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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

Pension Benefit Guaranty Corporation	► Complete all entries in	accordance with the instructions to the Form 55	500-SF.	•			
	ort Identification Information	1					
For calendar plan year 2015 o	r fiscal plan year beginning 01/01/	2015 and ending 12	2/31/2015				
A This return/report is for:	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	, , ,					
B This 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	onths)				
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension	DFV	C program			
Part II Basic Plan In	nformation—enter all requested in	nformation					
1a Name of plan MICHAEL J. GIESY, D.M.D., P	LLC 401(K) PROFIT SHARING PLAI	N	1b Three-dig plan num (PN) ▶	ber 002			
			1c Effective	date of plan 01/01/1993			
Mailing address (include r	ployer, if for a single-employer plan) room, apt., suite no. and street, or P.G		2b Employer (EIN)	Identification Number 91-2047668			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ICHAEL J. GIESY, D.M.D., PLLC				s telephone number 253-752-6630			
004 WESTGATE BLVD, SUITE ACOMA, WA 98406-2503	≣ 210		2d Business	code (see instructions) 621210			
3a Plan administrator's name	e and address 🏻 Same as Plan Spon	sor.	3b Administr 3c Administr	ator's EIN ator's telephone number			
	the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN 4c PN				
_	nts at the heginning of the plan year		5a	11			
	0 0 1 7		5b	11			
C Number of participants wi	ith account balances as of the end of	the plan year (defined benefit plans do not	5c	11			
d(1) Total number of active	participants at the beginning of the p	lan year	5d(1)	8			
d(2) Total number of active	participants at the end of the plan ye	ear	5d(2)	8			
than 100% vested		e plan year with accrued benefits that were less	5e	0			
Coution. A nanalty for the la	to an incomplete filing of this return	na luana ut villa ha accasa de lunta a casa e a la casa e la	ion in antabliab	امم			

or incomplete filing of this return/report will be asse

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 t	rue, correct, and complete.				
	Filed with authorized/valid electronic signature.	05/03/2016	MICHAEL J. GIESY		
HERE	Signature of plan administrator	Enter name of individual signing as plan administrator			
SIGN					
HERE					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		
	Signature of employer/plan sponsor name (including firm name, if applicable) and address (include				

Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	Form 5500-SF 2015		Page 2							
Part III	b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepenand and condition	dent qualified public a	ccount	ant (IQ	PA)			□ .	. 🗆
7 Plan Assets and Liabilities	c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermined
a Total plan sasets	Part III Financial Information									
D Total plan liabilities	7 Plan Assets and Liabilities		(a) Beginning					(b) End		
C Net plan assets (subtract line 7b from line 7a) 7c 1750343 1877180 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 72490 (2) Participants 84(1) 72490 (2) Participants 84(1) 72490 (2) Participants 84(2) 86(637) (3) Others (including rollovers) 84(3) 26(61) (3) Others (including rollovers) 84(3) (4) Other income (loss) 84(4) (4) Others (including rollovers) 84(4) Others (including rollovers) 84(4) (4) Others (including rollovers) 84(4) Others (including roll		i i		1750	343				18	77180
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (2) Participants. (3) Other (including rollowers). (3) Other (including rollowers). (4) Participants. (5) Participants. (6) Other income (loss). (6) Other income (loss). (6) Other income (loss). (7) Participants. (8) Other (including rollowers). (8) Other (including rollowers). (8) Other income (loss). (8) Other (including rollowers). (9) Other expenses (add lines 8d, 18, 8f, and 8g). (9) Other expenses (add lines 8d, 18, 8f, and 8g). (1) National Participants (including rollowers). (1) Transfers to (from) the plan (see instructions). (1) Transfers to (from) the plan (see instructions). (2) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (2) Expenses (18) Other (18				4750	0.40				40	77400
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers) 8a(3) 8a(3) Control income (loss) Control inc		7c			1343	+				77180
(t) Employers			(a) Amou	unt				(b)	otal	
(3) Others (including rollovers) 8a(3)		8a(1)		72	2460					
b Office income (loss) C Total income (loss) Bb -266 C Total income (loss) Bc -266 C Entain deemed and/or corrictive distributions (lase instructions) Bc -267 C Administrative service providers (salaries, lees, commissions) Bc -268 G Other expenses (and lines 8d, 8e, 8f, and 8g) B -268 G Other expenses (lase) B -268 G Otherexpenses (lase) B -268 G Other expenses (lase) B -268 G Other	(2) Participants	8a(2)		60	637					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	(3) Others (including rollovers)	8a(3)		2	2691					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions)	b Other income (loss)	8b		-	-266					
to provide benefits)		8c							1;	35522
e Contain deemed and/or corrective distributions (see instructions)		8d								
f Administrative service providers (salaries, fees, commissions)	,									
n Total expenses (add lines 8d, 8e, 8f, and 8g)				8	8685					
i Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g								
Transfers to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								8685
Part IV	i Net income (loss) (subtract line 8h from line 8c)	8i							1:	26837
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2R 2T 3D	j Transfers to (from) the plan (see instructions)	8j								
B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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 Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) 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.) 10g X 20720 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). 10h X 10h X 10h X 10h Yes. 10h Yes. 10h Yes. 10h Yes. 10h Yes. No 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40. 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.	Part IV Plan Characteristics									
Part V Compliance Questions Yes No N/A Amount	9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of PI	an Cha	racteri	stic Co	des in th	he instru	ctions:	
Part V Compliance Questions 10		eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instruc	tions:	
10 During the plan year: a 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 Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?	— In the plant provides we have believed, other the applicable we have	oataro ooat	oo nom the List of Fia	ii Onait	20101101		100 117 1110	o mondo		
a 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 Program)	Part V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10 During the plan year:				Yes	No	N/A		Amou	nt
reported on line 10a.)	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fi	duciary Correction	10a		X				
C Was the plan covered by a fidelity bond?						V				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				10b		X				
by fraud or dishonesty?				10c	X					250000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)				10d		X				
f Has the plan failed to provide any benefit when due under the plan?	carrier, insurance service, or other organization that provides som	ne or all of t	he benefits under	10e	X					865
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 20720 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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i j Did the plan trust incur unrelated business taxable income? 10j Part VI Pension Funding Compliance 1 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 contribution for all years from Schedule SB (Form 5500) line 40. 11a				10f		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	· · · · · · · · · · · · · · · · · · ·				X					20720
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	h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR			X				20120
j Did the plan trust incur unrelated business taxable income? 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)	i If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the							
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)										
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)				10j		<u> </u>				
11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11 Is this a defined benefit plan subject to minimum funding requirem								ПП	/oo
	,								ш'	I GO I INO
								RISA?		∕es X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	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 waiver								
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b 1	Γrust's EIN	١			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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

2015

This Form is Open to Public Inspection

Part I		t Identification Information										
For calenda	ır plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/20	15						
A This retu	urn/report is for:	an (not multiemployer) ployer information in ac										
		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 short plan year return	report (less than 12 m	onths)							
C Check b	ox if filing under:											
		special extension (enter descr	iption)									
Part II	Basic Plan Inf	ormation—enter all requested int	formation			***						
1a Name o Michael		n	1b Three-digit plan number (PN) ▶	002								
					1c Effective date 01/01/19							
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employer Ide (EIN) 91-2							
		nce, country, and ZIP or foreign post D.M.D., PLLC	al code (if foreign, see instru	ictions)	2c Sponsor's tel 253-752-	•						
6004 W	ESTGATE BLVD), SUITE 210				e (see instructions)						
TACOMA		WA 98406-25	03									
3a Plan ac	dministrator's name	and address XSame as Plan Spons	sor.		3b Administrator's EIN							
4 If the n	ame and/or EIN of t	he plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN	's telephone number						
	EIN, and the plan n	umber from the last return/report.	·		4c PN							
		ts at the beginning of the plan year										
		ts at the end of the plan year			5b	11						
		h account balances as of the end of			5c	11						
d(1) Tota	al number of active p	participants at the beginning of the pl	an year		5d(1)	8						
d(2) Tota	al number of active p	participants at the end of the plan year	ar		5d(2)	8						
		at terminated employment during the			5e	0						
Caution: A	penalty for the late	e or incomplete filing of this return	n/report will be assessed u	ınless reasonable caı								
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, a molete.										
SIGN	m		05 03-16	Michael J. Gi	esy							
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan a	administrator						
SIGN												
HERE		loyer/plan sponsor	Date	Enter name of individ								
Preparer's	name (including firm	name, if applicable) and address (in	nclude room or suite numbe	r)	Preparer's telepho	ne number						

	Form 5500-SF 2015	Page 2						
	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 a 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	nt (IQF	PA)					
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_	o Not determined
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning			_	(b)	End of Year
	Total plan assets	. 7a		175	50343	3		1877180
	Total plan liabilities	. 7b				_		
	Net plan assets (subtract line 7b from line 7a)	7c		175	1750343			1877180
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt		+		(b) Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)		,	72460			
	(2) Participants	8a(2)		(5063	7		
	(3) Others (including rollovers)	8a(3)	•		269	1		
b	Other income (loss)	. 8b			-26	6		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						135522
	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	. 8d				-		
	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f		8685				
g	Other expenses	, 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					-		8685
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						126837
j	Transfers to (from) the plan (see instructions)	· 8j				T.		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D							
В	If the plan provides welfare benefits, enter the applicable welfare f	reature cod	es from the List of Pia	n Chara	icterist	IC C00	es in the in	estructions;
Par	700						L was T	
10	During the plan year:	.41			Yes	No	N/A	Amount
d	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	√oluntary F	iduciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х		
C	Was the plan covered by a fidelity bond?			10c	X			250000
C	by fraud or dishonesty?			10d		х		
€	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.)							865
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х		-
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g	х			20720
ř		(See instru	uctions and 29 CFR	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				91
j	j Did the plan trust incur unrelated business taxable income?							

Yes

Yes

No

No

Part VI

12

Pension Funding Compliance

5500) and line 11a below).

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40......

	Form 5500-SF 2015 Page 3 -				
	(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 e granting the waiver	nter the	e date of th	ne letter ruli Year	ng
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			
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 coof the PBGC?			Yes X 1	٧o
С	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) P	N(s)
ĩ -					
Part	VIII Trust Information				
14a	Name of trust	14b Trust's EIN			
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number			
Par	IX IRS Compliance Questions				
15a	Is the plan a 401(k) plan?	Ye	es	No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	bi	esign- ased safe arbor aethod	ADP test	/ACP
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Ye		□ No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	∐ р	atio ercentage est		rage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Ye	es	∏ No	
17a	Has the plan been timely amended for all required tax law changes?	Ye	es	☐ No	□ N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).	applica	ble code _	(See ir	structions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number				or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the pla	n's last fav	vorable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Ye		∏ No	
19	Were in-service distributions made during the plan year?	Y	es	No	
	If "Yes," enter amount	19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	Y	es	No	□ N/A