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	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018		
A This ref	turn/report is for:	🛚 a single-employer plan		olan (not multiemployer) (mployer information in ac			
_		a one-participant plan	a foreign plan				
B This retu	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	onths)		
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	m	
		special extension (enter descr	iption)				
Part II	Basic Plan Info	ormation—enter all requested inf	ormation				
1a Name DOUGLAS F	of plan F. WHITFIELD, DDS 4	401(K) PLAN			1b Three-digi plan numb (PN) ▶		
					1c Effective of	date of plan 01/01/2012	
		oyer, if for a single-employer plan)			2b Employer	Identification Number	
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		tructions)	(EIN)	26-0497573	
•	F. WHITFIELD, DDS, I		, ,	,		telephone number 06-575-1000	
					2d Business	code (see instructions)	
411 STRANI TUKWILA, W	DER BLVD, SUITE 10 VA 98188	5				621210	
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administra	itor's EIN	
					3c Administra	ator's telephone number	
		e plan sponsor or the plan name ha			4b EIN		
	or's name	nion o name, Env, the plan name a	and the plan number nom	the last retain/report.	4d PN		
C Plan N	lame						
5a Total	number of participants	s at the beginning of the plan year			5a	13	
b Total	number of participants	s at the end of the plan year			5b	14	
		account balances as of the end of		· ·	5c	14	
	,	articipants at the beginning of the plant			5d(1)	6	
		articipants at the end of the plan yea			. 5d(2) 7		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0	
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable car	use is establish	ed.	
SB or Sche		ther penalties set forth in the instructed and signed by an enrolled actuary, and lete.					
SIGN	Filed with authorized	d/valid electronic signature.	10/15/2019	DOUGLAS WHITFIEL	.D		
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	an administrator	
SIGN HERE	Filed with authorized	d/valid electronic signature.	10/15/2019	DOUGLAS WHITFIEL	_D		
TILINE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual signing as em	nployer or plan sponsor	

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_	 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.) 							
С	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 in If "Yes" is checked, enter the My PAA confirmation number from the	surance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)
Pa	rt III Financial Information							
_7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year
<u>a</u>	Total plan assets	7a	1;	32470				131537
<u>b</u>	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1:	32470				131537
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		9449				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		10382				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-933
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-933
j	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	es in the insti	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 contribudescribed 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.)	? (Do not	include transactions	10b		X		
С				10c		X		
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 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			45
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ		
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	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver						
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					
C Enter the amount contributed by the employer to the plan for this plan year							
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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
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 Renefit Guaranty Comoration

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

	The state of the s		ccordance 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	./2018		
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer plan (not multiemployer) (Figure 1 a list of participating employer information in action a foreign plan the final return/report a short plan year return/report (less than 12 months)	ccordance			
	Check box if filing under:	x Form 5558 special extension (enter desc			FVC program		
-		ormation enter all requeste	d information	41 -			
Та	Name of plan Douglas F. Whitfie	eld, DDS 401(k) Plan		(PN)	number)► 001		
				Commence of the state of the st	ctive date of plan		
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) Douglas F. Whitfield, DDS, PLLC				oloyer Identification Number 26-0497573		
					2c Sponsor's telephone number (206) 575–1000		
	411 Strander Blvd, Suite 105				2d Business code (see instructions) 621210		
20	US Tukwila WA 98188	and address X Same as Plan S		2h Ad-	ninistrator's EIN		
Ja	Plan auministrator s name	and address A Jame as Plan S	porisor		ninistrator's telephone number		
4			has changed since the last return/report filed for and the plan number from the last return/report.	4b EIN	HOLE TO THE PARTY OF THE PARTY		
c	Sponsor's name Plan Name			4d PN			
				5a	13		
			•••••••••••••••••••••••••••••••••••••••	5b	14		
	complete this item)	***************************************	f the plan year (only defined contribution plans	5c	14		
d	1) Total number of active page	articipants at the beginning of the p	olan year	5d(1)	6		
d	(2) Total number of active page	articipants at the end of the plan ye	ear	5d(2)	7		
е	I II 4000/ I - I		e plan year with accrued benefits that were	5e	0		
Ca	aution: A penalty for the lat	e or incomplete filing of this ret	urn/report will be assessed unless reasonable cau	ıse is esta	blished.		
U	oder penalties of periury and	other penalties set forth in the inst	ructions. I declare that I have examined this return/rea	nort includ	ing if applicable a Schadule		

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

Date

10-15

HERE Signature of employed plan sponsor Date For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

belief, it is true, correct, and complete.

Signature of plan administrator

SIGN HERE

Militiel 4

Enter name of individual signing as plan administrator

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)			**********			X Yes	ПNо
b	Are you claiming a waiver of the annual examination and report of ar	n independe	ent qualified public accou	intant	(IQP	A)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd condition	ns.)	*******	*******	*******		******	X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannot									
	If the plan is a defined benefit plan, is it covered under the PBGC ins								Not d	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC prer	mium filing for this year			-		(S	ee instru	ctions.)
Pa	rt III Financial Information					****			***************************************	
1	Plan Assets and Liabilities		(a) Beginning of	Year	-	T		(b) End of	Year	
	Total plan assets	7a		32,4				(-)	131,	537
	Total plan liabilities	7b				1			101,	337
	Net plan assets (subtract line 7b from line 7a)	7c	13	32,4	70				131,	537
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			1		(b) To		
	Contributions received or receivable from:									
	(1) Employers	8a(1)		9,4	49					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)			-					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	(10	, 38:	2)					
d	Benefits paid (including direct rollovers and insurance premiums	8c		-					(9	33)
	to provide benefits)	8d								
10.40	Certain deemed and/or corrective distributions (see instructions)	8e								
C. Carlon	Administrative service providers (salaries, fees, commissions)	8f		e i e e e e e e e e e e e e e e e e e e						
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-		_				
	Net income (loss) (subtract line 8h from line 8c)	8i							(9	33)
	Transfers to (from) the plan (see instructions)	8j								
	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 3D	ature codes	s from the List of Plan Ch	aract	eristic	Code	es in the	instruction	s:	
-										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	racte	ristic	Codes	in the i	nstructions	:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Δ	mount	
a	Was there a failure to transmit to the plan any participant contributi	ions within	the time period			1.0			mount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol									
	Program)			10a		x				
b	Were there any nonexempt transactions with any party-in-interest?	(Do not inc	clude transactions							
C	reported on line 10a.)			10b		Х				
d	First Control of Contr			10c		Х				
	by fraud or dishonesty?	************	************************	10d		x				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	er persons l	by an insurance					***************************************		
	the plan? (See instructions.)	or all of th	e benefits under	10e	х					45
f	Has the plan failed to provide any benefit when due under the plan			10f		x				*3
g				10g		х				
h	If this is an individual account plan, was there a blackout period? (\$	See instruct	tions and 29 CFR	- 3		-				
	2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required r	notice or one of the	10i						
				101						

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				-	
- 1	Do	-	-	2	120
- 1	۲а	u	e	J	-

Part	VI	Pension Funding Compliance						
11	(Form	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500 and line 11a below)	chedule	SB	☐ Yes	X No		
_11a	Enter t	ne 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								
	grantin	g the waiver		the date	or the lette Year	rruling		
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		лу	rear			
b		ne minimum required contribution for this plan year.	12b					
С	Enter th	ne amount contributed by the employer to the plan for the plan year	12c					
d	Subtrac	et the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	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 r	esolution to terminate the plan been adopted in any plan year?	T	Yes	X No	0		
y-141	If "Yes,	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	If, during which a	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan ssets or liabilities were transferred. (See instructions.)	(s) to			**************************************		
13	c(1) Na	me of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)		
						3.1		