Form 5500-SF Short Form Annual Return/Report of Small Employe Benefit Plan						OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be filed	4065 of the Employee Re	etirement 2018				
	epartment of Labor enefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the		This Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the inst	ructions to the Form 55	00-SF.	Public Inspection		
Part I		Identification Information						
For calenda	ar plan year 2018 or fis	cal plan year beginning 07/01/2			/30/2019			
A This ret	urn/report is for:	a single-employer plan	list of participating er			king this box must attach a vith the form instructions.)		
		a one-participant plan	a foreign plan					
	urn/report is	the first return/report	the 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	automatic extension	[DFVC p	rogram		
		special extension (enter descri	ption)					
Part II	Basic Plan Info	mation—enter all requested info	ormation					
1a Name	•				1b Three	5		
WEST RICH	LAND FAMILY DENTA	AL CENTER 401(K) PROFIT SHAP	RING PLAN		plan (PN)	number 003		
				-	()	tive date of plan		
						07/01/1994		
	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					oyer Identification Number		
City or	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				(EIN) 91-1266160 2c Sponsor's telephone number			
	AXFIELD, MADSEN, MAXFIELD, DDS, PS				509-967-3421			
4476 W \/AN	N GIESEN STREET				2d Business code (see instructions)			
	LAND, WA 99353-541	1			621210			
3a Plan a	dministrator's name an	d address 🗙 Same as Plan Spon	sor.		3b Administrator's EIN			
				-	3c Administrator's telephone number			
		plan sponsor or the plan name ha			4b EIN			
•	an, enter the plan spor or's name	nsor's name, EIN, the plan name a	nd the plan number from t	he last return/report.	4d PN			
C Plan N					TU IN			
5a Total r	number of participants	at the beginning of the plan year			5a	36		
		at the end of the plan year			5b	37		
		account balances as of the end of t		•	5c	34		
d(1) Tota	al number of active par	ticipants at the beginning of the pla	an year		5d(1)	31		
d(2) Tota	al number of active par	ticipants at the end of the plan yea	ır		5d(2)	24		
		terminated employment during the			5e	4		
Caution: A	penalty for the late of	or incomplete filing of this return	/report will be assessed	unless reasonable cau	ise is estal	olished.		
Under pena SB or Sche	alties of perjury and oth edule MB completed an	ner penalties set forth in the instruc ad signed by an enrolled actuary, a	tions, I declare that I have	e examined this return/rep	oort, includi	ng, if applicable, a Schedule		
SIGN	true, correct, and comp	valid electronic signature.	04/24/2020	WILLIAM JASON MAD	DSEN			
HERE	Signature of plan ad	č	Date	Enter name of individu		as plan administrator		
SIGN	Signature of plaif ac		Dale		iai siyiiliyi	as plan aunimistratur		
SIGN HERE	Signature of omelo	vor/nlan anonaar	Data					
	Signature of employ	yer/pian sponsor	Date	Enter name of individu	uai signing a	as employer or plan sponsor		

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

Form 5500-SF (2018) v.171027

6a		X Yes 🗌 No						
b 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.)								
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
С	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 "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (Se								
Pa	rt III Financial Information							
7	Plan Assets and Liabilities	(a) Beginning of	Year (b) End	d of Year				

7 Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year			
a Total plan assets	7a	19	96018		2267342				
b Total plan liabilities	7b		419			0			
C Net plan assets (subtract line 7b from line 7a)	7c	19	95599			2267342			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt			(b) Total			
a Contributions received or receivable from:	a (1)		05000						
(1) Employers	8a(1)		95000	-					
(2) Participants		1.	40934 0	-					
(3) Others (including rollovers)		1	06373	-					
b Other income (loss)	8b	1	00373	-		240207			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-		342307			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			69569						
e Certain deemed and/or corrective distributions (see instructions).	8e		0						
f Administrative service providers (salaries, fees, commissions)	8f		995						
g Other expenses	8g		0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)						70564			
i Net income (loss) (subtract line 8h from line 8c)	8i					271743			
j Transfers to (from) the plan (see instructions)	··· 8j		0						
Part IV Plan Characteristics									
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature coo	des from the List of Pla	n Chara	acteris	tic Coo	des in the instructions:			
10 During the plan year:				Yes	No	Amount			
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary I	Fiduciary Correction	10a		x				
b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)	•		10b		х				
C Was the plan covered by a fidelity bond?			10c	Х		360000			
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	•		10d		х				
e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	f the benefits under	10e		х				
f Has the plan failed to provide any benefit when due under the p	lan?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-	end.)	10g		Х				
h If this is an individual account plan, was there a blackout period 2520.101-3.)	•		10h		х				
i If 10b was answered "Ves." check the box if you either provided	the require	d notice or one of the		Γ	Γ				

 2520.101-3.)
 10h
 X

 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
 10i

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)		B		Yes	X No	
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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 X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	:(3) PN	۱(s)

Form 5500-SF	Short Form Annu	-	of Small Employ	yee	OMB Nos.	1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and 40	65 of the Employee Retii	rement	2018			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6057 Revenue Code (the Code).	(b) and 6058(a) of the Int	ternal		This Form is Open to Public Inspection		
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the instru	ctions to the Form 5500	0-SF.				
Part I Annual Repor	t Identification Information							
For calendar plan year 2018 or	fiscal plan year beginning 07/01/201		and ending 06/30/2					
A This return/report is for:	X a single-employer plan		n (not multiemployer) (Fil loyer information in acco	ers check ordance w	ting this box must at ith the form instructi	tach a ons.)		
D TI i contra la contra la	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 mon	nths)				
C Check box if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
	special extension (enter descr	ription)						
Part II Basic Plan Inf	ormation—enter all requested int	formation						
1a Name of plan				1b Thre	0			
WEST RICHLAND FAMILY DEN	ITAL CENTER 401(K) PROFIT SHA	RING PLAN		plan (PN)	number 003			
с 		1c Effec	tive date of plan					
	loyer, if for a single-employer plan)			2b Emp	7/01/1994 nployer Identification Number			
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MAXFIELD, MADSEN, MAXFIELD, DDS, PS					(EIN) 91-1266160 2c Sponsor's telephone number			
	,,			(509) 967-3421				
1			4	2d Business code (see instructions) 621210				
4476 W. VAN GIESEN STREET					-			
WEST RICHLAND, WA 99353-5	411							
3a Plan administrator's name	and address 🛛 Same as Plan Spor	nsor.	:	3b Adm	inistrator's EIN			
				3c Adm	inistrator's telephone	e number		
4 If the name and/or EIN of t	he plan sponsor or the plan name h	as changed since the last re	turn/report filed for	4b EIN		-		
this plan, enter the plan sp	ponsor's name, EIN, the plan name a	and the plan number from th	e last return/report.					
a Sponsor's name				4d PN				
c Plan Name								
				5a		36		
	ts at the beginning of the plan year.			5b		37		
C Number of participants wit	its at the end of the plan year h account balances as of the end of	the plan year (only defined	contribution plans	5c		34		
complete this item)				5d(1)		31		
()	participants at the beginning of the p			5d(2)		24		
	participants at the end of the plan ye ho terminated employment during th							
than 100% vested				5e		4		
Caution: A penalty for the lat	e or incomplete filing of this retur	n/report will be assessed u	uniess reasonable caus	se is esta	blished.			
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	other penalties set forth in the instru and signed by an enrolled actuary, molete.	ctions, I declare that I have as well as the electronic vers	examined this return/report, sion of this return/report,	ort, includ and to th	e best of my knowle	schedule dge and		
SIGN JAA	Free Contraction	4/24/2020	William Jason Madsen					
HERE Signature of plan	administrator	Date	Enter name of individua	al signing	as plan administrate	or		
SIGN	D.A.II	4/22/2020		nay fler				
HERE	ployer/plan sponsor	Date	Enter name of individua			1 sponsor		
	tice, see the Instructions for Form 550					0-SF (2018)		
						v.17102		

2020-04-20T13:55:05.814-05.00

6a	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 								
b	QPA)	X 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.								
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🗌 Yes 🕅 No 📋 Not determine									
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year				
a	Total plan assets	7a	1996018		2267342				
Construction of the local division of the lo		in the second seco							

Plan Assets and Liabilities		(a) Beginning of Year	(b) End of rear
a Total plan assets	7a	1996018	2267342
b Total plan liabilities		419	0
c Net plan assets (subtract line 7b from line 7a)	1 1	1995599	2267342
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
 a Contributions received or receivable from: (1) Employers 	8a(1)	95000	
(2) Participants	8a(2)	140934	
(3) Others (including rollovers)	1 1	0	
b Other income (loss)	1	106373	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		342307
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	69569	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	995	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)			70564
i Net income (loss) (subtract line 8h from line 8c)	8i		271743
j Transfers to (from) the plan (see instructions)	8j	0	
Part IV Plan Characteristics			
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D	on feature cod	les from the List of Plan Characteristic	Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

Part V Compliance Questions

10	During the plan year:		Yes	No	Amount
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)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
C	Was the plan covered by a fidelity bond?	10c	Х		360000
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		х	
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		х	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		х	
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			

Form 5500-SF (2018)

Page 3- 1

Part	VI Pension Funding Compliance					****		
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							X 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 C ERISA?	Code or section	1 302 of	:		Yes [X No	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.	Month	enter t Day		of the lett Year	er rulir	ig	
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)								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	<u> </u>	/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	XI	No		
FIGURE PROCESSION	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), ident which assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to					
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)	
Annual sectors								