Form 5500-SF Short Form Annual Return/Report of Small Emp Department of the Treasury Benefit Plan						OMB Nos. 1210-0110 1210-0089					
D	rnal Revenue Service	This form is required to be file Income Security Act of 1974	(ERISA), and sections 60	057(b) and 6058(a) of the							
	Benefits Security Administration Benefit Guaranty Corporation	-	Revenue Code (the Cod	,		Public Inspection					
	Period Density Composition Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information										
		scal plan year beginning 01/01/2		and ending 12	2/31/2018						
A This re	turn/report is for:		Filers check	ing this box must attach a ith the form instructions.)							
		a one-participant plan	a foreign plan								
	urn/report is	X the first return/report	the final return/report		ontha)						
C. Check	box if filing under:			urn/report (less than 12 mo	_						
• oneck	box in ming under.	Form 5558	automatic extension		DFVC p	rogram					
Part II	Basic Plan Info	rmation—enter all requested inf	1 /								
1a Name		mation—enter an requested in	ormation		1b Three	2-diait					
	RTHODONTICS RETI	REMENT PLAN				number					
					()	tive date of plan					
		yer, if for a single-employer plan)			2b Empl	01/01/2018 oyer Identification Number					
City of	r town, state or provinc	m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		structions)	(EIN)	47-4226667 sor's telephone number					
ALMOND &	ALMOND PLLC					509-628-0110					
8305 N. QUI					20 Busir	ess code (see instructions) 621210					
KENNEWIC	K, WA 99336										
3a Plan a	administrator's name ar	nd address 🗙 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN					
				·	3c Admi	nistrator's telephone number					
		e plan sponsor or the plan name han name han name, EIN, the plan name a			4b EIN						
a Sponsc Plan N	sor's name Name				4d PN						
52 Total	number of participants	at the beginning of the plan year			5a	12					
_		at the end of the plan year			5a 5b	12					
C Numb	per of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	5c	11					
•	,	rticipants at the beginning of the pl		1	5d(1)	12					
• •		rticipants at the end of the plan yea			5d(2)	13					
than	ber of participants who 100% vested		5e	0							
		or incomplete filing of this return									
SB or Sch		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.									
SIGN		/valid electronic signature.	10/07/2019	BRIAN ALMOND							
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing a	as plan administrator					
SIGN	L										
HERE	Signature of emplo		Date	Enter name of individu	ual signing a	ning as employer or plan sponsor					
For Paperw	vork Reduction Act Notic	e, see the Instructions for Form 5500	J-SF.			Form 5500-SF (2018) v.171027					

b c	Were all of the plan's assets during the plan year invested in eligib 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 cann If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th	an indeper and conditi i ot use Fo n isurance p	ident qualified public accountant (lions.) rm 5500-SF and must instead us rogram (see ERISA section 4021)	QPA) X Yes No Se Form 5500. Yes No Not determined
Pa	rt III Financial Information			ſ
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	0	110626
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	0	110626
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	14840	
	(2) Participants	8a(2)	103061	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-7112	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		110789
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	163	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		163
i	Net income (loss) (subtract line 8h from line 8c)	8i		110626
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D	feature co	des from the List of Plan Characte	ristic Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Characteri	stic Codes in the instructions:
Par	t V Compliance Questions			
10	During the plan year:		Yes	No Amount

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		x	
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	
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	
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		X	
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	······································	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			

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	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 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				
e	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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th control of the PBGC?						Yes	X 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)		13	:(3) PN	۱(s)

				-					
	rm 5500-SF	Short Form Annu		n/Re efit Pl	•	of Small Emp	loyee	OMB	Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	This form is required to be file	d under sec	tions 104	and 4			20	18
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), ar Revenue (e internal		is Open to
Pension B	enefit Guaranty Corporation	► Complete all entries in a		•			5500-SF.	Public In	spection
Part I	Annual Repor	t Identification Information							
For calend		fiscal plan year beginning	01/01/	2018		and ending	12/	31/2018	
A This re	turn/report is for:	X a single-employer plan		-		an (not multiemployer) ployer information in a		-	
-		a one-participant plan	a foreig	in plan					
B This ret	urn/report is	X the first return/report	the fina	return/r	eport				
		an amended return/report	a short	plan yea	r returr	r/report (less than 12 r	nonths)		
C Check	box if filing under:	Form 5558	automa	itic exter	nsion		DFVC p	rogram	
		special extension (enter descr	ription)				_		
Part II	Basic Plan Inf	ormation-enter all requested inf	formation				-		
1a Name							1b Three	e-digit	
Almond	Orthodontics	s Retirement Plan					· ·	number	001
							(PN)	tive date of pla	
								01/2018	11
2a Plan s	ponsor's name (empl	oyer, if for a single-employer plan)					1	over Identificati	on Number
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post			a insta	untion of	(EIN)	47-422666	7
Almond	& Almond PLI			ieiyn, se	e msu	ucuons)		sor's telephon 9)628-011	
							2d Busir	ness code (see	instructions)
8305 N	. Quinalt Ave	e.							
Kennew	ick				WA	99336	621	210	
3a Plan a	dministrator's name a	and address 🛛 Same as Plan Spor	nsor.				3b Admi	nistrator's EIN	
							3c Admi	nistrator's telep	hone number
4 If the	name and/or EIN of th	ne plan sponsor or the plan name ha	as changed	since the	e last re	turn/report filed for	4b EIN	·	
this p	lan, enter the plan sp	onsor's name, EIN, the plan name a							
a Spons C Plan N	or's name Iame						4d PN		
5a Total	number of participant	s at the beginning of the plan year					. 5a		12
		s at the end of the plan year							13
C Numb	er of participants with	n account balances as of the end of	the plan yea	r (only d	efined	contribution plans	5c		11
•	,	articipants at the beginning of the pl					5d(1)		12
	•	articipants at the end of the plan yes	•				5d(2)	-	13
		o terminated employment during the					5e		
than	100% vested			<u></u>			••		(
Under pen SB or Sch	alties of perjury and o	or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a polete	ctions, I dec	are that	l have	examined this return/r	eport, includi	ng, if applicable	
SIGN			1	0/1/	19	Bey A			
HERE	Signature of -lo-	administrater							trator
	Signature of plan		Da	1	10	Enter name of indivi			50 2101
SIGN HERE				<u>10 7 </u>	19	BRIAN			
		oyer/plan sponsor ice, see the instructions for Form 5500	Da 0-SF.	e		Enter name of indivi	dual signing		plan sponsor 5500-SF (2018)

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v.171027

Γ

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 can	not use Form	5500-SF and must instead use	Form 5500.				
С		lan is a defined benefit plan, is it covered under the PBGC				Not determined			
	lf "Ye	" is checked, enter the My PAA confirmation number from t	the PBGC prem	um filing for this plan year		. (See instructions.)			
Pa	rt III	Financial Information							
7	Plan A	ssets and Liabilities		(a) Beginning of Year	(b) End	of Year			

	(a) Beginning (of Year	•		(b) End	of Year	
. 7a			0			11	0,626
. 7b							
. 7c			0			11	0,626
	(a) Amoun	it			(b) T	otal	
. 8a(1)		14,	840				
. 8a(2)		103,	061				
. 8a(3)							
. 8b		-7,	112				
. 8c						11	0,789
. 8d							
. 8e						an a	
. 8f			163				ţ
. 8g							S.
. 8h							163
. 8i						11	0,626
81			1				
1 feature coo	les from the List of Pl	an Cha	racteri	stic Co	les in the inst	ructions:	
feature code	es from the List of Pla	n Chara	acteris	tic Code	es in the instru	ictions:	
			Yes	No		mount	
Voluntary Fi	duciary Correction	10a		x			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).							
	7b 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8c 8c 8d 8c 8d 8e 8f 8g 8f 8j 6ature code utions withir voluntary Fist? (Do not in	7a 7b 7c 7c 8a(1) 8a(2) 8a(3) 8a(2) 8a(3) 8b 8c 8c 8d 8e 8f 8g 8h 8i 8j reature codes from the List of Pla feature codes from the List of Pla utions within the time period Voluntary Fiduciary Correction st? (Do not include transactions	7a 7b 7c 8a(1) 14, 8a(2) 103, 8a(3) -7, 8c -7, 8c -7, 8c -86 8g -89 8h -7, 8g -7, 8g -7, 8g -7, 9g -100 9g -100 9g -100 9g -100 10a 10a st? (Do not include transactions 10b	7b 0 7c 0 (a) Amount 0 8a(1) 14,840 8a(2) 103,061 8a(3) -7,112 8c -7,112 8c -7,112 8c -86 8d -7,112 8c -7,112 8c -7,112 8c -7,112 8c -7,112 8d -7,112 9 -7,112 9 -7,112 9 -7,112 9 -7,112 9 -7,112 9 -7,112 9 -7,112 9 -7,112 9 -7,112 9 -7,112 9 -7,112 9 -7,163 9 -7,163 9 -7,163 9 -7,163 9 -7,163 9 -7,163 9 -7,163 9 -7,163 9 -7,163	7a 0 7b 0 7c 0 (a) Amount 0 8a(1) 14,840 8a(2) 103,061 8a(3) -7,112 8c -7,112 8c -8e 8d -8e 8f 163 8g - 8h - 8i - 9j - 10a X st? (Do not include transactions 10b X	7a 0 7b 7c 7c 0 (a) Amount (b) Tr 8a(1) 14,840 8a(2) 103,061 8a(3) -7,112 8c -8b 8d -7,112 8c -86 8d -86 8d -89 8f 163 8g -81 8i -79 9j -70 10a X 5f? (Do not include transactions 10b X 10b X	7a 0 111 7b 0 111 7c 0 111 (a) Amount (b) Total 111 8a(1) 14,840

С	Was the plan covered by a fidelity bond?	10c	x	
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	
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	x	
f	Has the plan failed to provide any benefit when due under the plan?	10f	X	
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? (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		

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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 Schedule SB (Form 5500) and line 11a below)							
<u>11a</u>	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 sect ERISA?				Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		- 41-		<u> </u>		
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver		er (n)av	e date	or the li Yea		uing
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	12t	, [
	Enter the amount contributed by the employer to the plan for this plan year	. 120	;				
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)	120	1				
e	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?] Yes	X	No	1
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X	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	13c(1) Name of plan(s): 13c(2) EIN(S)		13	c(3) F	PN(s)