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 Repor	t identification information				
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018	
A This ret	turn/report is for:	X a single-employer plan		olan (not multiemployer) (employer information in ac	_	
		a one-participant plan	a foreign plan	1 3/1		,
B This retu	urn/report is	the first return/report	the final return/report	t		
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	m
- · ·	· - · - · · ·	special extension (enter descri	. ,			
Part II	Basic Plan Int	ormation—enter all requested in	formation			
1a Name SALMON CF	•	CIALTIES 401(K) PLAN			1b Three-digir plan numb (PN) ▶	
					1c Effective d	ate of plan 01/01/2007
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employer I (EIN)	dentification Number 20-1912604
	town, state or proving REEK DENTAL SPEC	ice, country, and ZIP or foreign post CIALTIES	al code (if foreign, see ins	structions)		telephone number 0-695-2400
					2d Business of	code (see instructions)
14411 NE 20 SUITE 111	OTH AVE.					621210
	R, WA 98686					
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	tor's EIN
		_			20 Administrative	42-4-11
					3C Administra	tor's telephone number
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN	
	or's name	•	·		4d PN	
C Plan N	lame					
5a Total i	number of participant	s at the beginning of the plan year			5a	14
b Total i	number of participant	s at the end of the plan year			5b	14
		n account balances as of the end of	. , , ,	•	5c	14
d(1) Tota	al number of active p	articipants at the beginning of the pl	an year		5d(1)	11
		articipants at the end of the plan ye			5d(2)	11
than	100% vested	o terminated employment during the			5e	0
		or incomplete filing of this return				
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, and the control in the instruction and the control in the con				
SIGN	Filed with authorize	d/valid electronic signature.	09/22/2019	CRAIG WONG		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator
SIGN						
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor

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	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility)	an indepei and condit	ndent qualified public a	account	ant (IC	(PA)		_	
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 ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No		
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year	
а	Total plan assets	7a	120	04248				1231119	
<u>b</u>	Total plan liabilities	7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	120	04248				1231119	
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)		56427					
	(2) Participants	8a(2)	;	36993					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-(66549					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						26871	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	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						26871	
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 2J 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des 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 Cod	les 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	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			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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 (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	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		of	Yes 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, 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)

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Signature of plan administrator

Signature of employer/plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5599-SF.

Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 Department of the Treasury Benefit Plan 1210-0089 arnal Revenue Service 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 2018 Department of Labor Imployee Benalits Security Administration Revenue Code (the Code). Pension Benefit Guaranty Corporation This Form is Open to Complete all entries in accordance with the instructions to the Form 5500-SF Public Inspection Part | Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a X a single-employer plan A This return/report is for: list of participating employer information in accordance with the form instructions.) 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 return/report (less than 12 months) Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Salmon Creek Dental Specialties 401(k) Plan 1b Three-digit plan number 001 (PN) 1c Effective date of plan Plan sporsor's name (employer, if for a single-employer plan) 01/01/2007 Mailing address (include room, apt., suite no. and street, or P.O. Box) Employer Identification Number City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) (EIN) 20-1912604 Salmon Creek Dental Specialties 2c Sponsor's telephone number (360) 695-2400 2d Business code (see instructions) 14411 NE 20th Ave. Suite 111 621210 Vancouver, WA 98686 Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3C Administrator's telephone number f the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for his plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4d PN C Plan Name total number of participants at the beginning of the plan year..... 5a 5a Total number of participants at the end of the plan year b 14 number of participants with account balances as of the end of the plan year (only defined contribution plans 5b 14 complete this item)..... 5c 14 d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 11 d(2) Total number of active participants at the end of the plan year 5d(2) Number of participants who terminated employment during the plan year with accrued benefits that were less 11 than 100% vested 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 SIGN 201 Craig Wong

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligib	alo aggota	(Coo instructions)			3311002301103011s	V Van	ПМа
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public	accoun	tant (IC	(AGC		∐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	pility and conditions.)				X Yes	☐ No	
_	If you answered "No" to either line 6a or line 6b, the plan canr							
C	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	ne PBGC p	premium filing for this p	olan yea	ar		(See instru	ctions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r T		(b) End of Year	
a	Total plan assets	7a		12042	48		123111	19
b	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		12042	48		123111	9
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total	
а	Contributions received or receivable from:			E0.44	.=			
	(1) Employers			5642	_			
*	(2) Participants	8a(2)		369	93			
h	(3) Others (including rollovers) Other income (loss)			-665	40		CTOS POSSESSES COMMUNICATION	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			-0004	49		2007	_
	Benefits paid (including direct rollovers and insurance premiums	8c			-+	***************************************	2687	1
	to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f_	Administrative service providers (salaries, fees, commissions)	8f						
<u>g</u>	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					2687	1
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics				e-Visition			
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	des from the List of PI	an Cha	racteri	stic Coo	les in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Code	es in the instructions:	
Par	t V Compliance Questions		*******					
10	During the plan year:		- Street	-	Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu						7 anount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	40		Х		
b		? (Do not	nclude transactions	10a	\vdash			
	reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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.)	e or all of	the benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the plan			10f		х		
g				10g		X		
h		(See instru	ctions and 29 CFR			х		Mary Mary
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	ne required	notice or one of the	10h 10i				
	,			101				

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/I Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below) Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.		nedule S	В	Yes X No		
Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.		edule S	В	T D Van D Na		
Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.				Les M Mo		
		11a				
ERISA?	Code or section	n 302 o	f	Yes X No		
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						
ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.					
nter the minimum required contribution for this plan year		12b				
		12c				
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	e left of a	12d				
			Yes	No N/A		
II Plan Terminations and Transfers of Assets						
Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X No		
		13a				
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro control of the PBGC?	ught under the			Yes X No		
If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider	ntify the plan(s)) to				
c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)		
,	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC?	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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. Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year 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) Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.)	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.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter granting the waiver. Month Day ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 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) Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.)	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.) 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 granting the waiver. Month Day ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year 12b Enter the amount contributed by the employer to the plan for this plan year 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) Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.)		