## 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

Parti	Annual Repor	t identification information							
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/	2018	and ending 12	/31/2018				
A This ret	urn/report is for:	X a single-employer plan		olan (not multiemployer) (F mployer information in acc	_				
<b>D</b> — .		a one-participant plan							
<b>B</b> This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	nths)				
C Check b	oox if filing under:	Form 5558	automatic extension	Г	DFVC progra	m			
		special extension (enter desc	ription)	_	_				
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name					<b>1b</b> Three-digi	t			
	•	6. 401K PROFIT SHARING PLAN			plan numb				
					(PN) •	001			
					1c Effective of	o1/01/1998			
2a Plan si	ponsor's name (empl	oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number			
Mailing	address (include ro	om, apt., suite no. and street, or P.0			(EIN)	20-2008876			
		ce, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)	<b>2c</b> Sponsor's	telephone number			
STEPHEN O	. WOODARD, D.D.S	., P.S.				9-924-8585			
					2d Business	code (see instructions)			
1020 S. PINE SPOKANE V	ES ROAD 'ALLEY, WA 99206					621210			
	,								
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.		<b>3b</b> Administra	tor's EIN			
		_			20 41				
					<b>3C</b> Administra	tor's telephone number			
		ne plan sponsor or the plan name h		'	<b>4b</b> EIN				
•		onsor's name, EIN, the plan name	and the plan number from		4d PN				
c Plan N	or's name				4u PN				
• Hallin	ame								
<b>5a</b> Total r	number of participant	s at the beginning of the plan year.			5a	14			
		s at the end of the plan year			5b	13			
		account balances as of the end of		·	5c	13			
•	,	articipants at the beginning of the p			5d(1)	8			
<b>d(2)</b> Tota	al number of active p	articipants at the end of the plan ye	ar		5d(2)	9			
		o terminated employment during th			5e	0			
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	d unless reasonable cau	se is establishe	ed.			
Under pena	alties of perjury and o	other penalties set forth in the instru	ctions, I declare that I have	e examined this return/rep	ort, including, if	applicable, a Schedule			
	edule MB completed a true, correct, and cor	and signed by an enrolled actuary, nplete.	as well as the electronic ve	ersion of this return/report,	and to the best	of my knowledge and			
SIGN		d/valid electronic signature.	07/22/2019	STEPHEN O. WOODA	RD DDS				
HERE	Signature of plan	administrator	Date	Enter name of individu	al signing as pla	an administrator			
SIGN	<u> </u>				J J P.	***			
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	al signing as am	nployer or plan sponsor			
	eignature or emp	o joi, pian oponoui	Date	Enter hante or individu	ar signing as Ell	ipioyoi oi piaii apoiiaul			

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No
b								X Yes ∏ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
C	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 th					_		. (See instructions.)
Do	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Paginning	of Voor			/b) En	d of Your
_ <u>'</u> a	Total plan assets	7a	(a) Beginning o	50735			(D) EN	d of Year 2344957
	Total plan liabilities	7a 7b	200	30700				2044007
	Net plan assets (subtract line 7b from line 7a)	76 7c	235	50735	+			2344957
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amoun				(h)	Total
	Contributions received or receivable from:		(a) Amoun				(3)	Total
	(1) Employers	8a(1)	(	67888				
	(2) Participants	8a(2)	ţ	59485	_			
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	-13	32823				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-5450
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		328				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						328
i	Net income (loss) (subtract line 8h from line 8c)	8i						-5778
j	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D 2F 2R	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	cteris	tic Cod	des in the ins	tructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period					Amount
	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	? (Do not	include transactions			Х		
	reported on line 10a.)			10b 10c	X	^		240000
d				100				240000
	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.)			10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g				10g	Χ			4350
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	ne required	d notice or one of the	10i				
	CACCPRIONS to Providing the Hotice applied under 29 CFR 2520.10	1⁻⊍		101		<u> </u>		

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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 (Form 5500) and line 11a below)			Yes 🛚 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 se ERISA?		of	Yes 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, granting the waiver	and enter Da		e of the letter ruling Year
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year	12b		
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?		Ye	s 🔀 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 participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> 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 Ann	nual Report	Identification Information	The state of the s	structions to the Form	5500-SF.	
For calendar plan	year 2018 or f	iscal plan year beginning	01/01/2018	and ending	12/31	/2018
A This return/rep	port is for:	a single-employer plan	a multiple-employer list of participating	plan (not multiemployer employer information in	r) (Filers checking	this box must attach a
B This return/report is		a one-participant plan	a foreign plan			and the state of t
		the first return/report an amended return/report	the final return/repo			
C Check box if fi	ling under:			turn/report (less than 12	months)	
	mig diluci.	Form 5558 special extension (enter descri	automatic extension	n	DFVC progra	am
Part II Bas	ic Plan Info	rmation—enter all requested info				
1a Name of plan		enter all requested into	ormation		141	
		D.D.S. 401K PROFIT			1b Three-dig plan num	ber
SHARING PLA	AN				(PN)	001
2a Dian ananaari					1c Effective (	date of plan /1998
Mailing addres	ss (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta	Box) I code (if foreign, see in	structions)	(EIN)20-	Identification Number
SIEFREN O.	WOODARD,	D.D.S., P.S.	, , , , , , , , , , , , , , , , , , , ,		<b>2c</b> Sponsor's (509)	telephone number 924-8585
1020 S. PIN	IES ROAD				2d Business	code (see instructions)
SPOKANE VAL				A 99206	621210	ĵ
3a Plan administr	ator's name an	d address 🛚 Same as Plan Spons	or.		3b Administra	
4 If the name an	d/or EIN of the	plan sponsor or the plan name has	changed six as the Levi			ttor's telephone number
tins plan, ente	tile plati spoti	sor's name, EIN, the plan name and	the plan number from	the last return/report.	4b EIN	
a Sponsor's nam C Plan Name	ne			• • • • • • • • • • • • • • • • • • • •	4d PN	
5a Total number of	of participants a	at the beginning of the plan year			5a	1.4
<b>b</b> Total number of	of participants a	at the end of the plan year			5b	14
C Number of par complete this i	ticipants with a	ccount balances as of the end of the	e plan year (only define	d contribution plans	5c	13
d(1) Total number	er of active part	icipants at the beginning of the plan	year		5d(1)	8
d(2) Total number	er of active part	icipants at the end of the plan year.	*********		5d(2)	9
than 100% ve	ticipants who to sted	erminated employment during the p	lan year with accrued b	enefits that were less	5e	0
Under penalties of p SB or Schedule MB belief, it is true, corn	perjury and other completed and ect, and completed	er penalties set forth in the instruction of signed by an enrolled actuary, as vete.	eport will be assessed	unless reasonable ca		
SIGN HERE	U	Dollard	7-22-19	Stephen O. Woo	odard DDS	
Signati	ure of plan ad	ministrator	Date	Enter name of individ	ual signing as plar	n administrator
HERE Signati	ure of employe	er/plan sponsor	Date	Entor name of the second		
For Paperwork Reduc	tion Act Notice	and the least of the first	Date	Enter name of individ	ual signing as emp	ployer or plan sponsor

-orm	5500-SF	(201)	8)

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6a b	Were all of the plan's assets during the plan year invested in eligi	ble assets? (	See instructions.)					X Yes No
-	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answord "Mo" to either line Second to the control of the cont	and condition	ns)					X Yes ☐ No
	in you allowered tho to either line ba or line bb, the plan can	not use Forr	n 5500-SF and mu	st inst	ead us	e Form 5	500	M res   INC
C	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pro	gram (see ERISA :	section	4021)	?∏ Y	res □No □	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC pre	mium filing for this	plan ye	ar			See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar		(b) End of	Year
a	Total plan assets	7a		,350			(b) Liid oi	2,344,95
b	Total plan liabilities	7b						, ,
С	Net plan assets (subtract line 7b from line 7a)	7c	2	,350,	735			2,344,95
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou				(b) Tota	
а	Contributions received or receivable from: (1) Employers	8a(1)	(0)	2000000	888		(b) Tota	
	(2) Participants	8a(2)		59,	485			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-132,	823			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-5,450
_	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			328			0,130
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g				H-16		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						328
	Net income (loss) (subtract line 8h from line 8c)	8i	CYCLE IN THE					-5,778
j	Transfers to (from) the plan (see instructions)	8j					0.2547.134.2	3,770
Par	t IV Plan Characteristics	oj j						
9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2G\ 2J\ 3D\ 2F\ 2R$	feature code	s from the List of Pl	an Cha	racteri	stic Codes	s in the instructi	ons:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	n Char	acteris	tic Codes	in the instructio	ns:
Par	V Compliance Questions							- Ilianos
10	During the plan year:				Yes	No	A	4
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 Views)	oluntary Fidu	ciary Correction				Amo	unt
b	Program)	(Do not incl	ude transactions	10a 10b		X		
C	Was the plan covered by a fidelity bond?				v			
d	Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?	idelity hand	that was caused	10c	X	v		240,000
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons by	an insurance	10d		X		
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			10f	32	X		Mar New York
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruction	ns and 20 CER	10g	X	V		4,350
i	If 10h was answered "Yes," check the box if you either provided the	required no	tice or one of the	10h	-	X	7-2-1-12	10 40 140 10

-	Form 5500-SF (2018) Page <b>3</b> -				
Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)	hedule S	SB		Yes X N
_11a	Enter the unpaid minimum required contributions for all years from Schedule SR (Form FFOO) in a 40		·······		,
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	11a on 302 c	of		Yes 🛛 N
а	granting the waiver granting the waiver.	d enter	the date o	f the le	tter ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Da	y	Yea	r
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	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	Mai	П ми
Part	VII Plan Terminations and Transfers of Assets		res	No	∐ N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Yes	X	No
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the	13a	П	Ves	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		res	M 140
1	3c(1) Name of plan(a):				

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):