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

	t identification information										
For calendar plan year 2017 or	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017										
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box relation in accordance with the form in											
	a one-participant plan	a foreign plan					,				
B This return/report is	return/report is the first return/report the final return/report										
	an amended return/report	a sh	nort plan year return	/report (less than 12 m	onths)						
C Check box if filing under:	X Form 5558	aut	omatic extension	DFVC program							
	special extension (enter desc	cription)									
Part II Basic Plan Inf	formation—enter all requested in	nformation	n								
1a Name of plan	-				1b ⊺	hree-digit					
MIKHAI C. TA DDS PS PROFIT	SHARING PLAN					lan number					
					(1	PN) ▶	001				
						1c Effective date of plan 01/01/2014					
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)				2b Employer Identification Number						
Mailing address (include ro	om, apt., suite no. and street, or P.C				(EIN) 26-1435224						
MIKHAI C TA DDS PS	nce, country, and ZIP or foreign post	stal code ((if foreign, see instru	uctions)	2c Sponsor's telephone number						
MIKHAI C TA DDS PS						360-73	6-5040				
					2d Business code (see instructions)						
PO BOX 676 CENTRALIA, WA 98531						6212	210				
OLIVITALIA, WA 30001											
3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN							
					3c Administrator's telephone number						
					JC A	ummstrator s	telepriorie 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 sp a Sponsor's name	oonsor's name, EIN, the plan name a	and the p	olan number from th	e last return/report.	4d PN						
a Sponsor's name C Plan Name						40 PN					
• Harrianie											
5a Total number of participan	ts at the beginning of the plan year.				5a		6				
b Total number of participants at the end of the plan year				5b		4					
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)			-	5с		4					
d(1) Total number of active participants at the beginning of the plan year			5d(1)	6						
d(2) Total number of active participants at the end of the plan year				5d(2	()	2					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			5e		0						
Caution: A penalty for the late	e or incomplete filing of this retur	rn/report	will be assessed u	unless reasonable cau	ıse is e	stablished.					
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.											
0.0	ed/valid electronic signature.		07/18/2018	MIKHAI C TA							
HERE Signature of plan	administrator		Date	Enter name of individu	ual sign	ng as plan ad	ministrator				
SIGN											
HERE Signature of emp	loyer/plan sponsor		Date	Enter name of individu	ual sign	ing as employe	er or plan sponsor				

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_	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.)								
							Not determined . (See instructions.)		
Pa	rt III Financial Information	1							
7	Plan Assets and Liabilities		(a) Beginning o	of Year (b)			(b) End	l of Year	
a	a Total plan assets		8	84966		14294		142944	
<u>b</u>	b Total plan liabilities								
C	C Net plan assets (subtract line 7b from line 7a)		3	84966		14294		142944	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		(b		Total	
a	Contributions received or receivable from: (1) Employers	8a(1)	6461						
	(2) Participants	Participants		35116					
	(3) Others (including rollovers)	Others (including rollovers)			_				
b	Other income (loss)		1	16449					
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						58026	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)								
f	Administrative service providers (salaries, fees, commissions)	8f		48					
g	g Other expenses								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						48	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						57978	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K 2T $^{\circ}$	feature co	odes from the List of Pla	an Cha	racteri	stic Cod	des in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acteris	tic Code	es in the inst	ructions:	
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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	100		X			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10a 10b		X			
	C Was the plan covered by a fidelity bond?			10c		X			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			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			
f	f Has the plan failed to provide any benefit when due under the plan?					X			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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			10i					

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Part	VI Pension Funding Compliance						
11							
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 302 of ERISA? (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 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			
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.)							
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)			