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 calend	lar plan year 2018 or fis	scal plan year beginning 01/01/	2019	and ending 0	7/31/2019							
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac	-							
		a one-participant plan	a foreign plan									
B This ret	urn/report is	the first return/report	X the final return/repor									
		an amended return/report	X a short plan year ret	urn/report (less than 12 m	report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progr	am						
		special extension (enter desc	. ,									
Part II	Basic Plan Info	rmation—enter all requested in	nformation									
1a Name THEODORE		P.S. CASH BALANCE PLAN			1b Three-dig plan num (PN) ▶	nber 003						
			1c Effective	date of plan 01/01/2016								
		yer, if for a single-employer plan)	O. Boyl			r Identification Number						
		m, apt., suite no. and street, or P.0 e. country. and ZIP or foreign pos		structions)	(EIN)	91-1127880						
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THEODORE D. HAINES, D.D.S., P.S.						's telephone number 360-568-8577						
						s code (see instructions)						
810 AVENU					621210							
SNOI IOIVIIS	H, WA 98290-2385											
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spo	onsor.		3b Administr	rator's EIN						
					30 Administ	rator's talanhana numbar						
					3C Administr	rator's telephone number						
		e plan sponsor or the plan name h nsor's name, EIN, the plan name			4b EIN							
	sor's name	•	•	·	4d PN							
C Plan N	Name											
5a Total	number of participants	at the beginning of the plan year			5a							
b Total	number of participants	at the end of the plan year			. 5b	0						
C Numb	per of participants with	account balances as of the end of	f the plan year (only define	ed contribution plans	5c							
	,	rticipants at the beginning of the p			= 1/4)							
d(2) To	tal number of active pa	rticipants at the end of the plan ye	ear		5d(2)	0						
		terminated employment during th			5e 0							
Caution: /	A penalty for the late of	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca								
SB or Sch		her penalties set forth in the instrund signed by an enrolled actuary, plete.										
SIGN HERE	Filed with authorized/	/valid electronic signature.	08/01/2019	THEODORE HAINES	i							
HEKE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as p	lan administrator						
SIGN												
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as e	employer or plan sponsor						

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b c	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
	<u> </u>	е гвос р	remium ming for this p	an yea				(See instructions.)		
Par	t III Financial Information	l								
7	Plan Assets and Liabilities		(a) Beginning ((b) Eı	nd of Year		
	Total plan assets	7a	67	73344				0		
	Total plan liabilities	7b	0.7	0			0			
	Net plan assets (subtract line 7b from line 7a)	7c		73344				0		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	t			d)) Total		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		38928						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						38928		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)									
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	ministrative service providers (salaries, fees, commissions) 8f 0								
g	Other expenses									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	otal expenses (add lines 8d, 8e, 8f, and 8g)					712272			
	i Net income (loss) (subtract line 8h from line 8c)							-673344		
_	Transfers to (from) the plan (see instructions)	8j		0						
Par										
9a	If the plan provides pension benefits, enter the applicable pension ${ m 1C}$ ${ m 3H}$	feature co	ides from the List of Pla	an Chai	racteris	stic Co	des in the ii	nstructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	cterist	ic Cod	les in the in	structions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X				
С	Was the plan covered by a fidelity bond?			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 plan?			10f		Χ				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h						
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		Yes X	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?				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, and granting the waiver	l enter t _ Day		of the lett Year		l
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	4
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	
	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?			X Yes	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c	(3) PN(s))

Form 5500-SF

Department of the Treasury Internal Rovenue Service

Department of Labor Employee Benefits Socurity 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).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

F		→ Complete all entries in	accordance with the ins	tructions to the Form 556	00-SF.	r anno mapaction			
Part	I Annual Report	Identification Information	1						
Forcas	enoar plan year 2018 or f	iscal plan year beginning	01/01/2019	and ending	07/31/				
A This	return/report is for:	X a single-employer plan	list of participating e	olan (not multiemployer) (F mployer information in acc	ilers checking ordance with t	this box must attach a he form instructions.)			
B This	return/report is	a one-participant plan	a foreign plan						
,,,,		the first return/report	the final return/report						
		an amended return/report a short plan year return/report (less than 12 months)							
C Che	ck box if filing under:	Form 5558 special extension (enter description)	automatic extension	Γ.	DFVC program				
Part	Basic Plan Info	rmation—enter all requested in							
	ne of plan	s, D.D.S., P.S. Cash			1b Three-dig plan nurr (PN) ▶				
P				-	1c Effective 01/01				
Mail	ing address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C). Box)	į	2b Employer	Identification Number			
The	eodore D. Haine	e, country, and ZtP or foreign posts, D.D.S., P.S.	al code (if foreign, see insi	ructions)	2c Sponsor's telephone number 360~568~8577				
81.0) Avenue D				2d Business	code (see instructions)			
Snc	phomish	WA 98290-	2385	}	62121(;			
3a Plan	administrator's name an	d address X Same as Plan Spor	esor.		3b Administr				
					3c Administr	ator's telephone number			
4 If the	name and/or EIN of the plan, enter the plan spon	plan sponsor or the plan name ha sor's name, EIN, the plan name a	s changed since the last r	eturn/report filed for	4b EIN	.,			
a Spon C Plan	sor's name		na na pontiamber term	last returns eport.	4d PN				
₩ 1-10111	rane								
5a Total	number of participants a	at the beginning of the plan year			5a	3.0			
b Total	number of participants a	al the end of the plan year	********************************		5b	٥			
C Numb	oor of participants with a	ccount balances as of the end of the	he plan year (only defined	contribution plans	5c				
d(1) To	tal number of active parti	cipants at the beginning of the pla	ın year		5d(1)				
d(2) To	lal number of active parti	cipants at the end of the plan year	ſ		5d(2)				
d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A popular for the late or insert of the filling of the plan year					5e	0			
Oddidon /	The late of	miconiplete man of this return	nezzezza ad litw troden	unless reasonable caus	e is establish	od.			
	ames of perjury and other edule MB completed and true, correct, and comple	or penalties set forth in the instruct signed by an enrolled actuary, as	ions, I declare that I have well as the electronic ver	examined this return/repo sion of this return/report, a	rt, including, it and to the bes	applicable, a Schedule tof my knowledge and			
SIGN	2 Alcolore		128.19	THEODORE HAINES	3				
HERE	Signature of plan add	nInistrator	Date	Enter name of individua	l signing as pl	an administrator			
SIGN HERE									
	Signature of employe	er/plan sponsor	Date	Enter name of individua	l eianina se ar	nolower or oten engineer			

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	an indeper and condit not use Fo nsurance p	ndent qualified public a tions.) orm 5500-SF and mus orogram (see ERISA se	t insteaction 4	ant (IC ad use 021)?	PA) Form	5500. Yes 🔀 No	. X	Yes No Yes No t determined instructions.)
Da	rt III Financial Information		-						······
7	Plan Assets and Liabilities	1	(a) Beginning	of Voar	. T		/h) En	d of Yea	r
a	Total plan assets	7a	(a) beginning	673,			(2) 27		. (
	Total plan liabilities	7b			0				(
	Net plan assets (subtract line 7b from line 7a)	1		673,	344				(
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt		***************************************	(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)			0				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0			,	
b	Other income (loss)	8b		38,	928				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							38,928
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		712,	272				***************************************
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0	··········			
f	Administrative service providers (salaries, fees, commissions)	8f			0				
<u>g</u>	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							712,272
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-673,344
<u>j</u>	Transfers to (from) the plan (see instructions)	8j			0				
9a b	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 1C 3H If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the applicable welfare for the plan provides welfare benefits, enter the applicable pension and the plan provides welfare for the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits.								
Part					Lv				
10 a	During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary F	iduciary Correction	10a	Yes	No X		Amour	it
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				400,000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f	_	Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h					
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 ar (Form 5500) and line 11a below).		edule S	В		Yes 2	No No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4)	11a		0		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	e Code or section	n 302 o	f		Yes 2	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	Month	d enter t Day		of the le	tter rulin	g
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	ne 13.	401	T			
<u>b</u> 8	Enter the minimum required contribution for this plan year		12b				
C E	Enter 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 a minus sign to t negative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	∐ N/	/A
Part V	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	3	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broontrol of the PBGC?				X Yes	∏ No	
-	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred.	entify the plan(s)) to				
10	13c(1) Name of plan(s):	13c(2)	EIN(s)		130	(3) PN(s)