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**

Parti	Annual Repor	t identification information					
For calend	lar plan year 2018 or	fiscal plan year beginning 01/01/	2018	and ending 12	/31/2018		
A This re	turn/report is for:	X a single-employer plan	_	lan (not multiemployer) (F nployer information in acc	_		
		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 mo	onths)		
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progr	am	
		special extension (enter desc	ription)				
Part II	Basic Plan Inf	ormation—enter all requested in	formation				
1a Name	of plan	·			1b Three-di	git	
	•	() PROFIT SHARING PLAN			plan nun		
					(PN) •		001
					1c Effective	date of	i plan
						01/01	1/2004
		oyer, if for a single-employer plan)			2b Employe	r Identif	fication Number
		om, apt., suite no. and street, or P.0		mustions)	(EIN)	20-20	041099
-	LMBERG, DDS PLLC	ce, country, and ZIP or foreign pos	iai code (ii foreign, see inst	ructions)	2c Sponsor	's telepl	hone number
L. LIXIK HOL	LIMBERO, DDS I LEC					509-663	
					2d Business	code (see instructions)
	SION STREET EE, WA 98801-6643					6212	.10
WENATORIE	L, WA 90001-0043						
20 Dlan -		and address D.Carra as Dlan Car			3b Administ	rotor'o [
	administrator's name a	-			3D Administ		211 1 041099
L. ERIK HOL	LMBERG, DDS PLLC		ISSION STREET CHEE, WA 98801-6643		3c Administ	rator's t	telephone number
			,			509-663	
4 If the	name and/or EIN of the	ne plan sponsor or the plan name h	as changed since the last r	return/report filed for	4b EIN		
this p	lan, enter the plan sp	onsor's name, EIN, the plan name					
•	sor's name				4d PN		
C Plan N	Name						
5a Total	number of participant	s at the beginning of the plan year.			5a		9
b Total number of participants at the end of the plan year						9	
C Numb	per of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c		9
	complete this item)						7
` '	- 10						7
	d(2) Total number of active participants at the end of the plan year						
than	than 100% vested						0
		or incomplete filing of this retur					
SB or Scho		other penalties set forth in the instru and signed by an enrolled actuary, nplete.					
SIGN	Filed with authorized	d/valid electronic signature.	10/14/2019	L. ERIK HOLMBERG, I	DDS		
HERE	Signature of plan	administrator	Date	Enter name of individu	al signing as p	ılan adn	ninistrator
SIGN							
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	al signing as e	mploye	r 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 indepe	ndent qualified public a	account	ant (IC	QPA)		
С	If you answered "No" to either line 6a or line 6b, the plan cann of 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	n ot use Fo nsurance p	orm 5500-SF and mus program (see ERISA se	t instea ection 4	ad use 021)?	Form	n 5500. Yes No Not determined	d
Do	rt III Financial Information		remain ming for this p	ian yea	'		(Gee instructions.)	.)
7	Plan Assets and Liabilities		(a) Danimning	of Voor	. 1		(h) Find of Voor	
	Total plan assets	7a	(a) Beginning	or Year 02493			(b) End of Year 2286220	_
	Total plan liabilities	7a 7b	23	02433			2200220	
	Net plan assets (subtract line 7b from line 7a)	76 7c	230	02493	1		2286220	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun				(b) Total	
	Contributions received or receivable from:		(a) Amoun				(b) Total	
	(1) Employers	8a(1)		62050				
	(2) Participants	8a(2)	•	71088				
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	-1:	24651				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					8487	_
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	:	24710	Ц			
e	Certain deemed and/or corrective distributions (see instructions) \dots	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		50				
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)					24760		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	Net income (loss) (subtract line 8h from line 8c)						_
	Transfers to (from) the plan (see instructions)	8j						
Pai	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	stic Co	odes in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the instructions:	
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.)	t? (Do not	include transactions	10b		X		
c	Was the plan covered by a fidelity bond?			10c	X		235000	
d		fidelity bo	nd, that was caused	10d		X	20000	
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.)							
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ		_
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	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 Sche (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?		:	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 granting the waiver	d enter t Day		of the lette Year _	r ruling		
lf :	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	× N	0		
	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(s) which assets or liabilities were transferred. (See instructions.)	to					
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benette 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 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.

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		Identification Information		entre constitución de la constit	
For	cellender plan year 2018 or it	ecal plan year beginning	01/01/2018	and ending	12/31/2018
A	This return/report is for:	a single-employer plan	list of participating en		(Filers checking this box must attach a coordance with the form instructions.)
		a one-participant plan	a foreign plan		
Bi	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 6558	automatic extension		DFVC program
SMOROEXXYAN		special extension (enter descr	1 /		nementer fri rein verkanten krije (elig jo), kije interfest (kanten en verken verken verken verken verken spekter ver (to, verkindele jobs, verken jobs).
Pi	mus Basic Plan Info	rmation—enter all requested in	formation		
1a	Name of plan L. ERIK HOLMBERG,	DDS 401(K) PROFIT S	HARING PLAN		1b Three-digit plan number (PAL) \$ 001
					10 Effective date of plan
		ggg ang ang ang ang ang ang ang ang ang	and all lowers and light to the function of the control of the control of the function of the control of the function of the control of the control of the function of the control of the	and the state of t	01/01/2004
28	Malling address (include roo	yer, if for a single-employer plan) m, apt., suite no. end street, or P.C). Box)		2b Employer Identification Number (EIN) 20-2041099
	L. ERIK HOLMBERG,	e, country, and ZIP or foreign posi DDS_PLLC	si coce (a misihu' sas usi	rueums)	2c Sponsor's telephone number 509-663-1161
	222 N. MISSION SI	REET			2d Business code (see instructions)
	WENATCHEE	WA 98801~	6643		621210
72 ms		nd address Same as Plan Spor			3b Administrator's EIN
90	L. ERIK HOLMBERG,	. 7 %-1	rovi.		20-2041099
	,				3c Administrator's telephone number
	222 N. MISSION ST	rer			
	WENATCHEE	WA 98801-664	13		509-663-1161
4		e plan aponsor or the plan name h			4b EN
a	Sponsor's name	nacr's name, EIN, the plan name :	nus mus žustu itraliuma livaii i	iia mor iarminiahwir	4d PN
	Plan Name				
5a	Total number of participants	at the beginning of the plan year.	**************************************	;	56
b	Total number of participants	at the end of the plan year	ቁብሯል በደረጃ ያስር መመስ የመስከት የተመሰው መስከት የተመሰው የሚያስር መስከት መስከት መስከት የመስከት የመስከት የመስከት የመስከት የመስከት የመስከት የመስከት የመስከት	\$\$\$\$#\$\$\$ #\$ \$. 50
G	and the second s	account balances as of the end of		-	. 5c
d	(1) Total number of active pa	chickpents at the beginning of the p	lan year	in 春春春秋河 春春春 再再不至千春年星难春春春末河 幸 施基础的 麥布 再再千里成份:	5d(1)
ch	(2) Total number of active pa	rticipants at the end of the plan ye			. 5d(2)
8	Number of participants who	torminated employment during the	a plan year with accrued b	eneilits that were less	Ke
Car	ition: A penalty for the late	or incomplete filing of this return	n/roport Will be assesse:	l uniesa reasonable ca	use is established.
SB		nd signed by an enrolled actuary, :			eport, including, if applicable, a Schedule ut, and to the best of my knowledge and
			16-14-19	L. ERIK BOLME	IERG, DDS
415	Silphoture of plan a	₹₹₹ dminintrator	Toste	Enter name of indivi	dual signing as plan administrator
	Charles the second seco	Trans et a la de transferia attanta et de servicio de la companio de la companio de la companio de la companio Companio de la companio de la compa		THE PROPERTY OF THE PROPERTY O	CONTRACTOR OF CO
111		escristics cresscot	Date	Enter name of India	dual signing as employer or plan sponsor
For		ce, see the instructions for Form 550		e in the state of the second s	Form 5500-SF (2016
					v.17102

Form	5600-SF	(2018)
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Page 2

Ra.	Wars all of the plate agests similar the plan was immediate in about	da casala"	(Can incimations)	***************************************			······································	N.	Vao IT Ma
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you deliming a waiver of the annual examination and report of an independent qualified public accountant (ICPA)						**>+}49141994*+	المسية	-
	under 29 CFR 2620.104-467 (See instructions on welver eligibility and conditions.)						X	Yes No	
	If you answered "No" to either line 6a or line 6b, the plan can	not use Fo	rm \$500-8F and mus	t instea	d uso	Form 5	i00.		
C	If the plan is a defined benefit plan, is it covered under the PSGC in	naurance p	rogram (see ERISA se	etlon 40	021)?	[] Y	es [] No	☐ Not	determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	remium filing for this p	lan year	n Transportation to a			(See in	structions.)
Þá	[세일 Financial Information								and the state of t
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Enc	of Year	
a	Total plan assets	7a		302,4	193			2	,286,220
b	Total plan liabilities ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	adirect describer of		MERCAN SERVICE AND ASSESSED AND	######################################		- Andrews - Charles - Andrews
G	Net plan assets (subtract line 7b from line 7a)	7¢	2,	302,4	493		-fanaca-carana-carana-carana-carana-carana-carana-carana-carana-carana-carana-carana-carana-carana-carana-cara	2	,286,220
8	Income, Expenses, and Transfera for this Plan Year		(a) Amoun	t		******************	(b) '	Total	TO ANNO AND A SECURITY OF THE
a	Contributions raceivad or receivable from:			***		0.0			
	(1) Employers	80(1)		62,					
****	(2) Participants	8e(2)		71,(188	a de la compa			e profit and markets.
200000000000000000000000000000000000000	(3) Others (including rollovers)	. 8a(3)							
b	Other Income (loss)	(8h		124,	651				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80							8,487
d	Benefits paid (including direct rollovers and insurance premiums			24,	710				
MONTH SPECIAL PROPERTY.	to provide benefits)	1		er er e	, <u>, , , , , , , , , , , , , , , , , , </u>				
SACRESCO SACRESCO	Certain deemed and/or corrective distributions (see Instructions)	<u>8e</u>	LEGISION TO PROPERTY BUTTON	erjerationisti ks essi	50				ing distance
**************************************	Administrative service providers (salaries, feas, commissions)	Bf		Calcuthant Stranscon	gve				
400000400000000000000000000000000000000	Other expenses	3							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	7					*****************************	anco n la c onstanta de companyo de la companyo de	24,760
	Net income (ices) (subtract line 8h from line 8c)	profesional Contract of Contra			334.	Miller Comment Street,	and the second second second		-16,273
j	Transfers to (from) the plan (see instructions)	8)							
Pal	Plan Characteristics	,		na la sua percenana de Rosquia	ouromotaremos			noment estimate and commissions about	Market Market Sant Carlotte an about Spirit
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Chai	acteri	stio Code	s in the ins	structions	:
	2E 2F 2G 2J 2K 3B 3D			and the stance of the		general magazi	······································		ENTRESPORTE MENTAL MANIENT AND COMPANIE
b	If the plan provides welfare benefits, enter the applicable welfare t	eature cot	ies from the List of Ma	n Gnera	ciensi	ic Coons	to the thet	ruceons:	
Par	f-V Compliance Questions					ig-product continuation challenges in	ulacophianoù estanton estantiliste	May - room on particular con-	
10	Ouring the plan year:	(entablish complement extended externa comme		Časniciani (1946)	Yos	No	michanica friction distribution and	Amount	
ä	Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510,3-1027 (See Instructions and DOL's \								
	Program) management and process to be a second and be a second			10a		X			
b	Were there any nonexempt transactions with any party-in-interes				***************************************	x	***************************************		
Biograph management of the Control o	reported on line 10a)	**************************************	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	10b	ar salmennenskir om t	1.5°	pagyirindiiyaniiykaasay iddakydiiddi	begrowth to called my the company of the	mithe: Christ Mari Garreropies secondris second
Q	Was the plan covered by a fidelity band?	\$\$\$ \\$3\$\$\$\$\$\$\$\\$2\6\74\5	(10c	Х			ing stay and wise think they we proceed in	235,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
0	Were any fees or commissions paid to any brokers, agents, or of								
	carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		х			
***********	No. of the second secon		жана жана жана жана жана жана жана жана	101		x		www.crcommcorcomingresser-	ann an amhl e ann ann an a
Q	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.) çıxıxınıçınınını irricini	10a	-	х	THE PERSON NAMED IN COLUMN TO THE	an ann a ge na A glainn Ceap	
ħ	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR			X			
***************************************	2520,101-3.) If 10h was answered "Yee," check the box if you either provided it			10h		 		CHINE IN	- New Yorks
	exceptions to providing the notice applied under 29 CFR 2520.10			101					
Belderesserpress		national material control	Annual Control of the State of	·		Airmann dill			

Form 5500-SF (2018)	Page 3-	· []		Nacional de la companya de la compa		
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum to (Form 5500) and line 11a below)					[] Ye	s [] No
11a Enter the unpaid minimum required contributions	for all years from Scheduje SB (Form 5500) line 40	11a	u.v. c desittati delektronomiklara palitika	ng A. and Santon & Santonian Area species and assistant	
12 is this a defined contribution plan subject to the m ERISA?			n 302 ol		[] Y	96 X No
(If "Yee," complete line 12s or lines 12b, 12c, 12d		egetii isaanii eengi eengi eengaanii aanaa aanaa ka k	**************			la pari della d
If a walver of the minimum funding standard for a granting the walver.			d enter l Day		of the letter Year	ruling
If you completed line 12s, complete lines 3, 9, and	i 10 of Schedule MB (Form 5600), and a	dp to line 13.			*************	
b Enter the minimum required contribution for this pic	in year	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	126			and the second second second second
C Enter the amount contributed by the employer to the			120		Stancy lets committee on spendight cycle	
d Subtract the amount in line 12c from the amount in negative amount)			124		o l grant a mana di tri matrigizza	G aransander Strongen au verschen der Strangen der Stran
e Will the minimum funding amount reported on the				Yes	No	N/A
Plan Terminations and Transfers			· · · · · · · · · · · · · · · · · · ·			
13a Has a resolution to terminate the plan been adopted i	n any plan year?	######################################		Yes	X No	
If "Yas," enter the amount of any plan assets that	, market 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		F			
Wore all the plan assets distributed to participants control of the PBGC?] [Yes 🔯	No
C If, during this plan year, any assets or liabilities we which assets or liabilities were transferred.	ere transferred from this plan to another plane	an(s), identify the plan(s) to			Markenie de coconque de despos
13c(1) Name of plan(s):		130(2) EIN(s)		13c(3)	PN(s)
			A STATE OF THE PARTY OF THE PAR			
			PLANE DE PRENISSE NO P	**************	CANCEL PARTIES AND ACCURATE OF THE PARTIES AND ACCURATE OF	THE PROPERTY OF THE PROPERTY O

OF THE FORM 5500-SF

L. Erik Holmberg, D.D.S. 401(k) Profit Sharing Plan Plan Year Ending: December 31, 2018

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 filling 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.

for the Plan year end stated above.	ne filing for the above-named Plan and applies only
Plan Administrator: XXEIH	Date: 10-14-19
Part II: Acknowledgment of Receipt	by Midwest Pension Administrators, inc.
On behalf of Midwest Pension Administ authorization granted only for the expr	rators, Inc., I hearby certify that the firm will use the ess purpose described above.
For Midwest Pension Administrators, In	nc.: (Sandy Ohlhausen, Director of Pension Administration)
Date:	