VI Are fina	Foi	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emplo	OMB Nos. 1210-0110 1210-0089				
Descense of Locs         Descense of Locs         This Reveal Careform           Part I         Annual Report Identification Information         and ending Language         and ending Language         and ending Language         Language         and ending Language         Language         and ending Language         Languagee         Language         Language			This form is required to be file	2019			2018			
A This return/eport is and general topic all entries in accordance with the instructions to the Form \$500.5F.     Part I Annual Report Identification Information     For calcular plan year 2010 or fiscal plan year beaming     1010/2018     and ending     1231/2018     and ending     1231/2018     and ending     1231/2018     an amended return/eport     a anipe-employer plan     be final return/report     a an one participant plan     the final return/report     a an amended return/report     a short plan year return/report (less than 12 months)     C Check tos if filing under         Form 5558         a goods to the all plan topic return requested information     Ta Mane of plan     Tak Ame     Tak Ame			Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Inter			Internal This Form is Open to				
For calcular planeyser 2018 or fiscal planeyser beginning       0.012018       and and planets       123120218         A This return/eport is for:       a single-employer plan       Imultiple-employer plane (for consulting-employer plane)       Imultiple-employer plane (for consulting-employer plane)       Imultiple-employer plane (for consulting-employer plane)         B This return/eport is       in the first return/report       a short plan year return/eport (fees than 12 months)         C Check box if fling under:       Form 5558       into return/eport (fees than 12 months)         Part II       Basic Plan Informationenter al requested information       1b Three-digit plan number         10 First eturn/eport is none of plan       Implanet address of plan       002         11 First eturn/eport is none of plan       Into a single-employer plan (for a single-employer plan)       002         12 First eturn (for a single-employer plan)       002       002       002         12 First eturn (for a single-employer plan)       002       002       002         13 None of plan       002       002       002       02         14 None of plan       003 and streaded of first eturn/report       1b Administrator's single of eterging see instructions)       002         14 Or Hot sees of plan       003 and streaded of first eturn/report files of eterging see instructions)       022       02       02	Pension B	enefit Guaranty Corporation	Complete all entries in	accordance with the inst	tructions to the Form 55	500-SF.	Public Inspection			
A       This return/report is for: <ul> <li>a single-employer plan</li> <li>b files durching this box must attach a is of participating employer information in accordance with the form instructions.)</li> <li>b This return/report is</li> <li>a one-participant plan</li> <li>b foreign plan</li> </ul> B This return/report is <ul> <li>a one-participant plan</li> <li>b foreign plan</li> <li>b foreign plan</li> <li>c foreign plan</li> <li>b foreign plan</li> <li>c foreign plan</li> <li>b foreign plan</li> <li>c foreign plan</li></ul>										
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a rest of bogstam       a rest of bogstam         a name of pin       Tim Orthy E. WANDELL, D.D.S., P.S. RETIREMENT PLAN       10 Trace-digit plan number (Ph) > 002         12 A Plan sponsor's name (employer, if for a single-employer plan) Maling address (include room, apt, suite no. and street, or P.O. Box) City or forw, state or province, country, and 2IP or foreign postal code (if foreign, see instructions)       2b Employer (dentification Number (EN) > 1007TH ST.         13 A Plan administrator's name and address [] Same as Plan Sponsor.       3b Administrator's telephone number solo-522.6231         24 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, entor the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, entor the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, entor the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, entor the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, entor the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       5a 6         5a Total number of participants at the beginning of the plan year       5a 6       6         5a Total number of participants at the beginning of the plan year       5d(1)       5         5a Total number of participants at the beginning of the plan year       5d(2)       5         5a Total number of participants at the beginning of the plan year       5d(1)<	C Check	box if filing under:				_				
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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 C Plan Name						3c Admi	nistrator's telephone number			
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C       Plan Name         5a       5a       6         b       Total number of participants at the beginning of the plan year       5b       5         c       Number of participants at the end of the plan year       5b       5         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       5         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       5         d(2)       Total number of active participants at the end of the plan year       5d(2)       5         d(2)       Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         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.       07/09/2019       CATHERINE B. WANDELL         Sign       Filed with authorized/valid electronic signature.       07/09/2019       TIMOTHY E. WANDELL         HERE       Signature of employer/plan sponsor       Date       Enter		<i>i</i> 1 1	sor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN				
b       Total number of participants at the end of the plan year       5b       5         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).       5c       5         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       5         d(2)       Total number of active participants at the beginning of the plan year       5d(2)       5         d(2)       Total number of active participants at the end of the plan year       5d(2)       5         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         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.         SIGN       Filed with authorized/valid electronic signature.       07/09/2019       CATHERINE B. WANDELL         HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date										
b       Total number of participants at the end of the plan year       5b       5         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).       5c       5         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       5         d(2)       Total number of active participants at the end of the plan year       5d(2)       5         d(2)       Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5d(2)       5         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         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.         SIGN       Filed with authorized/valid electronic signature.       07/09/2019       CATHERINE B. WANDELL         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator	5a Total	number of participants a	at the beginning of the plan year.			5a	6			
complete this item)       JC       JC         d(1) Total number of active participants at the beginning of the plan year       5d(1)       5         d(2) Total number of active participants at the end of the plan year       5d(2)       5         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         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.         SIGN       Filed with authorized/valid electronic signature.       07/09/2019       CATHERINE B. WANDELL         SIGN       Filed with authorized/valid electronic signature.       07/09/2019       TIMOTHY E. WANDELL         SIGN       Filed with authorized/valid electronic signature.       07/09/2019       TIMOTHY E. WANDELL         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	<b>b</b> Total	number of participants a	at the end of the plan year			5b	5			
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e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         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.         SIGN HERE       Filed with authorized/valid electronic signature.       07/09/2019       CATHERINE B. WANDELL         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	<b>d(1)</b> Tot	al number of active part	ticipants at the beginning of the pl	lan year		5d(1)	5			
than 100% vested       Jee         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.         SIGN HERE       Filed with authorized/valid electronic signature.       07/09/2019       CATHERINE B. WANDELL         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	<b>d(2)</b> Tot	tal number of active part	ticipants at the end of the plan ye	ar		5d(2)	5			
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.         SIGN HERE       Filed with authorized/valid electronic signature.       07/09/2019       CATHERINE B. WANDELL         SIGN HERE       Filed with authorized/valid electronic signature.       07/09/2019       CATHERINE B. WANDELL         SIGN HERE       Filed with authorized/valid electronic signature.       07/09/2019       TIMOTHY E. WANDELL         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor						5e	0			
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SIGN HERE         Filed with authorized/valid electronic signature.         07/09/2019         CATHERINE B. WANDELL           Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN HERE         Filed with authorized/valid electronic signature.         07/09/2019         TIMOTHY E. WANDELL           Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	SB or Sche	edule MB completed an	d signed by an enrolled actuary, a							
Signature of plan administrator     Date     Enter name of individual signing as plan administrator       Signature of plan administrator     07/09/2019     TIMOTHY E. WANDELL       Signature of employer/plan sponsor     Date     Enter name of individual signing as employer or plan sponsor				07/09/2019	CATHERINE B. WANI	DELL				
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan ad	Iministrator	Date	Enter name of individ	dividual signing as plan administrator				
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN			07/09/2019						
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018)					Enter name of individ	ual signing a				

v.171027

g Other expenses .....

i Net income (loss) (subtract line 8h from line 8c) .....

Transfers to (from) the plan (see instructions).....

h Total expenses (add lines 8d, 8e, 8f, and 8g) .....

**Plan Characteristics** 

2K 2T 3D

j

9a

b

Part IV

2E

2G 2J

-						
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)	X Yes No		
b	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 cann	ot use Fo	orm 5500-SF and must instead use Fo	rm 5500.		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4021)?	. Yes No Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this plan year	(See instructions.)		
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year		
a	Total plan assets	7a	1230891	1169282		
b	Total plan liabilities	7b				
c	Net plan assets (subtract line 7b from line 7a)	7c	1230891	1169282		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	6680			
	(2) Participants	8a(2)	30235			
	(3) Others (including rollovers)	8a(3)				
b		8b	-74124			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-37209		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	22294			
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f	2106			

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

24400

-61609

Part	V Compliance Questions			
10	During the plan year:	Yes	No	Amount
а	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)       10	a	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	x	
С	Was the plan covered by a fidelity bond? 10	C X		150000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10	d	x	
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.)	)e X		618
f	Has the plan failed to provide any benefit when due under the plan?	Df	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	g	×	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	x	
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	Di		

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	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 ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Department of the Treasury		Benefit Plan	rt of Small Employee	1210-0089			
Department of Labor	I Income Security Act of 1974 (	under sections 104 and (ERISA), and sections 6	4065 of the Employee Retirement 057(b) and 6058(a) of the Internal	2018			
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	ue e	Revenue Code (the Co	de).	This Form is Open to			
	Complete all entries in a	ccordance with the Ins	structions to the Form 5500-SF.	Public Inspection			
Part I Annual Repo For calendar plan year 2018 or	rt Identification Information						
i or outeridui pidit year 2010 or		01/01/2018		/31/2018			
A This return/report is for:	X a single-employer plan	list of participating e	plan (not multiemployer) (Filers che employer information in accordance	cking this box must attach a with the form instructions.)			
B This return/report is	a one-participant plan	a foreign plan					
	the first return/report	the final return/report	t				
	an amended return/report	a short plan year retu	urn/report (less than 12 months)				
C Check box if filing under:	Form 5558	automatic extension		program			
	special extension (enter descrip	_		program			
Part II Basic Plan Inf	formation-enter all requested info	mation					
1a Name of plan			1b Th	ree-digit			
TIMOTHY E. WANDE	LL, D.D.S., P.S. RETIR	EMENT PLAN	pla	n number			
				002			
			1C Effe	ective date of plan /01/1981			
2a Plan sponsor's name (emp Mailing address (include re	loyer, if for a single-employer plan)			ployer Identification Number			
City or town, state or provir	nom, apt., suite no. and street, or P.O. nce, country, and ZIP or foreign postal	Box) code (if foreign, see ins		(EIN) 91-1137673			
TIMOTHY E WANDE	LL, D.D.S., P.S.		2C Spo	2c Sponsor's telephone number			
401 7TH ST.				360-532-8231 2d Business code (see instructions)			
HOQUIAM	WA 98550	)	60	1010			
a Plan administrator's name a	and address 🛛 Same as Plan Spons	or,		1210 ninistrator's EIN			
			3c Adn	ninistrator's telephone number			
If the name and/or FIN of the	A plan sponsor or the plan name has	-housed at the state of the state					
If the name and/or EIN of the this plan, enter the plan spectrum.	ne plan sponsor or the plan name has onsor's name, EIN, the plan name and	changed since the last d the plan number from	return/report filed for 4b EIN				
a Sponsor's name	ne plan sponsor or the plan name has onsor's name, EIN, the plan name and	changed since the last d the plan number from	return/report filed for the last return/report. 4d PN				
uns plan, enter the plan spi	ne plan sponsor or the plan name has onsor's name, EIN, the plan name and	changed since the last d the plan number from	the last return/report.				
a Sponsor's name C Plan Name	onsors name, EIN, the plan name and	d the plan number from	the last return/report. 4d PN				
a Sponsor's name C Plan Name	onsor's name, EIN, the plan name and	d the plan number from	the last return/report. 4d PN				
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>a Total number of participants</li> <li>b Total number of participants with</li> <li>c Number of participants with</li> </ul>	s at the beginning of the plan year s at the beginning of the plan year	d the plan number from	the last return/report. 4d PN 5a 5b				
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