Form 5	500-SF	Short Form Annu	•	ort of Small Empl	oyee	0	MB Nos. 1210-0110 1210-0089		
Department of Internal Reve		This form is required to be fil	Benefit Pla		otiromont	2015			
Departmen Employee Benefits Se		Income Security Act of 197		This Form is Open to Public Inspection					
Pension Benefit Gu				instructions to the Form 5	500-SF.	Fublic	Inspection		
		dentification Information cal plan year beginning 01/01,		and anding 1	2/24/2045				
For calendar plan	year 2015 of fis	cal plan year beginning 01/01,		and ending 12 ver plan (not multiemployer)	2/31/2015 (Filers check	cina this hox	must attach a		
A This return/rep	port is for:	a one-participant plan		g employer information in ac		-			
B This return/rep	ortis	the first return/report	the final return/rep	oort					
		an amended return/report	a short plan year	eturn/report (less than 12 m	onths)				
C Check box if fi	iling under:	X Form 5558	automatic extens	on	D	FVC progra	n		
		special extension (enter dese	cription)		_				
Part II Bas	sic Plan Infor	mation—enter all requested in	nformation						
<b>1a</b> Name of plan THE GALLERY OF		JRGERY 401K PROFIT SHARIN	IG PLAN		1b Three plan n (PN)	umber	001		
					. ,	ive date of p			
2a Plan sponsor	's name (employ	ver, if for a single-employer plan)				01/01/2	2006		
Mailing addre	ess (include room	n, apt., suite no. and street, or P. country, and ZIP or foreign pos		instructions)	(EIN)	20-351			
HE GALLERY OF					2C Spons	sor's telepho 425-775			
					2d Busine	ess code (se	e instructions)		
500 188TH STREI YNNWOOD, WA S						62111	I		
<b>3a</b> Plan administ	trator's name and	d address XSame as Plan Spor	nsor.		<b>3b</b> Admin	istrator's Ell	N		
					3c Admin	istrator's tel	ephone number		
		plan sponsor has changed since	e the last return/report fi	led for this plan, enter the	4b EIN				
a Sponsor's na	•	hber from the last return/report.			<b>4c</b> PN				
5a Total numbe	r of participants a	at the beginning of the plan year			5a		13		
<b>b</b> Total numbe	r of participants a	at the end of the plan year			5b		12		
		ccount balances as of the end o			5c		8		
•	,	ticipants at the beginning of the p			5d(1)		5		
. ,		ticipants at the end of the plan ye	-		5d(2)		5		
e Number of p	participants that t	erminated employment during th	e plan year with accrue	d benefits that were less	5e		0		
Caution: A penal	Ity for the late o	or incomplete filing of this retuiner penalties set forth in the instru-	rn/report will be asses	sed unless reasonable cau			le a Schedule		
	1B completed an	d signed by an enrolled actuary,							
SIGN Filed		alid electronic signature.	10/03/2016	CRAIG R. JONOV, M	D				
HERE Sign	ature of plan ac	dministrator	Date	Enter name of individ	ual signing a	s plan admir	istrator		
SIGN HERE Sign	oturo of ometa-	vor/plan anotator	Data	Entername of individ		omploses			
		<b>yer/plan sponsor</b> ame, if applicable) and address (	Date include room or suite nu	Enter name of individ Imber )		s employer o telephone ni			
For Paperwork Rec	Juction Act Notice	e and OMB Control Numbers, see t	he instructions for Form	5500-SF.		Fo	rm 5500-SF (2015)		

b	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 a <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi ot use Fo	ndent qualified public a tions.) orm 5500-SF and mus	t instea	ant (IQ ad use	PA) Form	5500.			Yes No Yes No
	rt III Financial Information		<b>3</b> (		,		L			
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) En	d of Yea	r
а	Total plan assets	7a			122					255343
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		279	122				2	255343
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-	418					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-418
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		23	361					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g				_				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				23361	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				_				23779
	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2F$ $2G$ $2J$ $3D$	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the instr	uctions:	
B	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instru	ictions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	unt
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	Х					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
e	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 plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year o	end.)	10g	Х					17819
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes No

11a	Enter the unpaid minimum required contribution 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 3	802 of F	RISA?	Π	′es X

No

Form 5500-SF 2015

Page **3 -** 1

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(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 waiver										
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>					
b	Enter	the minimum required contribution for this plan year		12b						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d						
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?									
Part	VII	Plan Terminations and Transfers of Assets								
13a Has a resolution to terminate the plan been adopted in any plan year?										
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
D		e PBGC?				Yes 🗙	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information								
14a Name of trust						IN				
14c	Narr	e of trustee or custodian		14d	<b>14d</b> Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es					
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	P/ACP				
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	No			
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No				
19	Were	in-service distributions made during the plan year?		<b>Y</b>	es	No				
	lf "Y€	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A			

Form 5500-SF	Short Form Ann	ual Return/Report of Small Empl Benefit Plan	oyee	OMB Nos. 1210-01 1210-00				
Internal Revenue Service	This form is required to be fi	led under sections 104 and 4065 of the Employee R	Retirement	2015				
Department of Labor Employee Benefits Security Administra	Income Security Act of 197	4 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).	e Internal	This Form is Open to				
Pension Benefit Guaranty Corporat	on Complete all entries in	accordance with the instructions to the Form 5	500-SE	Public Inspection				
Part I Annual Rep	ort Identification Informatio	n	<u>300-01,</u>					
For calendar plan year 2015		01/01/2015 and ending		31/2015				
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer)     list of participating employer information in ac     a foreign plan	(Filers chec ccordance wi	king this box must attach a the form instructions)				
<b>B</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	ionths)					
Check box if filing under:	X Form 5558	automatic extension	Пр	FVC program				
	special extension (enter des	cription)						
Part II Basic Plan II	nformation—enter all requested in	nformation						
a Name of plan			1b Three					
ne Gallery of Cos	metic Surgery 401K Pro	ofit Sharing Plan	plan r (PN)	number 001				
			1c Effect	ive date of plan				
a Plan sponsor's name (em	ployer, if for a single-employer plan)		· · · ·	over Identification Number				
City or town, state or prov	oom, apt., suite no. and street, or P. ince, country, and ZIP or foreign pos	O. Box) tal code (if foreign, see instructions)		20-3518190				
The Gallery of Co				sor's telephone number				
2500 10000 01				-775-3561 ess code (see instructions)				
3500 188th Street	SW #670		6211					
Lvnnwood	WA 98037							
	WA 98037 and address XSame as Plan Spon	ISOT.	3h Admin	istrator's EIN				
-	WA 98037 and address XSame as Plan Spon	isor.		istrator's EIN				
		isor.						
a Plan administrator's name If the name and/or EIN of	and address XSame as Plan Spon	the last return/report filed for this plan, enter the						
a Plan administrator's name If the name and/or EIN of name, EIN, and the plan	and address XSame as Plan Spon		3c Admin 4b EIN					
<ul> <li>a Plan administrator's name</li> <li>If the name and/or EIN of name, EIN, and the plan</li> <li>a Sponsor's name</li> </ul>	and address XSame as Plan Spon the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	3c Admin 4b EIN 4c PN	istrator's telephone numbe				
<ul> <li>a Plan administrator's name</li> <li>If the name and/or EIN of name, EIN, and the plan</li> <li>a Sponsor's name</li> <li>a Total number of participar</li> </ul>	the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	3c Admin 4b EIN 4c PN 5a	istrator's telephone numbe				
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<ul> <li>a Plan administrator's name</li> <li>If the name and/or EIN of name, EIN, and the plan a</li> <li>Sponsor's name</li> <li>a Total number of participart</li> <li>b Total number of participants wi complete this item)</li> <li>d(1) Total number of active</li> <li>d(1) Total number of active</li> <li>d(2) Total number of active</li> <li>e Number of participants the than 100% vested</li> <li>aution: A penalty for the latinder penalties of perjury and B or Schedule MB completed</li> <li>gin and the plan a</li> <li>a Sponsor's name</li> </ul>	the plan sponsor has changed since number from the last return/report. Ints at the beginning of the plan year the account balances as of the end of coarticipants at the beginning of the plan year th account balances as of the end of participants at the end of the plan year at terminated employment during the e or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, a mplete.	the last return/report filed for this plan, enter the the plan year (defined benefit plans do not lan year	3c Admin 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is establi ort, including and to the b 7, MD al signing as 7, MD	istrator's telephone numbe				
a Plan administrator's name         If the name and/or EIN of name, EIN, and the plan in ame, EIN, and the plan in a Sponsor's name         a Total number of participarts         b Total number of participarts with complete this item)         c Number of participants with complete this item)         d(1) Total number of active         e Number of participants with than 100% vested         aution: A penalty for the lating of active in the strue, correct, and complete dief, it is true, correct, and completed in a strue, correct, and completed in the strue, correct, and c	the plan sponsor has changed since number from the last return/report. Ints at the beginning of the plan year that at the end of the plan year the account balances as of the end of participants at the beginning of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a mplete.	the last return/report filed for this plan, enter the the plan year (defined benefit plans do not lan year	3c       Admin         4b       EIN         4c       PN         5a       5b         5c       5d(1)         5d(2)       5e         se is establin       ort, including and to the b         7, MD       al signing as         7, MD       al signing as	istrator's telephone numbe				
If the name and/or EIN of name, EIN, and the plan a Sponsor's name a Total number of participar b Total number of participarts wi complete this item) d(1) Total number of active d(2) Total number of active d(2) Total number of active e Number of participants th than 100% vested aution: A penalty for the lat nder penalties of perjury and B or Schedule MB completed elief, it is true, correct, and co IGN ERE Signature of plan GIN ERE Signature of emp	the plan sponsor has changed since number from the last return/report. Ints at the beginning of the plan year that at the end of the plan year the account balances as of the end of coarticipants at the beginning of the plan year terminated employment during the model of the plan year interminated employment during the cor incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, a mplete.	the last return/report filed for this plan, enter the the plan year (defined benefit plans do not lan year	3c       Admin         4b       EIN         4c       PN         5a       5b         5c       5d(1)         5d(2)       5e         se is establin       ort, including and to the b         7, MD       al signing as         7, MD       al signing as	istrator's telephone numbe				
<ul> <li>Plan administrator's name</li> <li>If the name and/or EIN of name, EIN, and the plan a</li> <li>Sponsor's name</li> <li>Total number of participart</li> <li>Total number of participants wi complete this item)</li> <li>d(1) Total number of active</li> <li>Number of participants wi complete this item)</li> <li>d(1) Total number of active</li> <li>Number of participants the than 100% vested</li> <li>aution: A penalty for the lat nder penalties of perjury and B or Schedule MB completed alief, it is true, correct, and co</li> <li>IGN ERE Signature of plan</li> </ul>	the plan sponsor has changed since number from the last return/report. Ints at the beginning of the plan year that at the end of the plan year the account balances as of the end of coarticipants at the beginning of the plan year terminated employment during the model of the plan year interminated employment during the cor incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, a mplete.	the last return/report filed for this plan, enter the the plan year (defined benefit plans do not lan year	3c       Admin         4b       EIN         4c       PN         5a       5b         5c       5d(1)         5d(2)       5e         se is establin       ort, including and to the b         7, MD       al signing as         7, MD       al signing as	istrator's telephone numbe				
a Plan administrator's name         If the name and/or EIN of name, EIN, and the plan in asponsor's name         a Total number of participarts         b Total number of participarts with complete this item)         complete this item)         d(1) Total number of active         e Number of participants with complete this item)         aution: A penalty for the lating of active         aution: A penalty for the lating of active         GN         ERE         Signature of plan         GN         ERE         Signature of emplored	the plan sponsor has changed since number from the last return/report. Ints at the beginning of the plan year that at the end of the plan year the account balances as of the end of coarticipants at the beginning of the plan year terminated employment during the model of the plan year interminated employment during the cor incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, a mplete.	the last return/report filed for this plan, enter the the plan year (defined benefit plans do not lan year	3c       Admin         4b       EIN         4c       PN         5a       5b         5c       5d(1)         5d(2)       5e         se is establin       ort, including and to the b         7, MD       al signing as         7, MD       al signing as	istrator's telephone numbe				

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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 a under 29 CFR 2520,104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit <b>ot use Fo</b>	ndent qualified public a ions.) rm 5500-SF and must	ccounta instea	ant (IQI d use	PA) Form	5500.		X Yes X Yes Not dete	s [	-
Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End o	of Year		
	Total plan assets	7a			9,12	2			2	55,	343
	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c		279	9,12	2			2	55,	343
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) To	otal		
а	Contributions received or receivable from:										
	(1) Employers	8a(1)				_					
	(2) Participants	8a(2)	anna an								
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b			-41	8					
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						10.00		-	418
	Benefits paid (including direct rollovers and insurance premiums			2	3,36	1					
	to provide benefits)	8d		<u> </u>	5,50						
-	Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>				-					
	Administrative service providers (salaries, fees, commissions)	8f									
<u> </u>	Other expenses	8g				_					2 6 1
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-					361
	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>				_				23,	,779
J	Transfers to (from) the plan (see instructions)	8j									
В	2A 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	icterist	ic Coc	les in the	e instructio	ons:		
Par						<u> </u>			-		
10	During the plan year:				Yes	No	N/A		Amoun		
а	Was there a failure to transmit to the plan any participant contribu described 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 reported on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					5	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	and.)	10g	Х					1'	7,819
9 h			·	Tug							
	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				and the state of the second			
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	s [	No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?	Ye	s [2	No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e b	pelow, as applicable.)				17700
a If a waiver of the minimum funding standard for a prior year i granting the waiver.	s being amortized in this plan year, see ir	structions, and o	enter the Dav		e letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Sch	edule MB (Form 5500), and skip to line	13.			rour .
<b>b</b> Enter the minimum required contribution for this plan year			12b		
c Enter the amount contributed by the employer to the plan for t			12c		
d Subtract the amount in line 12c from the amount in line 12b. negative amount)	Enter the result (enter a minus sign to the	left of a	12d	0 <del> </del>	COLONDARY OF MAL
e Will the minimum funding amount reported on line 12d be me			Π	Yes	No N/A
Part VII Plan Terminations and Transfers of Asse	ts				
13a Has a resolution to terminate the plan been adopted in any plan y	/ear?			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 benefic of the PBGC?	iaries, transferred to another plan, or brou	ght under the co	ontrol		Yes X No
C If during this plan year, any assets or liabilities were transferr which assets or liabilities were transferred. (See instructions.	ed from this plan to another plan(s), ident	fy the plan(s) to			
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part VIII Trust Information					
<b>14a</b> Name of trust			<b>14b</b> ⊺r	ust's EIN	
<b>14c</b> Name of trustee or custodian				rustee's c elephone	or custodian's number
Part IX IRS Compliance Questions					······································
<b>15a</b> Is the plan a 401(k) plan?			Yes		No
<b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination matching contributions (as applicable) under sections 401(k)(3)	n requirements for employee deferrals an 3) and 401(m)(2)?	d employer	bas bar	sign- ed safe bor hod	ADP/ACP test
<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ testing method" for nonhighly compensated employees (Treas 2(a)(2)(ii))?	. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4	01(m)-	Yes		No
<b>16a</b> Check the box to indicate the method used by the plan to satis			Rati pero test	centage	Average benefit test
16b Does the plan satisfy the coverage and nondiscrimination tests this plan with any other plans under the permissive aggregation	s of sections 410(b) and 401(a)(4) by com n rules?	bining	Yes		No
17a Has the plan been timely amended for all required tax law char	nges?		Yes		No N/A
17b Date the last plan amendment/restatement for the required tax for tax law changes and codes).					(See instructions
<b>17c</b> If the plan sponsor is an adopter of a pre-approved master and advisory letter, enter the date of that favorable letter	and the letter's serial n	umber			
17d If the plan is an individually-designed plan and received a favo determination letter			he plan's	s last favo	rable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if n- made), American Samoa, Guam, the Commonwealth of the No	o election under ERISA section 1022(i)(2) orthern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes		No
<b>19</b> Were in-service distributions made during the plan year?			Yes		No
If "Yes," enter amount			19		
<b>20</b> Were required minimum distributions made to 5% owners who retired), as required under section 401(a)(9)?	have attained age 70 ½ (regardless of whether the second	ether or not	Yes		□ No □ N/A