## 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.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part	t I Annual Report	<b>Identification Information</b>							
For ca	lendar plan year 2016 or fi	scal plan year beginning 01/01/2	016 and ending 1	2/31/2016					
<b>A</b> Th	is return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attact list of participating employer information in accordance with the form instructions a foreign plan						
<b>B</b> This	s return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	nonths)					
<b>C</b> Ch	eck box if filing under:	Form 5558 special extension (enter descr	· ,	DFVC pro	ogram				
Part	II Basic Plan Info	<b>rmation</b> —enter all requested inf	formation						
	ame of plan MICHAEL, D.D.S., P.S. EI	MPLOYEES' PROFIT SHARING PI	LAN AND TRUST	1b Three-plan n (PN) 1c Effecti	umber  ive date of				
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)				2b Employer Identification Number (EIN) 91-2009917					
	MICHAEL, D.D.S., P.S.	o, coa, aa <u>_</u> oe.e.g poe	a. coco (i. rereign, coc insulacione)	2c Sponsor's telephone number 509-884-6901					
	LEY MALL PARKWAY ENATCHEE, WA 98802-4	839		2d Busine	ess code (: 6212	see instructions)			
<b>3a</b> PI	lan administrator's name ar	nd address 🛚 Same as Plan Spor	nsor.	3b Admin		elephone number			
n		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN 4c PN					
		at the heginning of the plan year		5a					
	·			5b		-			
C N	lumber of participants with	account balances as of the end of the	the plan year (only defined contribution plans	5c		-			
d(1)	Total number of active pa	rticipants at the beginning of the pl	an year	5d(1)					
			ar	5d(2)					
<b>e</b> 1	Number of participants that	•	plan year with accrued benefits that were less	5e					
		<u> </u>	n/report will be assessed unless reasonable ca						
Under	penalties of periury and of	her penalties set forth in the instruc-	ctions. I declare that I have examined this return/re	eport, includin	<ul> <li>g. if applic</li> </ul>	able, a Schedule			

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 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

belief, it is t	rue, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	02/21/2017	TOM K. MICHAEL, PRESIDENT				
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 r	oom or suite numbe	r )	Preparer's telephone number			

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	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	an indepe	ndent qualified public a	account	ant (IQ	PA)			X Yes	□ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann								res	∐ №
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-		Not deter	mined
Pa	rt III Financial Information				-		1		<u> </u>	
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End o	of Year	
а	Total plan assets	7a		191878			,		4839196	
b	Total plan liabilities	7b		0	)				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	4	191878					4839196	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
а	Contributions received or receivable from:	- 400		130120						
-	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		517198						
	Other income (loss)	8b							647318	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							047310	
	to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		C						
g	Other expenses	8g		0	)					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							647318	
j	Transfers to (from) the plan (see instructions)	8j		C	)					
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2R 3D									
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	ctions:	
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	iduciary 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					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	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		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?	·····	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	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 constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	es No
11a	Ente	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			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)
	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 broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> 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 custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne 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			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

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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**

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OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

For calendar	plan year 2016 or	t Identification Information fiscal plan year beginning	01/01/2016	and ending	12/31/2	
		X a single-employer plan	a multiple-employer	plan (not multiemployer	) (Filers checking thi	s box must attach
A This retur	rn/report is for:		list of participating	employer information in	accordance with the	form instructions.
		a one-participant plan	a foreign plan			
3 This return	n/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12)	months)	
Check bo	ox if filing under:	Form 5558	automatic extension		☐ DFVC program	
		special extension (enter desc			П	
Part II	Basic Plan Inf	ormation—enter all requested in				
a Name of	f plan	ormation—enter all requested if	ntormation		1b Three-digit	
		S., P.S. EMPLOYEES'			plan number	001
	LCIMED, D.D.	S., P.S. EMPLOYEES	PROFIT SHARING	PLAN AND TRUST	(PN) Þ	
					1c Effective dat	e of plan
					01/01/198	
a Plan spo	onsor's name (empl	oyer, if for a single-employer plan)			2b Employer Ide	entification Number
Mailing a	address (include ro	om, apt., suite no. and street, or P. ice, country, and ZIP or foreign pos	O Boy)	4-7-4-7-7-7	(EIN)91-20	
OM K. N	MICHAEL, D.I	S D S	stal code (if foreign, see ins	structions)	2c Sponsor's te	lephone number
	, 5.2	, 1.5.			509-884-6	901
03 VALI	LEY MALL PAR	KWAY			2d Business cod	e (see instructions
10.00		TO THE STATE OF TH			621210	
NO CONTRACTOR						
AST WEN	NATCHEE	WA 98802-48	3.9			
	NATCHEE ministrator's name a	WA 98802-483			3h Administrator	'e FIN
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a Plan adn	ministrator's name a	70002 100	onsor.	for this plan, enter the		
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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either line 6a or line 6b, the plan cannot lift the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi not use Fo	ndent qualified public ations.)orm 5500-SF and mus	account t instea	ant (IC	PA) Form	5500.	X Yes 1 N	No No
Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End of Year	
а	Total plan assets	7a	4,	191,	878			4,839,1	.96
b	Total plan liabilities	7b			0				C
С	Net plan assets (subtract line 7b from line 7a)	7c	4,	191,	878			4,839,1	96
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		130,	120				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		517,	198				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						647,3	18
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							(
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						647,3	18
j	Transfers to (from) the plan (see instructions)	8j			0				
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2R 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	les in t	he instructions:	
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		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х			500,0	00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
е	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	ın?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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D (									
Part		Pension Funding Compliance			0.0				_
11	(Forn	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar n 5500) and line 11a below)	na complete s	scneau	e SB		□ )	es [	No
11a	Ente	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	)	11	а				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the			2 of		П	∕es ∑	X No
	(If "Y	A? 'es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						<u></u>	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see			_	e date of		r rulin	g
If ·		ing the waiver			Day _		Year _		
		the minimum required contribution for this plan year		12	2b				
		the amount contributed by the employer to the plan for this plan year		41	2c				
	Subtr	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)	ne left of a	12	2d				
е	Will t	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		-					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	ΧN	0	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year		13	а				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brol of the PBGC?		the			Yes X	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea assets or liabilities were transferred. (See instructions.)	entify the plai	n(s) to					
1	13c(1)	Name of plan(s):	130	(2) EIN	l(s)		13c(3	) PN(	s)
Part	VIII	Trust Information	<u> </u>			•			
14a	Name	of trust		14	l <b>b</b> Tr	ust's EIN			
14c	Name	of trustee or custodian		14		ustee's o lephone		ian's	
Part	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b	Y	es			No		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		sign-ba			"Prior ye test	ear" A	DP
			L AC	urrent y P test	ear"		N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plate Check all that apply:	ре	atio ercenta st	ge	Aver bene	age fit test		N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(be plan year by combining this plan with any other plan under the permissive aggregation rules?	ш '				No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS	5, enter the da	ate of th	ne mo	st recent	determi	nation	1
	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 s e?		n 📗	Yes	ı	No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Yes		No		