## 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

2017

This Form is Open to Public Inspection

Part I Annual Report	Identification Information	1									
For calendar plan year 2017 or fi	scal plan year beginning 01/01/	2017		and ending 12	2/31/2017						
A This return/report is for:	x 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		foreign plan				,				
<b>B</b> This return/report is	his return/report is the first return/report the final return/report										
	x an amended return/report	a short plan year return/report (less than 12 months)									
C Check box if filing under:	Form 5558	ш	tomatic extension		DFVC p	rogram					
	special extension (enter desc										
	ormation—enter all requested in	nformatio	on								
1a Name of plan					1b Three	-					
LOGAN TAX AND CONSULTING	, INC. 401(K) PROFII				(PN)	number •	001				
					\ /	tive date of					
							/2003				
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)					<b>2b</b> Employer Identification Number (EIN) 91-2116648						
City or town, state or provinc LOGAN TAX AND CONSULTING,	ce, country, and ZIP or foreign pos INC.	tal code	(if foreign, see instru	uctions)	2c Sponsor's telephone number 360-305-2763						
					<b>2d</b> Busir		see instructions)				
3448 SPRINGHILL PLACE						5412					
BELLINGHAM, WA 98226						0112					
3a Plan administrator's name a	nd address X Same as Plan Spo	onsor.			<b>3b</b> Admi	nistrator's E	ΞΙΝ				
					<b>3c</b> Admi	nistrator's t	elephone 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 this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.				4b EIN							
<b>a</b> Sponsor's name					4d PN						
C Plan Name											
5a Total number of participants at the beginning of the plan year			5a	2							
<b>b</b> Total number of participants at the end of the plan year					5b		1				
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)				5c	5c						
d(1) Total number of active participants at the beginning of the plan year					5d(1)	2					
d(2) Total number of active participants at the end of the plan year				5d(2)		1					
	terminated employment during th				5e						
Caution: A penalty for the late	or incomplete filing of this retur	rn/repor	t will be assessed i	unless reasonable cau							
	ther penalties set forth in the instru and signed by an enrolled actuary, plete										
	l/valid electronic signature.		06/19/2018	JOHN LOGAN							
HERE Signature of plan a			Date	Enter name of individual signing as plan administrator							
SIGN Filed with authorized/valid electronic signature. 06/21/2018 JOHN LOG					OGAN						

Date

**HERE** 

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2** 

_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  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 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 Not determine If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instruction)									
Pai	t III Financial Information	1	Γ							
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End of Year			
a	a Total plan assets		64	43858		277381				
<u>b</u>	<b>b</b> Total plan liabilities									
С	C Net plan assets (subtract line 7b from line 7a)		64	643858		277381				
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount		(b) Total				
a 	Contributions received or receivable from:  (1) Employers									
	(2) Participants	. 8a(2)								
	(3) Others (including rollovers)	. 8a(3)								
<u>b</u>	Other income (loss)	. 8b	(	60305						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					60305			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	42	426782						
	Certain deemed and/or corrective distributions (see instructions)	8e		120.02						
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					426782			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					-366477			
j	Transfers to (from) the plan (see instructions)	- 8j								
Par	t IV Plan Characteristics									
9a										
b										
Par	t V Compliance Questions									
10					Yes	No	Amount			
а	<b>a</b> 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			10a		X				
b	Program)									
	reported on line 10a.)  C Was the plan covered by a fidelity bond?			10b		X				
				10c		^				
	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		Χ				
e	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	f Has the plan failed to provide any benefit when due under the plan?					Χ				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Χ				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10g 10h		X				
i				10i						

Form 5500-SF 2017	Page <b>3-</b> 1
-------------------	------------------

Part	VI Pension Funding Compliance						
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	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12		Yes X No					
<b>a</b> 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 waiverMonth Day Year							
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			
<b>c</b> 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.)							
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> PN(s)			