_	m 5500-SF	Short Form Annual Return/Report of Small Employee						OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed	ed under	sections 104 and 4				2017			
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).								
Pension Be	n Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I		Identification Information									
For calenda	ar plan year 2017 or fi	scal plan year beginning 01/01/2		de la constance de		2/31/20					
A This ret	urn/report is for:	X a single-employer plan	list	of participating em	· · · · · · · · · · · · · · · · · · ·	employer) (Filers checking this box must attach a nation in accordance with the form instructions.)					
<b>B</b> This retu	rn/report is	a one-participant plan		oreign plan							
		the first return/report		final return/report							
an amended return/report a short plan year return/report (less than 12 months)											
C Check box if filing under: X Form 5558					VC program						
		special extension (enter descr									
Part II	Basic Plan Info	ormation—enter all requested inf	formatior	n			Three-digit	-			
	1a Name of plan ACCESS ENDODONTIC SPECIALISTS RETIREMENT PLAN							001			
						(PN) ▶ 001 1c Effective date of plan 01/01/2007					
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)							2b Employer Identification Number				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AES POST FALLS, PLLC C. Sponsor's telephore C. Sponsor's tele											
						<b>2d</b>		e (see instructions)			
P.O. BOX 34 POST FALLS							621	1210			
3a Plan ad	dministrator's name a	nd address Same as Plan Spon	nsor.			3b /	Administrator's	s EIN 0324550			
AES POST F	AES POST FALLS, PLLC P.O. BOX 3467 POST FALLS, ID 83877 3C Administrator's telephone num 208-262-2620							s telephone number			
<ul><li>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.</li><li>4b EIN</li></ul>											
<b>a</b> Sponso <b>C</b> Plan N						4d	PN				
5a Total r	number of participants	at the beginning of the plan year				5a	1	15			
		at the end of the plan year				5b		16			
C Numbe	er of participants with	account balances as of the end of t	the plan	year (only defined	contribution plans	5c	;	16			
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the pla	lan year.			5d(*	1)	11			
d(2) Total number of active participants at the end of the plan year						5d(2	2)	14			
than ?	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0				
Caution: A	penalty for the late	or incomplete filing of this return her penalties set forth in the instruct	n/report	will be assessed u	unless reasonable car			licable, a Schedule			
SB or Sche		nd signed by an enrolled actuary, a									
SIGN	Filed with authorized	/valid electronic signature.		10/15/2018	DALE STEVENS						
HERE	Signature of plan a	administrator		Date	Enter name of individ	ual sigr	ning as plan a	dministrator			
SIGN											
HERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	ual sigr	ning as emplo	yer or plan sponsor			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

6a 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> 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	an indeper and condit <b>ot use Fo</b> Isurance p	indent qualified public accountant (Id tions.) orm 5500-SF and must instead us program (see ERISA section 4021)?	QPA)       X       Yes       No         e Form 5500.       Yes       No       Not determined         Y       Yes       No       Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	867380	1200011
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	867380	1200011
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	44863	
	(2) Participants	8a(2)	110386	
	(3) Others (including rollovers)	8a(3)	6	
b	Other income (loss)	8b	177376	

	04(1)		
(3) Others (including rollovers)	8a(3)	6	
<b>b</b> Other income (loss)	8b	177376	
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		332631
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e 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		0
i Net income (loss) (subtract line 8h from line 8c)	8i		332631
j Transfers to (from) the plan (see instructions)	8j		
Part IV Plan Characteristics		•	·

9a	If the	plan p	provid	les pe	nsion	penefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2E	2F	2G	2J	2T	3D	

Par	: V Compliance Questions				
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		x	
С	Was the plan covered by a fidelity bond?	10c	Х		100000
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		2218
f	Has the plan failed to provide any benefit when due under the plan?	10f		×	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		×	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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	x		

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB		Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[	Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII   F	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 "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s)	)	13	c(3)	PN(s)

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	orm 5500-SF	Short Form Ann	ual Return/Repo Benefit Plan		loyee	OMB Nos. 1210-011 1210-008			
U	eperiment of the Treasury nternal Revenue Service	This form is required to be fi	This form is required to be filed under sections 104 and 4065 of the Employee Retirement 2017						
	Department of Labor e Benafits Security Administration n Benefit Guaranty Corporation		Revenue Code (the Code).						
Part I		Complete all entries in Identification Informatio	accordance with the int	structions to the Form t	500-SF.	Public Inspection			
		iscal plan year beginning	01/01/2017	and anding	10/2	1/0017			
Reading of the second s		X a single employer plan	Part .			1/2017 ing this box must attach a			
A This	return/report is for;	a one-participant plan	list of participating e	employer information in a	ccordance;wi	the form instructions.)			
B This return/report is		the first return/report	the final return/report						
		an amended return/report	nonths)						
C Chec	k box if filing under:	Form 5558	_	um/report (less than 12 m	_				
	•	special extension (enter des	automatic extension	i	DFVC pr	ogram			
Part II	Basic Plan Info	mation-enter all requested in							
	e of plan	and the all requested in	ntormation						
		ECIALISTS RETIREMENT	PLAN		1b Three plan n (PN)	umber 001			
					1.11	ive date of plan			
2a Plan	RODEOL'S Dama (omple					L/2007			
City	ing address (include room or town, state or provinc	yer, if for a single-employer plan) m, apt., suite no. and street, or P. e, country, and ZIP or foreign pos	O. Box) tal code (if foreign, see ins	structions		ver Identification Number 30-0324550			
AES PO	OST FALLS, PLLC			indedonsy		or's telephone number			
P.O. E	BOX 3467				the second secon	262-2620 ss code (see Instructions)			
POST E	FALLS	ID 83877			02121	.0			
ASTOR PROPERTY OF		nd address Same as Plan Spo	10201		26				
AES PO	ST FALLS, PLLC		<u>1101.</u>		30-03	A-34			
Р.О. В	OX 3467					istrator's telephone number 52-2620			
POST F		ID 83877							
uns	pian, enier ine pian spor	plan sponsor or the plan name h isor's name, EIN, the plan name i	as changed since the last and the plan number from	return/report filed for the last return/report,	4b EIN				
C Plan	isor's name Name				4d PN				
67 14 N. COM					; 1				
5a Total	I number of participants	at the beginning of the plan year.			5a	15			
b Total	number of participants	at the end of the plan year			5b	16			
C Num	ber of participants with a	account balances as of the end of	the plan year (only defined	contribution plana	5c	16			
d(1) To	tal number of active part	ticipants at the beginning of the pl	an year		5d(1)	11			
d(2) To	tel number of active par	ticipants at the end of the plan year	Br		5d(2)	14			
Num	iber of participants who l	terminated employment during the	o plan year with accrued h	anafits that word lace	. 5e				
Gaugoli,	w housing tot mis 150 b	r incomplete filing of this return	n/report will be assessed	tiniase reseasable cou		0 abod			
SB or Sch	names of perjury and oth	d signed by an englied actuary a	tions I declare that I have	avamined this return/res	and imply ding	familiash) Ditit			
SIGN	That M	UIV.	10-15-2018	Dustin Gatten					
HERE	Signature of plan ad	ministrator	Date			_1			
SIGN	NAM			Enter name of individu	iai signing as	pran administrator			
HERE	Signature of employ		10-15-2218	Dustin Gatten	<u> </u>				
For Paperw	work Reduction Act Notice	see the Instructions for Form 5500	Date	Enter name of individu	al signing as	employer or plan sponsor Form 5500-SF (2017)			

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Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 6a Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Ь 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 cannot use Form 5500-SF and must instead use Form 5500.

C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ...... Yes No. 🗌 Not determined If "Moot is sharled aster the st. Obs. . 100

20003/0004

Yes No

Yes 🗌 No

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Pe	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Yes	r		-	(b) End of Year	
a	Total plan essets	7a		867			1		200,01
b	Total plan liabilities	76	an an Artain			Ţ	1		
C	Net plan assets (subtract line 7b from line 7a)	7c		867	380		-	1,	200,01
8	income, Expenses, and Transfers for this Plan Year		(a) Amou					(b) Total	
8	Contributions received or receivable from: (1) Employers	8a(1)		L	863			<u>()</u> ()	1
_	(2) Participants	8a(2)		110,	386	in in			. • • • • •
	(3) Others (including rollovers).	8a(3)			6				a seren da
b	Other income (loss)	8b		177,	376			and the second	5.22
C	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		and the second	2			*****	332,631
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d				1.			
0	Certain deemed and/or corrective distributions (see instructions)	80						2	
f	Administrative service providers (salaries, fees, commissions)	81	· · ·						
Ø	Other expenses	8g	•						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	18 11		-	•			C
í	Net Income (loss) (subtract line 8h from line 8c)	81							332,631
j	Transfers to (from) the plan (see instructions)							· · · · · · · · · · · ·	
	2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for	alure codes	from the List of Pla	n Char	acterist	ic Cod	es ir	the instructions:	
Par	V Compliance Questions					-			
10	During the plan year:		V / 20/281189		Yes	Ńo		Amount	••••••••••••••••••••••••••••••••••••••
8	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510 3-102? (See instructions and DOL's V Program)	oluntary Fidu	clary Correction	10a		x			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	lude transactions	10b		ź		T - Andrew Harden	
C				10c	X		-	1	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidalih ( hand	that was assured	10d		x			
6	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See Instructions.)	or persons b	y an insurance	10e	x				2,218
f	Has the plan feiled to provide any benefit when due under the plan	17		107		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-end	.)	10g		x		_	
	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h	x				
ł	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 or	tice or one of the	101	х		. 1	Hart and a straight	

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Form 5500-SF 2017	Page 3-

Part	Ví Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below).			68		Yes	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?			02 of Yes X No			No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	Month '	l enter Da		of the le		
	you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin						
b Enter the minimum required contribution for this plan year			12b				
C	C Enter the amount contributed by the employer to the plan for this plan year						
d	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)				-		
0	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part 1	VII Plan Terminations and Transfers of Assets				<u> </u>		******
13a	13a       Has a resolution to terminate the plan been adopted in any plan year?         It "Yes," enter the amount of any plan assets that reverted to the employer this year			1 Ye	<u>م</u>	No	
					<u> </u>	110	
Ь	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), ide which assets or liabilities were transferred. (See Instructions.)	ntify the plan(s)	to	1			
1	Sc(1) Name of plan(s): 13c(				130	13c(3) PN(s)	
	4 8						
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