	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089	
Inte D	Pepartment of Labor Benefits Security Administration	This form is required to be file Income Security Act of 1974	d under sections 104 and	57(b) and 6058(a) of the		2018 This Form is Open to	
	enefit Guaranty Corporation	 Complete all entries in a 	,	,	500-SF	Public Inspection	
Part I	Annual Report	Identification Information					
For calend	lar plan year 2018 or fis	cal plan year beginning 01/01/2	018	and ending 12	2/31/2018		
A This re	turn/report is for:	a single-employer plan				ing this box must attach a ith the form instructions.)	
B This ret	urn/report is	the first return/report	the final return/report				
-		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram	
		special extension (enter descr					
Part II		rmation—enter all requested inf	ormation		1h Thro	a diait	
1a Name DREW MAL	IDORE, D.D.S., PLLC	401(K) PLAN			1b Three plan (PN)	number	
					, ,	tive date of plan 01/01/2003	
		ver, if for a single-employer plan) n, apt., suite no. and street, or P.C). Box)		2b Empl (EIN)	oyer Identification Number	
City of		e, country, and ZIP or foreign post		tructions)	,	usor's telephone number 360-871-0788	
				-	2d Busir	less code (see instructions)	
	IILE HILL DR. HARD, WA 98366					621210	
3a Plan a	administrator's name an	d address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN	
					3c Admi	nistrator's telephone number	
		plan sponsor or the plan name ha			4b EIN		
a Spons	sor's name	nsor's name, EIN, the plan name a	ind the plan number from	the last return/report.	4d PN		
C Plan N	Name						
5a Total	number of participants	at the beginning of the plan year			5a	5	
		at the end of the plan year			5b	6	
		account balances as of the end of			5c	6	
d(1) Total number of active participants at the beginning of the plan year					5d(1)	5	
• •		e participants at the end of the plan year					
than	100% vested	terminated employment during the			5e	0	
Caution: /	A penalty for the late of	or incomplete filing of this return ner penalties set forth in the instruct	n/report will be assessed	l unless reasonable cau			
SB or Sch		nd signed by an enrolled actuary, a					
SIGN	Filed with authorized/	valid electronic signature.	06/26/2019	DREWETT G. MALIDO	ORE		
HERE	Signature of plan ad	dministrator	Date	Enter name of individu	ual signing a	as plan administrator	
SIGN							
HERE	Signature of employ		Date	Enter name of individu	ual signing a	as employer or plan sponsor	
For Paperw	vork Reduction Act Notice	e, see the Instructions for Form 5500	D-SF.			Form 5500-SF (2018) v.171027	

6a					X Yes 🗌 No			
b	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 cann	ot use Fo	rm 5500-SF and must instead us	e 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 th	e PBGC p	remium filing for this plan year		. (See instructions.)			
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year			

<u> </u>	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
а	Total plan assets	7a	120	61284			1264023
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	120	61284			1264023
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)		46888			
	(2) Participants	8a(2)	4	47529	_		
	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	-{	89244			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					5173
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		2434			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2434
i	Net income (loss) (subtract line 8h from line 8c)	8i					2739
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
b Pa	2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions	eature coo	les from the List of Pla	n Chara	acterist	ic Coc	les in the instructions:
10					Yes	No	Amount
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period		163	NO	Amount
Ŭ	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x	
k	Were there any nonexempt transactions with any party-in-interest			TUa		~	
	reported on line 10a.)			10b		Х	
C	Was the plan covered by a fidelity bond?			10c	Х		100000
c	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		Х	
e	 Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) 	ne or all of	the benefits under	10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
ç	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	
	If 10h was answered "Vas," shack the bay if you aither provided th						

 2520.101-3.)
 10h
 ^

 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

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	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 d	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	× 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)		130	:(3) PN	l(s)

Form 5500-SF	Short Form Ann	ual Return/Repor Benefit Plan	t of Small Employee	OMB Nos. 1210-011 1210-008
Department of the Treasury Internal Revenue Service	This form is required to be fill	led under sections 104 and	4065 of the Employee Retirement	2018
Department of Labor Employee Benefits Security Administratio	Income Security Act of 197	4 (ERISA), and sections 60 Revenue Code (the Code)	057(b) and 6058(a) of the Internal	This Form is Open to
Pension Benefit Guaranty Corporation			,	Public Inspection
Dort I Annual Dance			tructions to the Form 5500-SF.	
	rt Identification Information		10/04/0040	1
Tor calendar plan year 2010 or	fiscal plan year beginning 01/01/20		and ending 12/31/2018	-
A This return/report is for:	X a single-employer plan	list of participating e	blan (not multiemployer) (Filers chec mployer information in accordance v	
	a one-participant plan	a foreign plan		
B This return/report is	the first return/report	The final return/report		
	an amended return/report		irn/report (less than 12 months)	
			intreport (less than 12 months)	
C Check box if filing under:	Form 5558	automatic extension		orogram
	special extension (enter desc	cription)		
Part II Basic Plan Inf	formation-enter all requested in	nformation		
1a Name of plan			1b Three	e-digit
REW MALIDORE, D.D.S., PLL	C 401(K) PLAN			number
			(PN)	001
			1c Effe	ctive date of plan
				01/2003
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos	.O. Box)	(EIN	loyer Identification Number) 91-2179747
REWETT G. MALIDORE, D.D.		nai code (il loreign, see ins	2c Spot	nsor's telephone number (360) 871-0788
			2d Busi	ness code (see instructions)
500 S.E. MILE HILL DR.			6212	
			12. C	
ORT ORCHARD, WA 98366				
3a Plan administrator's name	and address 🗙 Same as Plan Spo	onsor.	3b Adm	inistrator's EIN
			3c Adm	inistrator's telephone number
				inistrator s telephone numbe
			1 (
If the name and/or EIN of t	he plan sponsor or the plan name h	and changed since the last	return/report filed for 4b EIN	
	onsor's name, EIN, the plan name			
a Sponsor's name			4d PN	
c Plan Name				
			and the second second	A 1
5a Total number of participant	ts at the beginning of the plan year.			5
b Total number of participant	ts at the end of the plan year		5b	6
c Number of participants with	h account balances as of the end of	f the plan year (only defined	d contribution plans	
				6
d(1) Total number of active p	articipants at the beginning of the p	olan year	5d(1)	5
d(2) Total number of active p	articipants at the end of the plan ye	ear	5d(2)	6
	o terminated employment during th		an office that want loss	
				0
			unless reasonable cause is esta	
BB or Schedule MB completed	and signed by an enrolled actuary	as well as the electronic ve	e examined this return/report, includiersion of this return/report, and to the	ng, if applicable, a Schedule best of my knowledge and
elief, it is true, correct, and con	npleté.		· · · · · · · · · · · · · · · · · · ·	
SIGN	MARIA	- 6-26-19	Drewett G. Malidore	
IFRE	administrator	Date		as plan administrates
Signature of plan			Enter name of individual signing	as plan auministrator
Signature of plan				
Signature of plan	Mutul	6-26-19		
SIGN IERE Signature of employed	loyer/plan sponsor ice, see the Instructions for Form 550	Date	Enter name of individual signing	as employer or plan sponsor Form 5500-SF (2018

Form 5500-SF (2018)

Page 2

-	Point 5500-5F (2018)		Fage Z		_			
-							— — —	
	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 independ	dent qualified public a	accounta	ant (IQ	PA)		No
	If you answered "No" to either line 6a or line 6b, the plan cann							
c	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA se	ection 40	021)?	Yes	No Not determine	d
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pre	emium filing for this p	lan year			(See instructions	s.)
Pa	rt III Financial Information							_
7	Plan Assets and Liabilities	Sec. Martin	(a) Beginning	of Year			(b) End of Year	
а	Total plan assets	7a		126128	4		1264023	
	Total plan liabilities	7b						
c	Net plan assets (subtract line 7b from line 7a)	7c		126128	4		1264023	
-	Income, Expenses, and Transfers for this Plan Year	Belen	(a) Amoun	nt			(b) Total	
а	Contributions received or receivable from:							1
_	(1) Employers	8a(1)		4688	-		In the second second second	
-	(2) Participants	8a(2)		4752	9	A States		
	(3) Others (including rollovers)	8a(3)			_	Name and Alling		
b	Other income (loss)	8b		-8924	4	Teles .	and the second second	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			2		5173	_
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e					NE STATISTICS	
f	Administrative service providers (salaries, fees, commissions)	8f		243	4			
g	Other expenses	8g				and a sal to		-
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	- States - Comp		E.		2434	
i	Net income (loss) (subtract line 8h from line 8c)	8i	denter and the second		Landone -		2739	
j	Transfers to (from) the plan (see instructions)	8j				and the second s		
Par	t IV Plan Characteristics				-			
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature cod	es from the List of Pl	an Char	acteris	stic Codes	in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara	cterist	ic Codes in	the instructions:	
Par	t V Compliance Questions						8	
10	During the plan year:				Yes	No	Amount	
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary Fig	duciary Correction	10a		x		ì
h	Program) Were there any nonexempt transactions with any party-in-interest			IVa	-			-
	reported on line 10a.)			10b		×		
c				10c	х		100	000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ne or all of th	he benefits under	100		x		
	the plan? (See instructions.)			10e			the state of the s	

10f

10g

10h

10i

X X

х

٠

f Has the plan failed to provide any benefit when due under the plan?

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

i

2520.101-3.) 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

Form 5500-SF (2018)

Page 3- 1

D						
Part					-	
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)	edule \$	SB		Yes [N
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 sectio ERISA?	n 302 c	of	🛛	Yes [N
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 Da		e of the let Year		g
If	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				
c	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?	-	Ye	s 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	
c	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)
			•	•	-	