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 | | | | | | | |
|--|---|--|--------------------------|---|---|----------------------------|--|--|--|
| For calend | lar plan year 2018 or fi | iscal plan year beginning 01/01/2 | 018 | and ending 12 | 2/31/2018 | | | | |
| A This re | A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) | | | | | | | | |
| | | a one-participant plan | a foreign plan | | | | | | |
| B This ret | urn/report is | the first return/report | the final return/report | | | | | | |
| | | an amended return/report | a short plan year retu | ırn/report (less than 12 m | ionths) | | | | |
| C Check | box if filing under: | X Form 5558 | automatic extension | | DFVC progra | am | | | |
| | | special extension (enter descr | • • | | | | | | |
| Part II | Basic Plan Info | ormation—enter all requested inf | ormation | | | | | | |
| 1a Name COLLEEN A | • | 1(K) PROFIT SHARING PLAN | | | 1b Three-dig plan num (PN) ▶ | | | | |
| | | | | | 1c Effective | date of plan 01/01/2009 | | | |
| | | oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C | l Roy) | | | Identification Number | | | |
| | | ce, country, and ZIP or foreign post | | structions) | (EIN) | 90-0013727 | | | |
| COLLEEN T | RACY, DDS PS | | | | 2c Sponsor's telephone number 425-337-1000 | | | | |
| | | | | | 2d Business code (see instructions) | | | | |
| 10315 19TH EVERETT, V | AVE SE #110 NA 98208 | | | | | 621210 | | | |
| | | | | | | | | | |
| 3a Plan a | administrator's name a | nd address 🛛 Same as Plan Spor | nsor. | | 3b Administr | ator's EIN | | | |
| | | | | | 3c Administr | rator's telephone number | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | e plan sponsor or the plan name ha | | | 4b EIN | | | | |
| | lan, enter the plan spo sor's name | onsor's name, EIN, the plan name a | nd the plan number from | the last return/report. | 4d PN | | | | |
| C Plan N | | | | | TU FN | | | | |
| | | | | | | | | | |
| 5a Total | number of participants | s at the beginning of the plan year | | | 5a | 11 | | | |
| | | at the end of the plan year | | | . 5b | 11 | | | |
| | | account balances as of the end of | | • | 5c | 11 | | | |
| d(1) Tot | al number of active pa | articipants at the beginning of the plant | an year | | 5d(1) | 6 | | | |
| d(2) Total number of active participants at the end of the plan year | | | | | | 6 | | | |
| | | terminated employment during the | | | 5e | 0 | | | |
| Caution: A | A penalty for the late | or incomplete filing of this return | n/report will be assesse | d unless reasonable ca | | | | | |
| SB or Sche | | ther penalties set forth in the instructed and signed by an enrolled actuary, a plete. | | | | | | | |
| SIGN | | I/valid electronic signature. | 10/09/2019 | COLLEEN TRACY | | | | | |
| HERE | Signature of plan a | administrator | Date | Enter name of individ | lual signing as pl | an administrator | | | |
| SIGN | Filed with authorized | I/valid electronic signature. | 10/09/2019 | COLLEEN TRACY | | | | | |
| HERE | Signature of emplo | over/plan sponsor | Date | Enter name of individual signing as employer or plan sp | | | | | |

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| b | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | | | No No |
|-----|--|--|--------------------------|---------|---------|---------|-----------------|--------------------------------|----------|
| | | | | | | | | Not determing (See instruction | |
| Par | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | | | | (b) End | d of Year | |
| | Total plan assets | 7a | 5 | 49485 | _ | | | 593108 | |
| | Total plan liabilities | 7b | | 10.105 | | | | 500400 | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | | 49485 | | | | 593108 | |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | | (b) | Total | |
| | Contributions received or receivable from: (1) Employers | 8a(1) | | 48585 | | | | | |
| | (2) Participants | 8a(2) | | 29139 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| | Other income (loss) | 8b | Ŧ | 34101 | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 43623 | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 0 | | | | | |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | | | | | |
| | Other expenses | | | | | | | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 0 | |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 43623 | |
| | Transfers to (from) the plan (see instructions) | reported to the plantage of th | | | | | | 10020 | |
| | t IV Plan Characteristics | 8j | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension | feature co | des from the List of Pl | an Cha | racteri | stic Co | odes in the ins | structions: | |
| | 2A 2E 2F 2H 2J 2K 3D | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | acteris | tic Cod | des in the inst | ructions: | |
| Par | t 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 | | | 50000 | |
| 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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | | | | | X | | | |
| f | | | | | | Χ | | | _ |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | | | | | X | | | |
| 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 | • | | 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 (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 | | | | | | | | |
| | (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 | 3c(1) Name of plan(s): | (2) EIN(s) |) | 13c(3) 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

| | | t Identification Information | | | | |
|------------|--|---|--|---|---|--|
| For | calendar plan year 2018 or fi | scal plan year beginning | 01/01/2018 | and ending | 12/31/201 | 3 |
| Α 1 | This return/report is for: | a single-employer plan | a multiple-employer plan a list of participating em a foreign plan | n (not multiemployer) ployer information in | (Filers checking this accordance with the | s box must attach form instructions.) |
| P - | This return/report is: | the first return/report | the final return/report | | | |
| Ь | This return/report is: | = | | report (less than 12 r | months) | |
| | | an amended return/report | a short plan year return | report (less than 12 i | nonuis) | |
| C | Check box if filing under: | x Form 5558 | automatic extension | | DFVC pr | ogram |
| | | special extension (enter desc | cription) | | | |
| Pa | art II Basic Plan Inf | ormation enter all requested | d information | | 1 | |
| 1a | Name of plan COLLEEN A TRACY. I | DDS PS 401(K) PROFIT SHA | ARING PLAN | | 1b Three-digit plan numbe (PN) ▶ | 001 |
| | 20 | | | | 1c Effective da 01/01/20 | ate of plan |
| 2a | Mailing Address (include ro | oloyer, if for a single-employer plan) bom, apt., suite no. and street, or P | .O. Box) | ctions) | 2b Employer le | dentification Number -0013727 |
| | Colleen TRACY, DDS | nce, country, and ZIP or foreign pos | stal code (il loreign, see mstru | ctions | 2c Sponsor's t | elephone number |
| | COLLEEN TRACI, DD | , 13 | | | (425) 3 | 37-1000 |
| | | | | | | ode (see instructions) |
| | 10315 19TH AVE SE | #110 | | | 621210 | |
| | US EVERETT WA 98208 | | | | | |
| 3a | Plan administrator's name | and address X Same as Plan S | ponsor | | 3b Administra | tor's EIN |
| | | | | | | |
| | | | | | 3c Administra | tor's telephone number |
| 4 | If the name and/or EIN of t this plan, enter the plan sp | the plan sponsor or the plan name loonsor's name, EIN, the plan name | has changed since the last ret and the plan number from the | urn/report filed for last return/report. | 4b EIN | |
| а | Sponsor's name | | | | 4d PN | |
| С | Plan Name | | | | | |
| | T-t-l f f | its at the beginning of the plan year | | | 5a | 11 |
| 5a | | its at the end of the plan year | | | | 11 |
| c | Number of participants wit | th account balances as of the end of | of the plan year (only defined o | ontribution plans | 5c | 11 |
| | | | | •••••• | 5d(1) | 6 |
| | | participants at the beginning of the population at the end of the plan ye | | •••••• | E-1/2) | 6 |
| u | | no terminated employment during th | | | 54(2) | |
| е — | less than 100% vested | | | | | 0 |
| | | te or incomplete filing of this ret | | | | A CONTRACTOR OF THE PROPERTY O |
| S | B or Schedule MB complete | d other penalties set forth in the inst d and signed by an enrolled actuary | tructions, I declare that I have y, as well as the electronic ver | examined this return/ sion of this return/rep | report, including, if a ort, and to the best | applicable, a Schedule of my knowledge and |
| | elief, it is true, correct, and co | lutially | 1019/19 | colleer | Tracy | 1 |
| | HERE Signature of plan a | dministrator | Date | Enter name of individ | | administrator |
| | () All n | 11-1191911 | 1019119 | colleen | Trace | 1 |
| 2.338 | SIGN Signature of emplo | yer/plan sponsor | Date | | | loyer or plan sponsor |
| 3 5 100 | of the second se | | Section 1 | Charles and the second | | |

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| 6a | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | | XYes | □No | | |
|----------|---|----------------|----------------------------------|--------|---------|--------|----------|---------------|--------------|-----------|
| b | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | XYes | □No | | |
| | 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 ins | surance pr | ogram (see ERISA sectior | า 402 | 1)? | •••••• | Yes | ∐ No | Not de | etermined |
| | If "Yes" is checked, enter the My PAA confirmation number from the $$ | PBGC pre | emium filing for this year | | | | | | (See instruc | ctions.) |
| Pa | rt III Financial Information | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of | f Yea | r | | | (b) End | of Year | |
| а | Total plan assets | 7a | 54 | 19,4 | 85 | | | | 593, | 108 |
| b | Total plan liabilities | 7b | | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 54 | 19,4 | 85 | | | | 593, | 108 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | | (b) 1 | Γotal | |
| а | Contributions received or receivable from: | 90/4\ | | 18,5 | 25 | | | | | |
| | (1) Employers | 8a(1) 8a(2) | | 29,1 | | | | | | |
| | (2) Participants | 8a(3) | | 17,1 | | | | | | |
| b | Other income (loss) | 8b | (34 | 1,10 | 1) | | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | , , | , = 0 | | | | | 43. | 623 |
| d | Benefits paid (including direct rollovers and insurance premiums | | | | | | | | 13, | 023 |
| | to provide benefits) | 8d | | | 0 | | | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| <u>f</u> | Administrative service providers (salaries, fees, commissions) | 8f | | | 0 | | | | | |
| <u>g</u> | Other expenses | 8g | | | | - | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | - | | | 42 | 0 |
| ÷ | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | - | | | 43, | 623 |
| | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| | rt IV Plan Characteristics | | (" 1: (fB) O | | | 0 1 | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2H 2J 2K 3D | ature code | es from the list of Plan Ch | naract | eristic | Code | s in the | instructi | ons: | |
| h | | tura aada | o from the Liet of Dian Cha | rooto | riotio | Codoo | in the | inatruatia | | |
| | If the plan provides welfare benefits, enter the applicable welfare fea | lure code: | s ilolli tile List of Flati Cila | iracie | HSUC | Codes | iii liie | II ISII UCIIO | 115. | |
| Pa | nrt V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | | Amount | |
| а | Was there a failure to transmit to the plan any participant contributi | | | | | | | | | |
| | described in 29 CFR 2510.3-102? (See instructions and DOL's Vol | luntary Fid | duciary Correction | | | | | | | |
| | Program) | | | 10a | | Х | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) | | | 10b | | x | | | | |
| | | | | 10c | x | | | | | 50,000 |
| d | | | | | | | | | | , |
| | by fraud or dishonesty? | | | 10d | | х | | | | |
| е | , , , | • | , | | | | | | | |
| | carrier, insurance service, or other organization that provides some the plan? (See instructions.) | | | 10e | | x | | | | |
| f | f Has the plan failed to provide any benefit when due under the plan? | | | | | | | | | |
| | | | | | | x | | | | |
| <u>\</u> | | | | 10g | | | | | | |
| | 2520.101-3.) | | | 10h | | х | | | | |
| i | If 10h was answered "Yes," check the box if you either provided th | | | 40. | | | | | | |
| | exceptions to providing the notice applied under 29 CFR 2520.101 | -3 | •••••• | 10i | | | | | | |

| Form 5500-SF 2018 | | |
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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 Sch (Form 5500 and line 11a below) | | SB Yes X 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 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, an | d enter | the date of the letter ruling | | | | | |
| | granting the waiver Month Month | _ Da | y Year | | | | | |
| If 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 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) | 12d | | | | | | |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | | | | | |
| 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 | | | | | |
| | 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? | | Yes X No | | | | | |
| C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) | | | | | | | | |
| 13 | c(1) Name of plan(s): 13c(2) El | N(s) | 13c(3) PN(s) | | | | | |
| | | | | | | | | |

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