

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans 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.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
---------------	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____

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)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
----------------	---

1a Name of plan <u>DAVID A. NEWMARKER DDS PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DAVID A. NEWMARKER, DDS</u> <u>5001 MAYFIELD RD. 315</u> <u>LYNDHURST, OH 44124</u>	1c Effective date of plan <u>01/01/1986</u> 2b Employer Identification Number (EIN) <u>34-1560446</u> 2c Plan Sponsor's telephone number <u>216-382-3404</u> 2d Business code (see instructions) <u>621210</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	06/26/2025	DAVID NEWMARKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3
	6a(2)	3
	6b	0
	6c	0
	6d	3
	6e	0
	6f	3
	6g(1)	3
6g(2)	3	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2K

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE I (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan DAVID A. NEWMARKER DDS PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DAVID A. NEWMARKER, DDS	D Employer Identification Number (EIN) 34-1560446

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. **Round off amounts to the nearest dollar.**

		(a) Beginning of Year	(b) End of Year
1 Plan Assets and Liabilities:			
a Total plan assets	1a	2057295	2270844
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a)	1c	2057295	2270844
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)		
(2) Participants	2a(2)		
(3) Others (including rollovers)	2a(3)	24000	
b Noncash contributions	2b		
c Other income	2c	207284	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		231284
e Benefits paid (including direct rollovers)	2e		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions)	2h	17698	
i Other expenses	2i	37	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		17735
k Net income (loss) (subtract line 2j from line 2d)	2k		213549
l Transfers to (from) the plan (see instructions)	2l		

3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans	3e		X	
f Loans (other than to participants)	3f		X	
g Tangible personal property	3g		X	

Part II	Compliance Questions
----------------	-----------------------------

		Yes	No	Amount
4 During the plan year:				
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

2024 Form 5500 e-file Signature Authorization

David A. Newmarker, DDS
DAVID A. NEWMARKER DDS PROFIT SHARING PLAN 001
5001 MAYFIELD RD. #315
Lyndhurst, OH 44124

Employer Identification Number: 34-1560446

Client Identification Number: 2403PSP

You, as plan administrator, are authorizing that Newman & Company, CPAs electronically file the 2024 Form 5500 for DAVID A. NEWMARKER DDS PROFIT SHARING PLAN as an EFAST2 Service Provider.

Authorization

As plan administrator for DAVID A. NEWMARKER DDS PROFIT SHARING PLAN, I authorize Newman & Company, CPAs to electronically file Form 5500 for the tax year 2024. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.


Please sign and date below:

David Newmarker

Plan Administrator Authorization _____

Date: 10/01/2025




SIGNATURE CERTIFICATE



REFERENCE NUMBER
E4A01F74-E353-4AA4-B86E-D1556A4022FD

TRANSACTION DETAILS	DOCUMENT DETAILS
<p>Reference Number E4A01F74-E353-4AA4-B86E-D1556A4022FD</p> <p>Transaction Type Signature Request</p> <p>Sent At 07/22/2025 05:12:54 PM EDT</p> <p>Executed At 10/01/2025 12:28:41 PM EDT</p> <p>Identity Method email</p> <p>Distribution Method email</p> <p>Signed Checksum 78b6d07bfb6a16ae1771a3adb65137a81c476920e922344163e89f1248197e57</p> <p>Signer Sequencing Disabled</p> <p>Document Passcode Enabled</p>	<p>Document Name Form 5500 newmarker</p> <p>Filename Form_5500.pdf</p> <p>Pages 2 pages</p> <p>Content Type application/pdf</p> <p>File Size 292 KB</p> <p>Original Checksum 6b4cf94dca638af60a1c1dc681d138da0a9a66594a2069375fa36ead3685fb84</p>

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
<p>Name David Newmarker</p> <p>Email dave4923@aol.com</p> <p>Components 6</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945</p> <p>IP Address 104.28.58.7</p> <p>Device Mobile Safari via iOS</p> <p>Typed Signature </p> <p>Signature Reference ID 765F25B7</p> <p>Typed Signature </p> <p>Signature Reference ID 40ECCB80</p> <p>Typed Signature </p> <p>Signature Reference ID E02AC0ED</p>	<p>Viewed At 10/01/2025 12:25:23 PM EDT</p> <p>Identity Authenticated At 10/01/2025 12:28:41 PM EDT</p> <p>Signed At 10/01/2025 12:28:41 PM EDT</p>

AUDITS

TIMESTAMP	AUDIT
07/22/2025 05:12:54 PM EDT	Newman & Company, CPAs (tax@newmancpas.com) created document 'Form_5500.pdf' on Chrome via Windows from 98.102.124.82.
07/22/2025 05:12:54 PM EDT	David Newmarker (dave4923@aol.com) was emailed a link to sign.
07/26/2025 07:02:22 PM EDT	David Newmarker (dave4923@aol.com) was emailed a reminder.
07/30/2025 07:02:15 PM EDT	David Newmarker (dave4923@aol.com) was emailed a reminder.
08/06/2025 07:04:12 PM EDT	David Newmarker (dave4923@aol.com) was emailed a reminder.
08/13/2025 07:06:20 PM EDT	David Newmarker (dave4923@aol.com) was emailed a reminder.
08/20/2025 07:09:56 PM EDT	David Newmarker (dave4923@aol.com) was emailed a reminder.
08/21/2025 07:16:55 PM EDT	Document 'Form_5500.pdf' expired and is no longer signable.
08/23/2025 11:06:11 AM EDT	Newman & Company, CPAs (tax@newmancpas.com) extended document 'Form_5500.pdf' on Chrome via Windows from 98.102.124.82.

TIMESTAMP	AUDIT
08/23/2025 11:06:16 AM EDT	Newman & Company, CPAs (tax@newmancpas.com) extended document 'Form_5500.pdf' on Chrome via Windows from 98.102.124.82.
08/23/2025 12:12:07 PM EDT	David Newmarker (dave4923@aol.com) was emailed a reminder.
08/25/2025 03:39:59 PM EDT	David Newmarker (dave4923@aol.com) was emailed a reminder.
08/28/2025 07:25:45 PM EDT	David Newmarker (dave4923@aol.com) was emailed a reminder.
08/28/2025 08:24:40 PM EDT	Document 'Form_5500.pdf' expired and is no longer signable.
09/10/2025 03:59:43 PM EDT	Newman & Company, CPAs (tax@newmancpas.com) extended document 'Form_5500.pdf' on Chrome via Windows from 98.102.124.82.
09/10/2025 04:00:06 PM EDT	David Newmarker (dave4923@aol.com) was emailed a reminder.
09/15/2025 06:13:26 PM EDT	Document 'Form_5500.pdf' expired and is no longer signable.
09/17/2025 10:57:40 AM EDT	Newman & Company, CPAs (tax@newmancpas.com) extended document 'Form_5500.pdf' on Chrome via Windows from 98.102.124.82.
09/17/2025 10:57:52 AM EDT	Newman & Company, CPAs (tax@newmancpas.com) extended document 'Form_5500.pdf' on Chrome via Windows from 98.102.124.82.
09/17/2025 10:58:22 AM EDT	David Newmarker (dave4923@aol.com) was emailed a reminder.
10/01/2025 11:23:22 AM EDT	David Newmarker (dave4923@aol.com) was emailed a reminder.
10/01/2025 12:25:23 PM EDT	David Newmarker (dave4923@aol.com) viewed the document on Mobile Safari via iOS from 104.28.58.7.
10/01/2025 12:28:41 PM EDT	David Newmarker (dave4923@aol.com) authenticated via email on Mobile Safari via iOS from 104.28.58.7.
10/01/2025 12:28:41 PM EDT	David Newmarker (dave4923@aol.com) signed the document on Mobile Safari via iOS from 104.28.58.7.