### 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

2017

This Form is Open to Public Inspection

Part I		t Identification Information								
For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/2	2017		and ending 12	2/31/2017				
A This ret	urn/report is for:	X a single-employer plan					king this box must attach a rith the form instructions.)			
D This can	and the second to	a one-participant plan	a fo	oreign plan						
<b>B</b> This retu	Irn/report is	the first return/report	the f	final return/report						
		an amended return/report	a sh	ort plan year return	/report (less than 12 m	onths)				
C Check b	oox if filing under:	X Form 5558	ш	omatic extension		DFVC p	rogram			
		special extension (enter descr								
Part II		ormation—enter all requested inf	nformation	า		41 =				
1a Name o	•	() PROFIT SHARING PLAN				<b>1b</b> Three plan (PN)	number			
						1c Effec	etive date of plan 01/01/2004			
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	O. Box)			2b Emple (EIN)	oyer Identification Number 20-2041099			
-	town, state or province MBERG, DDS PLLC	ce, country, and ZIP or foreign post	stal code (	if foreign, see instru	uctions)	` '	nsor's telephone number 509-663-1161			
						2d Busin	ness code (see instructions)			
222 N. MISSI	ON STREET E, WA 98801-6643						621210			
WENATORIE	L, WA 30001 0043									
3a Plan ad	dministrator's name a	and address Same as Plan Spor	onsor.			<b>3b</b> Admir	nistrator's EIN			
L. ERIK HOL	MBERG, DDS PLLC					20-2041099				
		WENATC	SHEE, W/	A 98801-6643		3C Admii	<b>3c</b> Administrator's telephone number 509-663-1161			
							303-003-1101			
		ne plan sponsor or the plan name ha				<b>4b</b> EIN				
<b>a</b> Sponso		, , ,	·		•	4d PN				
C Plan N	ame									
<b>5a</b> Total r	number of participants	s at the beginning of the plan year				5a	11			
<b>b</b> Total r	number of participants	s at the end of the plan year				5b	9			
		account balances as of the end of			-	5c	9			
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pl	olan year			5d(1)	7			
		articipants at the end of the plan yea				5d(2)	7			
than 1	100% vested	o terminated employment during the				5e	0			
		or incomplete filing of this return ther penalties set forth in the instruc-								
SB or Sche		and signed by an enrolled actuary, a								
SIGN	Filed with authorized	d/valid electronic signature.	1	10/11/2018	L. ERIK HOLMBERG,	DDS	_			
HERE	Signature of plan	administrator		Date	Enter name of individ	ual signing a	as plan administrator			
SIGN										
HERE	Signature of emple	oyer/plan sponsor		Date	Enter name of individ	ual signing a	as employer 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	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No		etermined tructions.)
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
a	Total plan assets	7a		38043			<u> </u>	230249	3
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	18	38043				230249	3
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total	
	Contributions received or receivable from:  (1) Employers	8a(1)	, ,	60218			,		
	(2) Participants	8a(2)		70103					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	3	97582					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						52790	3
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		63403					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f		50					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						6345	3
i	Net income (loss) (subtract line 8h from line 8c)	8i						46445	0
j	Transfers to (from) the plan (see instructions)	8i							
Par	t IV Plan Characteristics		•						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	istic C	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ins	tructions:	
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	Fiduciary 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			5	0000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g		-	•	10g		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 Sch (Form 5500) and line 11a below)		В	. Y	es 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 ERISA?	n 302 of			es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter Year	ruling
lf y	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	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?		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
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	) to			
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Osparlment of Labor Employee Bonelite Security Arimhetation Pension Benefit Gueranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 8057(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

2017

This Form is Open to Public Inspection

Part I Annual Report	t Identification information		Midwillian Strate Control of	0000			
For calendar plan year 2017 or f		01/01/2017	and ending	12/31/20	217		
A This return/report is for:	🗓 a single-employer plan	a multiple-employer pi	an (not multiemployer) (l aployer information in ac				
	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 m	onths)			
C Check box if filing under:	X Form 6658	automatic extension	1	DFVC program	1		
[ 15.00.VC ] 1. 511.2	special extension (enter descri		nder tradit, quantific and quantific and an array and fig. growing a				
MINOR OF THE PROPERTY OF THE P	ormation—enter all requested inf	<u>formation</u>	- Historia Ni Combinato in Carrio Car	1b Three-digit	**************************************		
1a Name of plan L. ERIK HOLMBERG, DD	OS 401(K) PROFIT SHARI	ing plan		plan numbe (PN).			
				1c Effective de 01/01/20			
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no, and street, or P.Ó			2b Employer (CEN) 20-	dentification Number 2041099		
City or town, state or proving L. ERIK HOLMBERG, D	ce, country, and ZIP or foreign posts DS PLLC	al code (if foreign, see inst	ructions)	26 Sponsor's 1 509-663-	dephone number		
222 N. MISSION STRE	ET				xde (see Instructions)		
WENATCHEE	WA 98801-664:	3					
3a Plan administrator's name a L. ERIK HOLMBERG, DE	and address ∏Same as Pian Spor DS PLLC	neor.		3b Administrator's EIN 20-2041099			
3c Administrator's Idephone 222 N. MISSION STREET 509-663-1161							
WENATCHEE	WA 98801-6643						
	ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b ein			
a Sponsor's name 4d PN C Plan Name							
Sa Takai number of participant	s at the beginning of the plan year			ба	11		
• •	e at the end of the plan year			5b	9		
C Number of participents with	account balances as of the end of	the plan year (only delined	Loontribution plans	50	9		
·	articipants at the beginning of the pla			5d(1)	7		
d(2) Total number of active pe	articipants at the end of the plan yes	**************************************		5d(2)	7		
Number of participants who	o terminated employment during the	e plan year with accrued be	eeel enew tedt allene	5e	0		
Caution: A penalty for the late	or incomplete filling of this return	n/report will be assessed	uniesa reasonable ca	uae is establishe	d.		
Under penalties of perjury and o SB or Schedule MB completed a belief. It is true, correct, and com	ther penalties set forth in the instruction and algred by an enrolled actuary, a pointe.	as well as the electronic ve	examined this return/repor	port, including, it i t, and to the best	of my knowledge and		
SIGN X/7E1		10-11-18	L. ERIK HOLMBI	ERG, DDS			
Signature of plan	administrator	Date	Enter name of Individ	ud as gningia lau	n administrator		
	The state of the s						
M Signature of empl	oyer/plan sponsor icc. see the instructions for Form 5500	Date	Enter name of individ	ual signing as em	ployer or plan aponsor Form 5500-6F (2017)		

age	2

b	Were all of the plan's assets during the plan year invested in eligible. 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 cannot lift the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi iot use Fo	ndent qualified public a tions.) orm 5500-SF and mus	account st instea	tant (IC ad use	QPA)  Form			
	If "Yes" is checked, enter the My PAA confirmation number from the					-			
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year	7		(b) End of Year		
a	Total plan assets	7a	1,	838,	043		2,302,493		
<u>b</u>	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	1,	838,	043		2,302,493		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		60,	218				
	(2) Participants	8a(2)		70,	103	*****			
	(3) Others (including rollovers)	8a(3)					Marking translation with the Child Hill Hole Cathern St. St. St. St.		
b	Other income (loss)	8b		397,	582		A Maria Called Alexinesis in matter the property of the contract of the contra		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					527,903		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		63,	403	3			
e	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			50				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				63,45			
i_	Net income (loss) (subtract line 8h from line 8c)	8i				464,45			
j	Transfers to (from) the plan (see instructions)	8j							
haran mainte	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3B 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the compliance Questions								
10	During the plan year:				Yes	No	Amount		
a		/oluntary F	iduciary Correction	10a		х	Amount		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
c	Was the plan covered by a fidelity bond?			10c	Х		50,000		
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	n?		10f		Х			
g				10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•	h	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					

	Form 6500-SF 2017	ng (willian) a managa fi Malanana a managa fi Malanana a managa fi Malanana a managa fi Malanana a managa fi M	paq	e 3- [	***************************************				
Part	VI Pension Funding Compilance			all kadani idayan kalimira asaa i				YPPER PROPERTY AND ADDRESS OF THE PARTY AND AD	PAPetrilisharid Alamannanana
11	is this a defined benefit plan subject to minim (Form 5500) and line 11s below)	ium funding requireme	nts? (]f "Yes," see in	structions and	i complete Sch	edule S	B <i>Ferrome</i>		Yes [] !
11a	Enter the unpaid minimum required contribut				. ,				
12	Is this a defined contribution plan subject to ERISA?	**************	*****************						Yes 🗓 i
	(If "Yes," complete line 12a or lines 12b, 12c	, 12d, and 12e below,	as applicable.)		e iji edayala a saka karama		<u>l</u>		
a	if a waiver of the minimum funding standard in granting the waiver.							fthe lett Year	
ff	you completed line 12a, complete lines 3, 9	, and 10 of Schedule	MB (Form 5500), at	nd skip to lin	e 13,	1900000×1000			
b	Enter the minimum required contribution for th	ls plen year	4838kf8q83335%145#1/56#148#4+8	***************	i t+1406+1> :2405+1b46+45	12b			
¢	Enter the amount contributed by the employer	to the plan for this plan	n year	ışeres teğicə tipa es (jezbe	***********	120			
		unt in line 12b, Enter I	he result (enter a mi	nus sign to th	e left of a	12d			
e	Will the minimum funding amount reported or	line 12d be met by th	e funding deadline?.		***********		Yes	No	] N/A
Part	Plan Terminations and Transf	ers of Assets				,			
13a	Has a resolution to lerminate the plan been ado	oled in any pian year?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	X	No
- Calendar Street	If "Yes," enter the amount of any plan assets					13a			
b	Were all the plan assets distributed to partial control of the PBGC?					*>******		Yes	X No
C	If, during this plan year, any assets or liabiliti which assets or liabilities were transferred. (S		m this plan to anoth	er plan(s), ido	ntify the plan(s)	to			
1	3o(1) Name of plan(s):				130(2)	EIN(s)		130	(3) PN(8)
· · · · · · · · · · · · · · · · · · ·	and the state of t					adelia maria fina kralanda		History In Assessment Constitution	
THE PERSONNEL PROPERTY AND ADDRESS OF THE PERSONNEL PROPERTY AND ADDRE	жен <b>жен жен жен жен жен жен жен жен жен жен </b>	nija 36. j. dostrini povel signili de Nariligalik, qui frança prove a que yan ye mana 1997/2000 escario	v Blat v v vleta kunstana venema a transcriba en Albina e		<u> </u>	runa arramenti		Million Markey and	فريدارين ورغين بمنار بمناسخته
			n vilki vil Vilkin hir ordilijid sida vilonik pasai, pasaipas padinip	······································		***************************************		····	

# ELECTRONIC FILING AUTHORIZATION OF THE FORM 5500-SF

L, Erik Holmberg, D.D.S. 401(k) Profit Sharing Plan Plan Year Ending: December 31, 2017

#### Part I: Authorization to Electronically Sign and File

I hereby authorize Midwest Pension Administrators, Inc. to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority:

- I must manually sign and date page 1 of Form 5500-SF and provide a copy of that signature page to Midwest Pension Administrators, Inc. before the electronic filing can be submitted;
- A copy of my signature, as it appears on page 1 of Form 5500-SF, will be included with the return/report posted by the Department of Labor on the internet for public disclosure.
- Midwest Pension Administrators, Inc. shall not be deemed an administrator or other fiduciary with respect to this Plan solely on account of the services performed under this authorization;
- ♦ Midwest Pension Administrators, Inc. will retain a copy of the written authorization in its records; and
- Midwest Pension Administrators, Inc. will notify you about any inquiries and information it receives from EFAST2, the DOL, or the IRS regarding this annual return/report.

This authorization is applicable only to the filing for the above-named Plan and applies only for the Plan year end stated above.

Plan Administrator: X Z Date: 10-11-18
Part II: Acknowledgment of Receipt by Midwest Pension Administrators, Inc.
On behalf of Midwest Pension Administrators, Inc., I hearby certify that the firm will use the authorization granted only for the express purpose described above.
For Midwest Pension Administrators, Inc.:  (Sandy Ohlhausen, Director of Pension Administration)
Date: