Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits 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 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.

0046

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	t identification informatior								
For calend	ar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending	12/31/2016					
A This re	turn/report is for:	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
		a one-participant plan	a foreign plan							
B This ret	urn/report is									
		12 months)								
C Check	box if filing under:	Form 5558	automatic exten	sion	DFVC program					
		special extension (enter desc	· · ·							
Part II		ormation—enter all requested in	formation		141	1				
1a Name	of plan MORE, DDS, PS 401	(K) BLAN			1b Three-digit plan numbe	r				
MARK J LLI	WORL, DD3, 1 3 401	(IV) I LAIN			(PN)	001				
					1c Effective da	te of plan				
						1/01/2006				
		loyer, if for a single-employer plan)			2b Employer Id	entification Number				
		om, apt., suite no. and street, or P.once, country, and ZIP or foreign pos		instructions)	(EIN) 9	1-1154581				
	MORE DDS PS	ice, country, and zir or loreigh pos	iai code (ii ioreigii, se	e instructions)	2c Sponsor's to	elephone number -841-1529				
					2d Business co	de (see instructions)				
	VENUE SW SUITE A				6	21210				
PUYALLUP,	WA 98373									
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.		3b Administrato	or's EIN				
					3c Administrate	or's telephone number				
		he plan sponsor has changed since umber from the last return/report.	the last return/report	filed for this plan, enter th	ne 4b EIN					
	or's name				4c PN					
5a Total	number of participan	ts at the beginning of the plan year			5a	10				
b Total	number of participan	ts at the end of the plan year			5b	9				
		n account balances as of the end of	. , , ,	•	5c	9				
d(1) Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)	ę				
d(2) Tot	tal number of active p	participants at the end of the plan ye	ar		5d(2)	9				
		at terminated employment during the								
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be asse	ssed unless reasonable	e cause is established					
		other penalties set forth in the instru and signed by an enrolled actuary,								
	true, correct, and cor		as well as the election	TO VOISION OF THIS TETATION	opon, and to the best to	a my knowicage and				
SIGN	Filed with authorize	d/valid electronic signature.	09/17/2017	MARK ELMORE						
HERE			i _							

Date

Date

Signature of plan administrator

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2016 Page **2**

	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	ant (IQ	PA)			X Yes					
	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 ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	ermined	
Pa	rt III Financial Information	r	ı								
_7	Plan Assets and Liabilities		(a) Beginning				((b) End			
	Total plan assets	7a		729126		766401					
	Total plan liabilities	7b		700400					700404		
	Net plan assets (subtract line 7b from line 7a)	7c		729126)				766401		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	it		(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)		14116							
	(2) Participants	8a(2)		18019							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		54891							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							87026		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		42832							
е	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		6919)						
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							49751		
i	Net income (loss) (subtract line 8h from line 8c)	8i							37275		
j	Transfers to (from) the plan (see instructions)	8i									
Pai	t IV Plan Characteristics		•		_						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ictions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary 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					75000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X					
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.)					X					
f	f Has the plan failed to provide any benefit when due under the plan?					X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	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	he require	d notice or one of the	10i							

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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					\	∕es X No	
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					res X No		
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d				
		he 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		1					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		r the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c	Name	of trustee or custodian					s or custod ne number	ian's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L		n-based arbor	d [Prior ye test	ear" ADP	
				Curre	ent year est	<u>"</u>	N/A		
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	1	Ratio perce test	entage		verage enefit test	□ N/A	
	for the	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	''	Yes	os No				
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s [No		
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s	No		

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2016 Form 5500-SF Signature Authorization

Mark J Elmore DDS PS Mark J Elmore, DDS, PS 401(K) Plan 001 803 39th Avenue SW Suite A Puyallup, WA 98373

Employer Identification Number: 91-1154581

Client Identification Number: 26240R

You, as plan administrator, are authorizing that Martin Boyle PLLC electronically file the 2016 Form 5500-SF for Mark J Elmore, DDS, PS 401(K) Plan as an EFAST2 Service Provider.

Authorization

As plan administrator for Mark J Elmore, DDS, PS 401(K) Plan, I authorize Martin Boyle PLLC to electronically file Form 5500-SF for the tax year 2016. 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:

Plan Administrator Authorization my Que

Date: 9 (1)7 (1)7

28240R 09/19/2017 2:07 PM OMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee Form 5500-SF 1210-0089 Benefit Plan Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Retirement 2016 Income Security Act of 1974 (ERISA), and sections 6057(b) and 6068(a) of the Internal Department of Labor Employee Benefits Security Administration Revenue Code (fine Code). This Form is Open to Pension Benefit Guaranty Corporation Public Inspection U Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** Part I For calendar plan year 2016 or fiscal plan year beginning and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach a A This return/report is for: a single-employer plan list of participating employer information in accordance with the form instructions.) a foreign plan a one-participant plan the final return/report the first return/report B This return/report is an amended return/report a short plan year return/report (less than 12 months) automatic extension DFVC program Form 5558 C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit plan Name of plan Mark J Elmore, DDS, PS 401(K) Plan 001 number (PN) U Effective date of plan 01/01/2006 2a Plan sponsor's name (employer, if for a single-employer plan) Employer Identification No. 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) Mark J Elmore DDS PS (EN) 91-1154581 Sconsor's telephone number 253-841-1529 803 39th Avenue SW Suite A **2**d Business code (see instr.) WA 98373 Puyallup 621210 Plan administrator's name and address X Same as Plan Sponsor. 3Ь Administrator's EIN Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, 4b ΕŧΝ 4c ₽N and the plan number from the last return/report, a Sponsor's name Total number of participants at the beginning of the plan year 10 5a 5a Total number of participants at the end of the plan year 5b 9 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c q complete this item) d(1) Total number of active participants at the beginning of the plan year 9 5d(1) 9 d(2) Total number of active participants at the end of the plan year 5d(2) Number of participants that terminated employment during the plan year with accrued benefits that were less 5e 0 than 100% vested 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, 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 belief, it is true, correct, and complete. my of the 09/17/2017 Mark Elmore SIGN HERE 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 Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

ff 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.....

2520.101-3.)

x

10g

10h

	W19/2017 2:07 PM -k J Elmora DDS PS Form 5500-SF 2016	91~1154581	P	age 2	•				
b	Nere all of the plan's assets during the plan year Are you claiming a waiver of the annual examinat under 29 CFR 2520.104-46? (See instructions on f you answered "No" to either line 6a or line (If the plan is a defined benefit plan, is it covered under the	ion and report of an independent qualified p waiver eligibility and conditions.) 6b, the plan cannot use Form 5500-SF a	nublic accour	ntant (IQPA)		500.	X _Ye	
Par	III Financial Information								
7	Plan Assets and Liabilities			(a) B	eginni			(b) En	d of Year
a	Total plan assets		7a			729	126		766401
<u> </u>	Total plan liabilities		7b						0.66404
c	Net plan assets (subtract line 7b from line 7a)	· · · · · · · · · · · · · · · · · · ·	7c				126		766401
8	Income, Expenses, and Transfers for this Plan	Year			(a) Ar	nount		(b)	Total
а	Contributions received or receivable from:					14	116		
	(1) Employers				 		116 019	1 1 1 1 1 1 1	
**********	(2) Participants					10			
	(3) Others (including rollovers)					E 4	891		Maria de la Colonia
Ь_	Other income (loss)		8b 8c						87,026
<u>-</u>	Total Income (add lines 8a(1), 8a(2), 8a(3), and				· · · ·			7.	07,020
d	Benefits paid (including direct rollovers and inst		84			42	, 832	1.0	
			8e			72	, 032		
e_	Certain deemed and/or corrective distributions		8f			- 6	,919		
	Administrative service providers (salaries, fees,						, 545		
_ _ a_			8h	· · ·	٠.,				49,751
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)		8i		 	•			37,275
	Net income (loss) (subtract line 8h from line 8c)		8j		·			7 4.45	
	Transfers to (from) the plan (see instructions) . t IV Plan Characteristics								
9a B	If the plan provides pension benefits, enter the 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the second content of the plan provides welfare benefits, enter the second content of the plan provides welfare benefits, enter the second content of the plan provides welfare benefits, enter the second content of the plan provides welfare benefits, enter the second content of the plan provides pension benefits, enter the plan provides pension benefits pension benefits.								
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Ar	nount
a	Was there a fallure to transmit to the plan any described in 29 CFR 2510.3-102? (See instruct Program)			. 10a		x			
b	Were there any nonexempt transactions with a reported on line 10a.)			10b		×			
С	Was the plan covered by a fidelity bond?		<u></u>	. 10c	х				75000
d	Did the plan have a loss, whether or not reimbu			1					
***	by fraud or dishonesty?			. 10d	1	x			
е	Were any fees or commissions paid to any brol carrier, insurance service, or other organization the plan? (See instructions.)	kers, agents, or other persons by an insurar that provides some or all of the benefits u	nce nder			ж			
	Has the plan falled to provide any benefit when			10f		x			

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MA	rk J	Elmore DDS PS		91-1154581			ר			
		Form 5500-SF 2016				age 3	<u></u>			
Dai	rt VI	Pension Fundin	a Compliance							
11		- d-fd b Chulan	author to minimum fund	ding requirements? (If "Ye	. V (network)	semplete Sche	dula SB	\neg		
11				ung requirements? (ii Te					Yes	X No
11a	Enter	the unpaid minimum rec	guired contributions for a	all years from Schedule S	B (Form 5500) line 40 .		11a			
12		_		num funding requirements			302 of			
			•						Yes	X No
				id 12e below, as applicab						
а	if a w	aiver of the minimum fu	nding standard for a price	or year is being amortized	in this plan year, see in	structions, and	enter the	date	of the lette	r ruling
						Month	Day		Year	
Ħ	-			of Schedule MB (Form						
ь				year ,, , , , , , , , , , , , , , , , , ,				_		
C				plan for this plan year			120	4		
đ				ne 12b. Enter the result (e						
	negat	lve amount)	<u></u>				,, 12c			1 3174
e				d be met by the funding	deadline?		.,	Yes	No	N/A
		Plan Terminations		mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			- 11	Yes	X No	
<u>13a</u>				In any plan year?					IN NO	
ь				erted to the employer this beneficiaries, transferred			,, 138	+		
ט		as the plan assets distr of the PBGC?	ibuted to participants or	penencianes, transferred	to another plan, or brou	giit under the			Yes	X No
C			eeste or liabilities were t	transferred from this plan	to another plan(s) identi	fy the plan(e) i				
•		assets or liabilities wer			to another plants), toerd	ry are premari				
		Name of plan(s):	e dansieried. (Dec irisa	dollorio.)		13c(2) EIN(s	5	13c(3)	PN(s)
	100(1)	THEIRE OF PROFILES				1	,		(-,	- 1 - 1 - 7
						ľ		1		
Par	t VIII	Trust information	1							
14a	Name o	of trust					14b Tn	ust's E	IIN	·
14c	Name o	of trustee or custodian							s or custod	ian's
							tel	aphon	e number	
Par	t IX	IRS Compliance	Questions				•			
15a	is the p	ian a 401(k) plan? if "No	o," skip b			Yes		Г	No	
	'	• • • • • • • • • • • • • • • • • • • •				 			<u> </u>	
15b				nents for employee defer			n-based	Г	"Prior yea	ar" ADP
	401(k)(3	3) for the plan year? Che	eck all that apply:			sare	harbor	_	test	
						ADP "Curr	ent year"	Г	N/A	
160	\\/hat to	etina mathad was was	to entirely the coverage	requirements under section	ne 440/h) for the plan	Retio			7 1417	
108		_	-	redniteriorità onnet secti			entage 🗀	1 Aver	age [N/A
	year r c	meck all that apply	••••			test	dgc	l bene	efit test L	
16b	Did the	plan satisfy the coverag	ge and nondiscrimination	requirements of sections	410(b) and 401(a)(4)	∏ Yes				
	for the j	plan year by combining t	this plan with any other	plan under the permissive	aggregation rules?		*		∐ No	
17a	If the pl	an is a master and prote	otype plan (M&P) or volu	ume submitter plan that re	ceived a favorable IRS	opinion letter o	r advisor	/ letter	, enter the	date of
	the lette	ar	and the serial number		 .					
17b				l a favorable determinatio		ter the date of	the mos	recer	nt determin	ation
	letter		• •			 .				
40		D	Phonologic Process of the	Out :			T			
18		Benefit Plan or Money			CO and had	untad for-			Π.,	
		•		employee who attained a	-		╽╙┙ᄿ	15	∐ No	
	service /	,,								
19	Was an	v plan participant a 5% .	owner who had attained	at least age 70 1/4 during	the prior plan year?			28	∏No	
		,			The ferror beautiful and price		· ''			