### 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

2017

This Form is Open to Public Inspection

Part I		t Identification Information								
For calend	dar plan year 2017 or f	fiscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017	<del></del>				
A This return/report is for:  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
D Th:	B This return/report is									
D Inis ret	turn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 mg	ontns)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram				
	<u> </u>	special extension (enter descr	. ,							
Part II		ormation—enter all requested inf	formation		4.					
1a Name MARK J EL	e of plan .MORE, DDS, PS 4010	(K) PLAN			<b>1b</b> Three plan r (PN)	number				
					1c Effect	ive date of plan 01/01/2006				
Mailin	ng address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Emplo	oyer Identification Number 91-1154581				
-	or town, state or proving MORE DDS PS	ce, country, and ZIP or foreign post	al code (if foreign, see instr	ructions)	2c Spon	sor's telephone number 253-841-1529				
					2d Busin	ess code (see instructions)				
803 39TH A PUYALLUP	VENUE SW SUITE A					621210				
TO TALLOT	, 111 00010									
3a Plan administrator's name and address X Same as Plan Sponsor.					<b>3b</b> Administrator's EIN					
					<b>3c</b> Administrator's telephone number					
4 If the	name and/or EIN of th	ne plan sponsor or the plan name ha	as changed since the last re	eturn/report filed for	<b>4b</b> EIN					
		onsor's name, EIN, the plan name a	and the plan number from the	ne last return/report.	Ad DN					
C Plan i	sor's name Name				4d PN					
• Harri	rume									
<b>5a</b> Total	number of participants	s at the beginning of the plan year			5a	9				
<b>b</b> Total	number of participants	s at the end of the plan year	<b>b</b> Total number of participants at the end of the plan year			9				
	C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)				5b	9				
d(1) Total number of active participants at the beginning of the plan year			the plan year (only defined	contribution plans	5b 5c	9				
<b>d(1)</b> To	olete this item)		the plan year (only defined	contribution plans						
	olete this item)tal number of active pa		the plan year (only defined	contribution plans	5c	9				
d(2) To e Num than	olete this item)oletal number of active partial number of active participants who also wested	articipants at the beginning of the pl articipants at the end of the plan yea o terminated employment during the	the plan year (only defined an yearan year with accrued be	contribution plans	5c 5d(1) 5d(2) 5e	9 9				
d(2) To e Num than Caution:	oblete this item)otal number of active partial number of active participants who 100% vested	articipants at the beginning of the pl articipants at the end of the plan yea o terminated employment during the	an year (only defined an yearan yearare plan year with accrued be	nefits that were less	5c 5d(1) 5d(2) 5e use is estab	9 9 9				
d(2) To e Num than Caution: Under per SB or Sch	oblete this item)otal number of active partial number of active participants who 100% vested	articipants at the beginning of the plarticipants at the end of the plan year of terminated employment during the correct or incomplete filing of this return other penalties set forth in the instructional signed by an enrolled actuary, a	an year (only defined an year	nefits that were less unless reasonable cau	5c 5d(1) 5d(2) 5e use is estab	9 9 9 lished. ng, if applicable, a Schedule				
d(2) To e Num than Caution: Under per SB or Sch belief, it is	oblete this item)otal number of active partial number of active participants who a 100% vested	articipants at the beginning of the plarticipants at the end of the plan year of terminated employment during the correct or incomplete filing of this return other penalties set forth in the instructional signed by an enrolled actuary, a	an year (only defined an year	nefits that were less unless reasonable cau	5c 5d(1) 5d(2) 5e use is estab	9 9 9 lished. ng, if applicable, a Schedule				
d(2) To e Num than Caution: Under per SB or Sch belief, it is	oblete this item)otal number of active partial number of active participants who a 100% vested	articipants at the beginning of the plan year of terminated employment during the period of the plan year of terminated employment during the period of this return of the penalties set forth in the instructional signed by an enrolled actuary, an explete.	an yeare plan year with accrued be confred will be assessed ctions, I declare that I have as well as the electronic ver	nefits that were less unless reasonable cau examined this return/report	5c 5d(1) 5d(2) 5e use is estab	9 9 9 llished. ng, if applicable, a Schedule best of my knowledge and				
d(2) To e Num than Caution: Under per SB or Sch belief, it is SIGN HERE	oblete this item)  Interpolate this item)  Interpolate this item)  Interpolate this item of active participants who is 100% vested  Interpolate this item of active participants who is 100% vested  Interpolate this item of active participants who is active of perjury and of active perjury active perjury and of active perjury active perju	articipants at the beginning of the plan year of terminated employment during the period of the plan year of terminated employment during the period of this return of the penalties set forth in the instructional signed by an enrolled actuary, an explete.	an year (only defined an year	nefits that were less unless reasonable cau examined this return/report	5c 5d(1) 5d(2) 5e use is estab	9 9 9 llished. ng, if applicable, a Schedule best of my knowledge and				
d(2) To e Num than Caution: Under per SB or Sch belief, it is SIGN HERE	olete this item)tal number of active participants who allow vested	articipants at the beginning of the plan year of terminated employment during the period of the plan year of terminated employment during the period of this return of the penalties set forth in the instructional signed by an enrolled actuary, an explete.	an year (only defined an year	nefits that were less  unless reasonable cau examined this return/report sion of this return/report  MARK ELMORE Enter name of individu	5c 5d(1) 5d(2) 5e use is estabeort, includire, and to the	9 9 9 llished. ng, if applicable, a Schedule best of my knowledge and				

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6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	☐ No
С	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 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	
а	Total plan assets	7a	70	66401				904883	
<u>b</u>	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	7	66401				904883	
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) ·	Γotal	
a	Contributions received or receivable from:  (1) Employers	8a(1)		17015					
	(2) Participants	8a(2)	;	31671					
	(3) Others (including rollovers)	8a(3)		1307					
b	Other income (loss)	8b	!	95984					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						145977	
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		7495					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	Total expenses (add lines 8d, 8e, 8f, and 8g)						7495	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						138482	
j_	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:	
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 contribut 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.)	? (Do not i	include transactions	10b		X			
С				10c	X			750	00
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		Χ			
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.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	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 2520.101			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 Sch (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?	n 302 of			es X No
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		of the letter Year	ruling
lf y	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	X 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 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), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	) to			
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

# 2017 Form 5500-SF e-file 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: \*\*-\*\*\*4581

Client Identification Number: 26240R

You, as plan administrator, are authorizing that Martin Boyle PLLC electronically file the 2017 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 2017. 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

Date: 10-4-20/8

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#### 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.

OMB Nos. 1210-0110 1210-0089

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2017

This Form is Open to Public Inspection

Part I Annual Rep	ort Identification Information				
For calendar plan year 2017	or fiscal plan year beginning		d ending		
A This patron/papart is for			olan (not multiemployer) (Filers che		
A This return/report is for:	a one-participant plan	list of participating e	mployer information in accordance	with the form instru	ictions.)
		a foreign plan			
B This return/report is	I the list returnreport	the final return/repor	t		
	an amended return/report	a short plan year ret	urn/report (less than 12 months)		
C Check box if filing under:	<b>X</b> Form 5558	automatic extension		OFVC program	
	special extension (enter description	n)			
Part II Basic Plan	Information—enter all requested info				
1a Name of plan				1b Three-digit plan number	
	, DDS, PS 401(K) Plan			(PN)	001
	,,			1c Effective date of plant	an
				01/01/20	06
2a Plan sponsor's name (	employer, if for a single-employer plan)			2b Employer Identifica	tion Number
Mailing address (include	e room, apt., suite no. and street, or P.O.	Box)	instructions)		
Mark J Elmore	province, country, and ZIP or foreign postal	code (ii loreign, sec	( Instructions)	(EIN) **-**	*4581
Mark J Elmore	DDS PS			2c Sponsor's telephon	e number
803 39th Avenu	- SM Suite A			253-841-	
803 39th Avenu	e sw suite n		and the second s	2d Business code (se	e instructions)
Puyallup	WA 98373				,
ruyarrup				621210	
3a Plan administrator's na	me and address X Same as Plan Spor	isor.		3b Administrator's EIN	1
4 If the name and/or EIN	of the plan sponsor or the plan name has	s changed since the	last return/report filed for		
	n sponsor's name, EIN, the plan name an	d the plan number fr	om the last return/report.		
a Sponsor's name				4b EIN	
C Plan Name				4d PN	9
	pants at the beginning of the plan year			5a 5b	9
	pants at the end of the plan year			36	
				5c	9
	ve participants at the beginning of the plar			5d(1)	9
d(2) Total number of acti	ve participants at the end of the plan year	. , ,		5d(2)	0
	who terminated employment during the p			5e	9
				Je	0
Caution: A penalty for the	late or incomplete filing of this return/r	eport will be asses	sed unless reasonable cause is e	established.	
Under popultion of parium and of	ther penalties set forth in the instructions, I declar	re that I have examined	this return/report, including, if applicable,	a Schedule	
SB or Schedule MB completed a	nd signed by an enrolled actuary, as well as the	electronic version of this	return/report, and to the best of my know	wledge and	
belief, it is true, correct, and com					
	Dos	10-4-18	Mark Elmore		
HERE Signature of p	an administrator	Date	Enter name of Individual signing	as plan administrate	Dr
SIGN Signature of p	THE TOTAL PLANT	2.6.30	3 0		
	mployer/plan sponsor	Date	Enter name of individual signing a	as employer or plan	sponsor

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					X	Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public	accou	ıntant (	IQPA	)		<b>—</b>
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					X	Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and mu	st ins	tead u	se <u>Fo</u>	rm 550 <u>0.</u>		
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						(See instructions.)
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Be	ginni	ng of Yea	r (b)	End of Year
<del></del>	Total plan assets	7a	<del>, ,</del>		76640		904883
<u>a</u>	Total plan liabilities	7b					
<u>_b</u>	Net plan assets (subtract line 7b from line 7a)	7c	-	-	76640	Ĺ	904883
<u> </u>	Income, Expenses, and Transfers for this Plan Year			a) An	ount		(b) Total
8_	Contributions received or receivable from:						
а		8a(1)			17,01	5	
	(1) Employers	8a(2)	_		31,67		
	(2) Faiticipalits	8a(3)			1,30		
	(a) Chicle (including reservoir)	8b		-	95,98		
<u>b</u>		8c			,	1	145,977
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	- 00				<del> </del>	
d	Benefits paid (including direct rollovers and insurance premiums	8d					ļ
	to provide benefits)	8e				_	
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8f			7,49	5	
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8g			1,20	7	
<u>g</u>	Other expenses	8h					7,495
<u>h</u>		8i			-		138,482
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8j			<del></del> -	-	130,402
نے	Transfers to (from) the plan (see instructions)	OJ.	<u> </u>			<u></u>	
	rt IV Plan Characteristics	C D1	Ob ana	-41-1	in Onder i	n the ine	tructions:
9a		t Plan	Cnara	cteris	ic Codes i	n me ins	uidenons.
	2E 2J 2K 3D			1 - 3 - 51	. Ol in	Ale e deserte	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of	Plan (	Jnarac	teristic	c Codes in	the insti	uctions.
				_			· · · · · · · · · · · · · · · · · · ·
Pa	rt V Compliance Questions			36.	N - 1		Amazant
<u>10</u>	During the plan year:		1	Yes	No		Amount
а	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		x		
h	•		106		x		
	reported on line 10a.)					-	75000
			. 10c	X_			75000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	1 	. 10d		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.)		. 10e		x		
	Has the plan failed to provide any benefit when due under the plan?				x		
			1		x		
ç			109				
r	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	ie		1			
	exceptions to providing the notice applied under 29 CFR 2520.101-3		. 10 <u>i</u>		<u> </u>		

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Diag	t VIII Panaian Eunding Compliance					
	t VI   Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched		В	l — .		
	(Form 5500) and line 11a below)	_	<del></del>		es/	No
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	<u> </u>	,		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 30	)2 of				
	ERISA?			$   \Box  \rangle$	es/	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	••••				_
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e	nter ti	ne da	te of th	e lett	er ruling
	granting the waiver. Month D	av		Year		J
If v	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	, I			
C	Enter the amount contributed by the employer to the plan for this plan year	120				
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	<del></del>				
-	negative amount)	12d	ıl			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes		No [	N/A
	VIII Plan Terminations and Transfers of Assets		100			[ 1407 1
13a	Has a resolution to terminate the plan been adopted in any plan year?	П	Vac	X		
100		420	7 -	22 3	40	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	╁			
IJ	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the			$\Box$	/ac	X No
	control of the PBGC?			<u> </u>	C3	22 140
C	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.)					
	3c(1) Name of plan(s): 13c(2) E	IN(s	)	13c	(3)	PN(s)