-	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089				
Inter	nal Revenue Service	This form is required to be file			2018			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974	This Form is Open to Public Inspection					
Pension Be	enefit Guaranty Corporation	Complete all entries in		tructions to the Form 55	500-SF.			
Part I		dentification Information		and and as dia a	0/04/0040			
For calenda	ar plan year 2018 or fis	cal plan year beginning 01/01/2			2/31/2018	for a defective second of the share		
A This ret	turn/report is for:	X a single-employer plan	list of participating e	plan (not multiemployer) (employer information in ac		king this box must attach a tith the form instructions.)		
B This retu	urn/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 retu	urn/report (less than 12 m	onths)			
C Check I	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram		
		special extension (enter desc	,					
Part II	Basic Plan Infor	mation—enter all requested in	formation					
1a Name					1b Three			
PETER C. W	VAGNER, DMD, PS, 40	1(K) PLAN			plan (PN)	number 001		
					()	tive date of plan		
						01/01/2007		
Mailing	g address (include room	rer, if for a single-employer plan) n, apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 91-1870793		
	AGNER, DMD, PS	e, country, and ZIP or foreign post	al code (if foreign, see ins	structions)	2c Sponsor's telephone number 360-748-6636			
					2d Busir	ness code (see instructions)		
1292 S. MAR CHEHALIS, V						621210		
3a Plan a	dministrator's name and	d address 🗙 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN		
					3c Admi	nistrator's telephone number		
4 If the r	name and/or FIN of the	plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN			
this pl	an, enter the plan spon	sor's name, EIN, the plan name a						
a Spons C Plan N	or's name Iame				4d PN			
• 1 Idi 1								
5a Total r	number of participants a	at the beginning of the plan year.			5a	18		
		at the end of the plan year			5b	18		
		ccount balances as of the end of		•	5c	18		
d(1) Total number of active participants at the beginning of the plan year					5d(1)	15		
		ticipants at the end of the plan ye			5d(2)	14		
		terminated employment during the			5e	0		
Caution: A	penalty for the late o	r incomplete filing of this retur	n/report will be assesse	d unless reasonable cau	use is estal	blished.		
SB or Sche		er penalties set forth in the instru d signed by an enrolled actuary, a lete						
SIGN		lete. /alid electronic signature.	09/04/2019	KRISTIN LINK				
HERE	Signature of plan ac		Date	Enter name of individ	ual signing :	as plan administrator		
SIGN		valid electronic signature.	09/04/2019	KRISTIN LINK				
HERE	Signature of employ	č	Date		ual signing :	as employer or plan sponsor		
For Paperwe		e, see the Instructions for Form 5500				Form 5500-SF (2018)		

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6a b								
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined							
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)							
Pa	Part III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	1891824	1672168				
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1891824	1672168				
8	B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)	18960					

58774 (2) Participants..... 8a(2) (3) Others (including rollovers)..... 8a(3) -174335 **b** Other income (loss) 8b -96601 **C** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums 123055 to provide benefits)..... 8d e Certain deemed and/or corrective distributions (see instructions) . 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 123055 -219656 i Net income (loss) (subtract line 8h from line 8c) 8i i Transfers to (from) the plan (see instructions)..... 8j **Plan Characteristics** Part IV 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2J 2G 2R 2F 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b Part V **Compliance Questions** Yes No 10 During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period а described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Х Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions Х reported on line 10a.).... 10h C Was the plan covered by a fidelity bond? Х 10c **d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused Х by fraud or dishonesty?..... 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance е carrier, insurance service, or other organization that provides some or all of the benefits under Х the plan? (See instructions.)..... 10e f Has the plan failed to provide any benefit when due under the plan? Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) Х 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h 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 10i

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	X No	
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?						[Yes	X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver						e of the le		ing
lf	you o	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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					🗌 Yes X No		
С		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)		13	:(3) PN	۱(s)

Form 5500-SF Short Form Annual Return/Report of Sm	nall Employee	OMB No\$, 1210-0110 1210-0089			
Internal Revenue Service This form is required to be filed under sections 104 and 406	This form is required to be filed under sections 104 and 4065 of the Employee				
Department of Labor Retirement Income Security Act of 1974 (ERISA), and section (Employee Benefits Security Administration Internal Revenue Code (the Code).	6057(b) and 6058(a) of	2018 This Form is Open to Public			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions	to the Form 5500-SF.	Inspection			
Annual Report Identification Information					
		31/2018			
A This return/report is for: x a single-employer plan a multiple-employer plan (not a list of participating employer B This return/report is: a one-participant plan a foreign plan B This return/report is: the first return/report the final return/report B This return/report is: an amended return/report a short plan year return/report	er Information in accordan	aecking this box must allach ce with the form Instructions.)			
C Check box if filing under: SForm 5558 automatic extension special extension (enter description)		DFVC program			
EBICIL Basic Plan Information enter all requested information					
1a Name of plan	1 b T	nree-digit			
Pətər C. Wagner, DMD, PŞ, 401(k) Plan	, pl	an number N) ► 001			
		fective date of plan 1/01/2007			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b E	nployer Identification Number			
Peter C. Wagner, DMD, PS	2c s	oonsor's telephone number 360) 748-6636			
1292 S. Market Blvd.		usiness code (see instructions) 21210			
US Chehelie WA 98532					
3a Plan administrator's name and address 🖾 Same as Plan Sponsor	3b Ad	fministrator's EIN			
	3c Ad	Iministrator's telephone number			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/rej this plan, enter the plan sponsor's name. EIN, the plan name and the plan number from the last return/rej	port filed for 4b El	N			
а Sponeor's пате с Plan Name	4d Pr	u			
5a Total number of participants at the beginning of the plan year		18			
b Total number of participants at the end of the plan year		18			
C Number of participants with account balances as of the end of the plan year (only defined contribucomplete this item)	ution plans 5c	18			
d(1) Total number of active participants at the beginning of the plan year	5d(1)	15			
d(2) Total number of active participants at the end of the plan year		14			
Number of participants who terminated employment during the plan year with accrued benefits that less than 100% vested		0			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless	reasonable cause is es	fabliabed			

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 Khstin Line	9-4-19	Kristin Link
HERE Signature of plan administrator	Date	Enter name of Individual signing as plan administrator
Knistin ich	A	Kristin Link
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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Form 5500-SF 2018 Pane 2 Ga Work of of the plant's assets during the plan year invested in eligible assets? (See instructions.) Set Yes [] M J Are you claiming a value of the ennual examination and report of en independent qualific accurrant (IOPA) Set Yes [] M Under 20 CFR 2010-047 (See Instructions on value methods on under a contrast (IOPA) Set Yes [] M Under 20 CFR 2010-047 (See Instructions on value methods on under a contrast (IOPA) Set Yes [] M Under 20 CFR 2010-047 (See Instructions on value method from 500-58 and must instead use Form 5500-58 No [] Ne [] M is obsticed on the file for its obsticed on 2017								NO.	4588	Г	4			
 D Are you claiming a waiwr of the annual examination and report of an independent qualified public accountant (10PA) If you answered "No" to either line 6a or time 5b, the plan cannot use Form S500.5F and must instead use Form S500. If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option is defined faceful public accountant (10PA) If the option (10PA) If the opt	_	Form <u>5500-SF 2018</u>	_	Page 2		_	_							
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Form 5500-SF 2018

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Page 3 -			

101100000000000000000000000000000000000		_					
124.0	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)	Schedu	le SB	D Y	es X	No	
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		•			
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions,	and ent	er the date	of the le	tter rulir	ng	
	granting the waiver Month		ay				
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enler the minimum required contribution for this plan year	12b					
C	Enter the amount contributed by the employer to the plan for the 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)	1 <u>2</u> d			•		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	Yes No N/A					
di d	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	·	🗌 Yes	X I	No		
	If "Yes," enler 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?			'es 🛛] No		
c	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.)	(s) to					
1:	3c(1) Name of plan(s): 13c(2)	IN(s)		13c(3	3) PN(s)		