Description Description 2016 Improved the states This form is required to be find under sections: 144 and 405 of the Engloyee Reference Income Security Act of 1976 (Borenne Code (Ib: Code)), and 2026(g) of the internal Processing and the states (Code (Ib: Code)), and 2026(g) of the internal Processing and the code (Ib: Code), and 2026(g) of the internal Processing and the states (Code (Ib: Code)), and 2026(g) of the internal Processing and the states (Code (Ib: Code)), and 2026(g) of the internal Processing and the states (Code (Ib: Code)), and 2026(g) of the internal Processing and the states (Code (Ib: Code)), and ending is of participant plan 2018 A This return/report is is a one-participant plan Interlife engloyer (Ib) and ending is of participant plan Interlife engloyer (Ib) and endi	-	m 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089					
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Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Harm Eligibility and ending 1221/2018 and ending 1221/2018				the Internal This Form is Ope						
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d(2) Total number of active participants at the end of the plan year 5d(2) 1 e Number of participants who terminated employment during the plan year with accrued benefits that were less 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. 09/12/2019 KENNETH M. JONES HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							1			
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than 100% vested Jet 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. 09/12/2019 KENNETH M. JONES 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	• •						1			
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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. 09/12/2019 KENNETH M. JONES Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Caution: A	penalty for the late or	r incomplete filing of this return	n/report will be assessed	unless reasonable cau					
SIGN HERE Filed with authorized/valid electronic signature. 09/12/2019 KENNETH M. JONES Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	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									
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor				09/12/2019	KENNETH M. JONES					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing a	as plan administrator			
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor										
	HERE				Enter name of individu	ual signing				

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

Form 5500-SF (2018) v.171027

If you answered "No" to either line 6a or line 6C If the plan is a defined benefit plan, is it covered uIf "Yes" is checked, enter the My PAA confirmation	inder the PBGC insurance pro	gram (see ERISA section 4021)?	Yes No Not determin
Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	139514	24430
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	139514	24430
Income, Expenses, and Transfers for this Plan Ye	ear	(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers		0	
(2) Participants		0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)		-11820	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8	b) 8c		-11820
d Benefits paid (including direct rollovers and insurato provide benefits)		101171	
e Certain deemed and/or corrective distributions (s	ee instructions) 8e	0	
f Administrative service providers (salaries, fees, c	ommissions) 8f	0	
g Other expenses	8g	2093	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		103264
i Net income (loss) (subtract line 8h from line 8c)	8i		-115084
j Transfers to (from) the plan (see instructions)	····· 8j		
Part IV Plan Characteristics			
a If the plan provides pension benefits, enter the a	pplicable pension feature code	es from the List of Plan Characteristi	c Codes in the instructions:

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)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		250000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
е	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.)	10e		×	
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-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	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 compl rm 5500) and line 11a below)			SB			Yes	X 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 Code o ISA? "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 instruction the waiver		l enter _ Da		date of	the let Yea		lling
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		ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of ative amount)	a	12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Y	es	No		N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	s a resolution to terminate the plan been adopted in any plan year?			X	Yes		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 brought un trol of the PBGC?	nder the				Yes	X N	ю
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the ch assets or liabilities were transferred. (See instructions.)	e plan(s)	to					
1	3c(1) Name of plan(s):	13c(2)	EIN(s)			13c	(3) P	N(s)

For	m 5500-SF	Short Form Annual	Short Form Annual Return/Report of Small Emplo Benefit Plan					
	Iment of the Treasury al Revenue Service	This form is required to be filed u	nder sections 104 and 4			2018		
	partment of Labor mefits Security Administration		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the line Revenue Code (the Code).					
	nefit Guaranty Corporation	-1	•		00.SE	This Form is Open to Public Inspection		
Part I		► Complete all entries in acc Identification Information	ordance with the insti	ructions to the Form 55	00-3F.			
	ar plan year 2018 or fi	scal plan year beginning 01/01/2018		and ending 12/3	1/2018			
			a multiple-employer pl	an (not multiemployer) (f	Filers check	ing this box must attach a		
A This retu	urn/report is for:	a one-participant plan	list of participating employer information in accordance with the form instructions.)					
B This retu	rn/report is							
		the first return/report	a short plan year retur	n/report (less than 12 mo	onths)			
C Chock h	box if filing under:							
C Check L	ox in ming under.	X Form 5558	automatic extension	l		logram		
D 4 11	Denie Dien luf-	special extension (enter description						
Part II 1a Name		rmation—enter all requested inform	nau011		1b Thre	e-digit		
	or plan Jones, M.D., P.C. Pro	fit Sharing Plan				number 001		
					1c Effec	tive date of plan 1/2001		
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. E	Box)		2b Employer Identification Number (EIN) 86-1038577			
City or	town, state or provinc Jones, M.D., P.C.	e, country, and ZIP or foreign postal of	code (if foreign, see inst	ructions)	2c Sponsor's telephone number (509) 667-2535			
					2d Business code (see instructions)			
	an Ave., Suite A				6211	111		
	WA 98801-6696 dministrator's name a	nd address 🗙 Same as Plan Sponso	or.		3b Administrator's EIN			
3c Administrator's telephone nur								
			Abs look		Ab CIN			
4 If the n this pla	name and/or EIN of the an, enter the plan spo	e plan sponsor or the plan name has nsor's name, EIN, the plan name and	the plan number from t	he last return/report.	4b EIN			
a Sponso c Plan N	or's name ame				4d PN			
59 Tatal	umber of participants	at the beginning of the plan year			5a	3		
		at the end of the plan year			5b	1		
C Numb	er of participants with	account balances as of the end of the	e plan year (only defined	d contribution plans	5c	1		
complete this item) d(1) Total number of active participants at the beginning of the plan year						3		
• •					5d(1) 5d(2)	1		
 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 						0		
Caution: A	penalty for the late	or incomplete filing of this return/r	eport will be assessed	l unless reasonable car	use is esta	blished.		
Under pena SB or Sche	alties of periury and of	her penalties set forth in the instruction nd signed by an enrolled actuary, as	ons. I declare that I have	examined this return/re	port, includ	ing, if applicable, a Schedule		
SIGN	Kant		9/12/10	Kenneth M. Jones				
HERE	Signature of plan a		Date	Enter name of individ	ual signing	as plan administrator		
SIGN		-		1				

SIGN			
HEDE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	ork Reduction Act Notice, see the Instructions for Form 5500-SF.		Form 5500-SF (2018)
en e	Signature of employer/plan sponsor ork Reduction Act Notice, see the Instructions for Form 5500-SF.		Form 5500-S

2019-00-2671-44110.006-02900

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
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 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	139514	24430						
b	Total plan liabilities	7b	0	0						
С	Net plan assets (subtract line 7b from line 7a)	7c	139514	24430						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(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	-11820							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-11820						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	101171							
e	Certain deemed and/or corrective distributions (see instructions)	8e	0							
f	Administrative service providers (salaries, fees, commissions)	8f	0							
g	Other expenses	8g	2093							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		103264						
i	Net income (loss) (subtract line 8h from line 8c)	8i		-115084						
j	Transfers to (from) the plan (see instructions)	8j								

Part IV Plan Characteristics

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
	2E 3D

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

Par	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)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
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.)	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-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
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	10i			