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

2018

This Form is Open to Public Inspection

Part I		t identification information											
For calenda	ar plan year 2018 or f	fiscal plan year beginning 01/01/2	2018		and ending 12	2/31/2	2018						
A This ret	A This return/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 return/report is the first return/report the final return/report													
		an amended return/report	a s	hort plan year return	n/report (less than 12 m	onths)						
C Check b	box if filing under:	X Form 5558	au	tomatic extension		DI	FVC program						
		special extension (enter descr	ription)										
Part II	Basic Plan Info	ormation—enter all requested in	formatic	on									
1a Name MARK J ELM	of plan MORE, DDS, PS 4010	(K) PLAN				1b	Three-digit plan number (PN)	001					
						1c	Effective date o	f plan 1/2006					
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)			2b	Employer Identi (EIN) 91-1	fication Number					
•	town, state or provin MORE DDS PS	ce, country, and ZIP or foreign post	tal code	(if foreign, see instru	uctions)	2c	Sponsor's telep	hone number					
803 39TH AV	/E SW STE A					2d		(see instructions)					
PUYALLUP,							6212	210					
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.			3b	Bb Administrator's EIN						
						3c Administrator's telephone number							
						30	Administrators	telephone number					
		ne plan sponsor or the plan name ha				4b	EIN						
	an, enter the plan spo or's name	onsor's name, EIN, the plan name a	and the	pian number from th	ie iast return/report.	4d PN							
C Plan N	lame												
5a Total r	number of participants	s at the beginning of the plan year				5	а	9					
b Total r	number of participants	s at the end of the plan year				5	b	10					
		account balances as of the end of			·	5	c	10					
d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year			5d	(1)	9					
		articipants at the end of the plan yea				5d	(2)	7					
than '	100% vested	o terminated employment during the					е						
		or incomplete filing of this return											
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, and the control in the instruction and the control in the con											
SIGN	Filed with authorized	d/valid electronic signature.		09/22/2019	MARK ELMORE								
HERE	Signature of plan	administrator		Date	Enter name of individ	ual si	gning as plan adı	ministrator					
SIGN													
HERE	Signature of empl	oyer/plan sponsor		Date	Enter name of individ	lividual signing as employer or plan sponsor							

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	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 accountant (IQPA) 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 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 dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instru	ctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Eı	nd of Year	
a	Total plan assets	7a	` , , , ,	04883			(-7	801739	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	90	04883				801739	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from:		, ,				,	•	
	(1) Employers	8a(1)		19073	_				
	(2) Participants	8a(2)		37964	_				
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	-4	56362					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						675	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	,	95923					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		7896					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						103819	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-103144	
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in the in	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in the ins	structions:	
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 contribudescribed 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	? (Do not	include transactions						
	reported on line 10a.)			10b 10c	X	X		750	00
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused			Х		730	00
е	by fraud or dishonesty?	ner person ne or all of	s by an insurance the benefits under	10d 10e		X			
f	Has the plan failed to provide any benefit when due under the plan			10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X			391	32
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	ne require	d notice or one of the	10i					
				_	_				

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Part	VI Pension Funding Compliance							
11	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)							
11a								
12								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
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 Day		of the lette Year _	r ruling			
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)	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	× N	0			
	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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)			

2018 Form 5500-SF e-file Signature Authorization

Mark J Elmore DDS PS Mark J Elmore, DDS, PS 401(K) Plan 001 803 39TH AVE SW STE 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 2018 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 2018. 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: 9-29-19

26240R 09/22/2019 12:43 PM

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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Inform	iation			
For calendar plan year 2018 or fiscal plan year beginning	and ending			
A This return/report is for:	a multiple-employer plan (not multiemployer) (Filers ch	necking this box	must attach a	
A This return/report is for:	list of participating employer information in accordance	e with the form	instructions.)	
the first return/report	a foreign plan			
b This return/report is	the final return/report			
an amended return/repo	rt a short plan year return/report (less than 12 months)			
C Check box if filing under: X Form 5558	automatic extension	DFVC program	n	
special extension (enter	description)			
Part II Basic Plan Information—enter all requi				
1a Name of plan	and internation	1b Three-digit		
MARK J ELMORE, DDS, PS 401(K) PI	LAN	plan numbe (PN)	001	
1214 0 121012, 225, 15 101(11, 11		1c Effective da	te of plan	
		01/01		
2a Plan sponsor's name (employer, if for a single-employer	er plan)		dentification Number	
Mailing address (include room, apt., suite no. and street	et, or P.O. Box)	Z Cimployer is	JOHN THUMBER	
City or town, state or province, country, and ZIP or for	eign postal code (if foreign, see instructions)	(EN) **-**4581		
MARK J ELMORE DDS PS		20.0		
002 20mm 3177 CM CME 3		2C Sponsor's to	41-1529	
803 39TH AVE SW STE A				
PUYALLUP WA 98373		Zu Business co	ode (see instructions)	
FOIALLOF WA 903/3		62121	0	
3a Plan administrator's name and address X Same as	Plan Sponsor	3b Administrato		
Ja Fian auministrator s name and address [22] Came as	Tan Oponson	, turiminos dic	J LIII	
		3c Administrato	or'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	4b EIN		
this plan, enter the plan sponsor's name, EIN, the plan	name and the plan number from the last return/report.	4.1		
a Sponsor's name		4d PN		
C Plan Name		1		
5a Total number of participants at the beginning of the pla	ın year	. 5a	9	
b Total number of participants at the end of the plan year	r	. 5b	10	
C Number of participants with account balances as of the		5c	10	
complete this item)				
	of the plan year		9	
	plan year	. 5d(2)	7	
	iring the plan year with accrued benefits that were less	5e		
than 100% vested			0	
Caution: A penalty for the late or incomplete filing of thi	s 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.

SIGN	Jam Jam	9-29-19	MARK ELMORE					
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					

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2-22-	4581						
	Form 5500-SF (2018)	P	age 2	2			
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions	s.)					X Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified p	ublic acco	untant	t (IQP	(A)		
	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	l must ins	stead	use F	orm 5	5500.	_
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 402	21)?		[Yes	□ N	o Not determined
WATER THE SECOND	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan ye	ear					.(See instructions.
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) B	eginr	ning o	f Year	(b) End of Year
a	Total plan assets	7a				4883	801739
<u>b</u>	Total plan liabilities	7b					
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7с			904	1883	801739
8	Income, Expenses, and Transfers for this Plan Year			(a) A	moun	t	(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)			19	,073	
	(2) Participants	8a(2)			37	964	
	(3) Others (including rollovers)						
b					-56,	362	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					675
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d			95	923	
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)				7	896	
g	Other expenses					/333	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						103,819
i	Net income (loss) (subtract line 8h from line 8c)	8i					-103,144
ı	Transfers to (from) the plan (see instructions)	. 8j					103,144
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the Li	st of Plan	Chara	cteris	tic Co	des in th	e instructions:
	2E 2J 2K 3D	or or r larr	Oriare	actor is	Sac CO	ues III u	ie iristructions.
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List	of Plan C	harac	teristi	c Cod	es in the	instructions
	, The second sec	. OI I IGII C	zi iai ac	ACI ISU	c cou	es iii uie	instructions.
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 contributions within the time period	1			110		Anoun
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction	n					
	Program)		10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transaction	ons	ll				
	reported on line 10a.)		10b		X		
C	Was the plan covered by a fidelity bond?		10c	х			75000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caus						75000
-	by fraud or dishonesty?	sea	ادما		. ,		
			10d	-	Х		
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	е					
	the plan? (See instructions.)	er	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?				х		
			10f	-	Α.		
_ <u>g</u> h	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		10g	Х			39132
11	If this is an individual account plan, was there a blackout period? (See instructions and 29 CF	-R					
i	2520.101-3.)		10h		Х		
1	If 10h was answered "Yes," check the box if you either provided the required notice or one of						
	exceptions to providing the notice applied under 29 CFR 2520,101-3		10i				

MARK J ELMORE DDS PS

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Page 3-Form 5500-SF (2018) **Pension Funding Compliance** 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) Yes No 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year 12b Enter the amount contributed by the employer to the plan for this plan year C 12c Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) 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 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 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)