Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

_		iscai pian year beginning 077017		and ending 0	0/30/2017	
A This re	turn/report is for:	X a single-employer plan ∴	list of participating	plan (not multiemployer) employer information in a	`	•
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/repo	rt		
		an amended return/report	a short plan year re	turn/report (less than 12 m	nonths)	
C Check	box if filing under:	× Form 5558	automatic extensio	n	DFVC prog	gram
Dort II	Desis Dien Infe	special extension (enter des	<u>'</u>			
Part II 1a Name		ormation—enter all requested i	nformation		1b Three-d	ligit
		AL CENTER 401(K) PROFIT SHA	ARING PLAN		plan nur	•
					1c Effective	e date of plan 07/01/1994
Mailing	ponsor's name (emplo g address (include roc		2b Employe (EIN)	er Identification Number 91-1266160		
	r town, state or province MADSEN, MAXFIELD	ce, country, and ZIP or foreign pos 0, DDS, PS	stal code (if foreign, see ir	nstructions)		r's telephone number 509-967-3421
	LAND FAMILY DENT	AL CENTER			2d Busines	s code (see instructions)
	N GIESEN STREET LAND, WA 99353-541	11				621210
3a Plan a	dministrator's name a	nd address X Same as Plan Sp	onsor.		3b Adminis	trator's EIN
					2	
					3C Adminis	trator's telephone number
		e plan sponsor has changed since	e the last return/report file	d for this plan, enter the	4b EIN	91-1266160
name	, EIN, and the plan nu	mber from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN 4c PN	91-1266160
name a Spons	e, EIN, and the plan nu sor's name MAXFIELD	mber from the last return/report., LARSON, MADSEN, DDS, PS		·		
a Spons 5a Total	e, EIN, and the plan nu cor's name MAXFIELD number of participants	mber from the last return/report.	·		4c PN	003
a Spons 5a Total b Total c Numb	e, EIN, and the plan number of participants number of participants over of participants with participants with	mber from the last return/report., LARSON, MADSEN, DDS, PS s at the beginning of the plan year	of the plan year (only defin	ed contribution plans	4c PN 5a	003
a Spons 5a Total b Total c Numb	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	mber from the last return/report. LARSON, MADSEN, DDS, PS s at the beginning of the plan year s at the end of the plan year account balances as of the end of	of the plan year (only defin	ned contribution plans	4c PN 5a 5b	003 31 34 33
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot	e, EIN, and the plan number of participants number of participants of participants with lete this item)	mber from the last return/report. , LARSON, MADSEN, DDS, PS at the beginning of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year	of the plan year (only definon	ned contribution plans	4c PN 5a 5b 5c	003 31 34
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than	e, EIN, and the plan number of participants number of participants of participants with lete this item)	mber from the last return/report. , LARSON, MADSEN, DDS, PS at the beginning of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the	of the plan year (only definon plan year earear with accrued	ed contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	003 31 34 33 28 27
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name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche	e, EIN, and the plan number of participants number of participants with lete this item)	mber from the last return/report. , LARSON, MADSEN, DDS, PS s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the plan year or incomplete filing of this returned signed by an enrolled actuary,	plan year (only defined as the plan year with accrued as the plan year will be assessed uctions, I declare that I have	benefits that were less ed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establiseport, including,	003 31 34 33 28 27 1 shed. , if applicable, a Schedule
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	mber from the last return/report. , LARSON, MADSEN, DDS, PS s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the plan year or incomplete filing of this returned signed by an enrolled actuary,	plan year (only defined as the plan year with accrued as the plan year will be assessed uctions, I declare that I have	benefits that were less ed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established by the best of t	003 31 34 33 28 27 1 shed. , if applicable, a Schedule
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name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche belief, it is SIGN HERE	e, EIN, and the plan number of participants number of participants with lete this item)	articipants at the beginning of the plan year account balances as of the end of the plan year articipants at the end of the plan year terminated employment during the terminated employment during the terminated by an enrolled actuary, aplete.	plan year (only define plan yearear	benefits that were less ed unless reasonable ca ive examined this return/report reversion of this return/report RONALD O. MAXFIEL Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established by the second of the best by the second of the sec	003 31 34 33 28 27 1 shed. if applicable, a Schedule est of my knowledge and
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name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	anther from the last return/report. LARSON, MADSEN, DDS, PS at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year arti	plan year (only define plan year	benefits that were less ed unless reasonable ca ive examined this return/report RONALD O. MAXFIEL Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established and to the best of the best	31 34 33 28 27 1 shed. if applicable, a Schedule est of my knowledge and plan administrator employer or plan sponsor
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	anther from the last return/report. LARSON, MADSEN, DDS, PS at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year arti	plan year (only define plan year	benefits that were less ed unless reasonable ca ive examined this return/report RONALD O. MAXFIEL Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established and to the best of the best	31 34 33 28 27 1 shed. if applicable, a Schedule est of my knowledge and plan administrator employer or plan sponsor

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d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.) • Has the plan failed to provide any benefit when due under the plan? • 10c × 10d × 10d × 10e	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Ye	s No
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (a) The Assets and Liabilities 7							_	-	_	□ N	
7 Plan Assets and Liabilities 7 Ra		<u>-</u>	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐No	Not det	ermined
a Total plan labilities	<u> Pa</u>			1		r					
D Total plan liabilities	7_	Plan Assets and Liabilities							(b) End		0
C Net plan assets (subtract line 7b from line 7a)		·		3							
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Participants. (6) Descriptions (including rollovers). (8) Sa(2) 142026 (8) Other rollowers (including rollovers). (8) Descriptions (including rollovers and insurance premiums to provide benefits). (8) Descriptions (including rollovers and insurance premiums to provide benefits). (8) Descriptions (including rollovers and insurance premiums to provide benefits). (8) Descriptions (including rollovers and insurance premiums to provide benefits. (8) Descriptions (including rollovers and insurance premiums to provide benefits. (8) Descriptions (including rollovers and insurance premiums to provide service providers (salaries, fees, commissions). (8) Descriptions (including rollovers). (9) Descriptions (including rollovers). (9) Descriptions (including rollovers). (9) Descriptions (including rollovers). (10) Descr				2							
a Contributions received or receivable from: (1) Employers (2) Participants		Net plan assets (subtract line 7b from line 7a)	7c	3	210904					101719	3
(1) Employers 8a(1) 101000 (2) Participants 8a(2) 142026 (3) Others (including rollovers) 8a(3) 0 D Others (including rollovers) 8a(3) 0 D Other income (loss) 8a(3) 0 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 385981 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 385981 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 385981 D Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 385981 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 385981 D Other expenses 8d 30 10 10 10 10 10 10 10 10 10 10 10 10 10				(a) Amour	it				(b) T	otal	
(2) Participants	а		8a(1)		101000						
(3) Others (including rollovers)					142026						
b Other income (loss)				, ,							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	b	· · · · · · · · · · · · · · · · · · ·			285981						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		· · ·								52900	7
to provide benefits)											
f Administrative service providers (salaries, fees, commissions)			8d	2	121665						
g Other expenses	e	Certain deemed and/or corrective distributions (see instructions).	8e								
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f			_					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0						
Transfers to (from the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
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: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	i_	Net income (loss) (subtract line 8h from line 8c)	8i				-1601791				1
9a	<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Pai	rt IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: a 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)	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10	During the plan year:				Yes	No	N/A		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			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?	С	,			10c	X					360000
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d						X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ner persor ne or all of	s by an insurance the benefits under			X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the pla	n?	·····	10f		X				
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X					55398
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h	·	•		10h		X				
	i				10i						

ı	Form	550	0-SF	201	16

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat per test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 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

2016

This Form is Open to Public Inspection

	ort Identification Information			06/20/20	24.5
For calendar plan year 2016	or fiscal plan year beginning	07/01/2016	and ending	06/30/2	
A This return/report is for:	∑ a single-employer plan		an (not multiemployer) nployer information in a		
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 r	months)	
C Check box if filing under:	☒ Form 5558☐ special extension (enter des	automatic extension		DFVC progran	1
Part II Basic Plan	Information—enter all requested i				
1a Name of plan	intormation—enter all requested i	mormation		1b Three-digit	
	ly Dental Center 401(k	:) Profit Sharing	Plan	plan number	4
				1c Effective da 07/01/19	
	mployer, if for a single-employer plan) e room, apt., suite no. and street, or P.			2b Employer Id (EIN) 91-1	dentification Number
Carolina de Seria - Descripciones de Carolina de Carol	ovince, country, and ZIP or foreign pos Maxfield, DDS, PS	stal code (if foreign, see inst	ructions)		telephone number
West Richland Family Dent				509-967-	
4476 W. Van Giese				2d Business of 621210	ode (see instructions)
West Richland	WA 99353-54	11			
3a Plan administrator's nar	ne and address 🏻 Same as Plan Sp	onsor.		3b Administrat	or's EIN
				3c Administrat	or's telephone number
4 If the name and/or EIN	of the plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4b EIN 91-1	266160
name, EIN, and the pla	n number from the last return/report.			4c PN 003	200100
a Sponsor's name		on, Madsen, DDS,			31
	pants at the beginning of the plan year				31
the state of the s	pants at the end of the plan year with account balances as of the end c			5c	34
complete this item)					33
	ve participants at the beginning of the			5d(1)	28
	e participants at the end of the plan y that terminated employment during the				27
than 100% vested				5e	1
Caution: A penalty for the	late or incomplete filing of this retund other penalties set forth in the instr	rn/report will be assessed	unless reasonable c	ause is establishe	d.
SB or Schedule MB complete belief, it is true, correct, and	ed and signed by an enrolled actuary	, as well as the electronic ve	ersion of this return/repo	ort, and to the best	of my knowledge and
SIGN Land	10 Marker	4/12/18	RONALD O. MAX	XFIELD	
HERE Signature of p	lan administrator	Date	Enter name of indivi	idual signing as pla	n administrator
SIGN					
	mployer/plan sponsor	Date			ployer or plan sponsor
Preparer's name (including	firm name, if applicable) and address	(include room or suite numb	er)	Preparer's telep	hone number
178					2

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b	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.) Yes 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.									
	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	Not de	termined
Par	t III Financial Information	T	T							
7	Plan Assets and Liabilities		(a) Beginning				((b) End	of Year	
	Total plan assets	7a	3,	221,					1,6	517,193
	Total plan liabilities	7b			653					0
	Net plan assets (subtract line 7b from line 7a)	7c		218,	984					517,193
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_			(b) T	Total	
	Contributions received or receivable from: (1) Employers	8a(1)		101,	000					
	(2) Participants	8a(2)		142,	026					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		285,	981					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							į	529,007
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,	121,	665					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		9,	133					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2,3	L30,798
i	Net income (loss) (subtract line 8h from line 8c)	8i							-1,6	501,791
j	Transfers to (from) the plan (see instructions)	8j			0					
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Coc	les in t	he instr	uctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	
	Was there a failure to transmit to the plan any participant contribu								Amoun	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					360,000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х			_	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	Х					55,398
h	If this is an individual account plan, was there a blackout period? 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 2520.10	•		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	Sched	lule SE	3	Пү	es No
	(Form 5500) and line 11a below)		<u> </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 se ERISA?		302 of		Y	es X No
	(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,	, and e	_		of the letter Year	ruling
If ·	granting the waiver		Day			
	Enter the minimum required contribution for this plan year		12b			
	Enter the amount contributed by the employer to the plan for this plan year		12c			
d		١.	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part						
	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No)
154	If "Yes," enter the amount of any plan assets that reverted to the employer this year		I3a	100	24 140	<u>'</u>
b			ı sa			
	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 planth which assets or liabilities were transferred. (See instructions.)	an(s) to)			
1	3c(1) Name of plan(s):	c(2) E	IN(s)		13c(3)	PN(s)
				<u> </u>		
Part	VIII Trust Information					
14a	Name of trust	1	I4b ⊺	rust's E	IN	
14c	Name of trustee or custodian	1			or custodia e number	an's
Part	IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b.	'es			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section $\parallel \parallel$	esign-l afe har			"Prior ye test	ar" ADP
		Current DP tes			N/A	
16a		Ratio	togo	☐ Av	verage	□ N/A
- 101	t	ercent est	ıaye	∐ be	nefit test	∐ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	'es			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter and the serial number	etter o	r advis	ory lette	er, enter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the cletter	late of	the mo	ost rece	ent determin	ation
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated froservice?	om [Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	[Yes		No	