## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

## 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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

	rt Identification Information								
For calendar plan year 2016 or		2016	and ending 1	2/31/2016					
<b>A</b> This return/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer) on the second contraction in accordance in the second contraction in the second co						
A This return/report is for.	a one-participant plan	a foreign plan	mployer information in a	ordance with the form motidations.)					
<b>B</b> This return/report is	the first return/report	the final return/report							
	an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	nths)				
C Check box if filing under:	Form 5558	automatic extension		DFVC program					
Dort II   Docio Dion Ind	special extension (enter desc	•							
Part II   Basic Plan Info	formation—enter all requested in	Tormation		<b>1b</b> Three-digit					
JOHN C. WINSKILL, D.D.S., P.S	5. 401(K) PLAN			plan numbe	001				
				1c Effective da	e of plan 1/01/1997				
Mailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C			, ,	entification Number 1-1215130				
City or town, state or provided JOHN C. WINSKILL, D.D.S., P.S.	nce, country, and ZIP or foreign post	tal code (if foreign, see inst	ructions)	2c Sponsor's to	elephone number 627-5433				
2215 N. 30TH STREET, SUITE 1 TACOMA, WA 98403	04				de (see instructions) 21210				
3a Plan administrator's name	and address X Same as Plan Spo	nsor.		<b>3b</b> Administrato	r's EIN				
	<del>-</del>			0	r's telephone number				
	the plan sponsor has changed since number from the last return/report.	the last return/report filed f	for this plan, enter the	4b EIN					
<b>a</b> Sponsor's name				4c PN					
5a Total number of participan	ts at the beginning of the plan year.			5a	12				
	ts at the end of the plan year			5b	11				
	h account balances as of the end of			5c	11				
	participants at the beginning of the p			5d(1)	8				
	participants at the end of the plan ye			5d(2)	5				
than 100% vested	at terminated employment during the			5e	0				
	e or incomplete filing of this retur								
	other penalties set forth in the instru and signed by an enrolled actuary, a mplete.								
01011	d/valid electronic signature.	05/16/2017	JOHN C. WINSKILL						
HERE Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator				
SIGN HERE									
Signature of emp	oloyer/plan sponsor	Date	Enter name of individ						
Preparer's name (including firm	name, if applicable) and address (ii	nclude room or suite numb	er)	Preparer's teleph	one number				

Form 5500-SF 2016 Page **2** 

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	' (See instructions.)						X Ye	s No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Ye	s No
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	□ Not de	termined
	rt III   Financial Information	ioururioo p	orogram (See Errie/1 Se	300011 4	021).	······ <u></u>	100	Пис		
7	Plan Assets and Liabilities		(a) Beginning	of Voor	. 1			(b) End	of Vear	
a	Total plan assets	7a		012870				(b) Ella	108708	30
_	Total plan liabilities	7b		208	3					0
	Net plan assets (subtract line 7b from line 7a)	7c	1	012662	2				108708	30
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
	Contributions received or receivable from:		(2,7 : 22.2 22.2					(, -		
	(1) Employers	8a(1)		32036						
	(2) Participants	8a(2)		33448						
	(3) Others (including rollovers)	8a(3)		0						
<u>b</u>	Other income (loss)	8b		32622						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9810	16
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		23540						
	Certain deemed and/or corrective distributions (see instructions).	8e		0						
	Administrative service providers (salaries, fees, commissions)	8f		148	3					
a	Other expenses	8g		0	)					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2368	38
$\overline{}$	Net income (loss) (subtract line 8h from line 8c)	8i							7441	8
	Transfers to (from) the plan (see instructions)			C	)					
	t IV Plan Characteristics	8j								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	ndes in	the inst	ructions:	
	2E 2F 2G 2J 2K 3D 2A 2T	routuro ot	7400 110111 1110 2101 01 1 1	arr oria	raotorii		, acc 111		dollorio.	
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	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
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		X				
b		t? (Do not	include transactions	10b		X				
	Was the plan covered by a fidelity bond?			10c	Χ					125000
d		fidelity bo	and, that was caused	10d		X				
е		ner persor ne or all of	s by an insurance the benefits under	10e	Х					3422
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g		-		10g	X					7203
h	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						

ı	Form	550	0-SF	201	16

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Page 3-	1	

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 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 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	

## 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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Pension Ber	nefit Guaranty Corporation	Complete all entries in	accordance with the Instru	ctions to the Form 5500	-SF.	
Part I	Annual Repor	rt Identification Information	1			
For calenda		fiscal plan year beginning	01/01/2016	and ending	12/31/2016	
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer plar list of participating emp	n (not multiemployer) (File loyer information in accor	ers checking this be dance with the for	ox must attach a m instructions.)
		a one-participant plan	a foreign plan			
<b>B</b> This retu	rn/report is	the first return/report	the final return/report		L - N	
		an amended return/report	a short plan year return/			
C Check b	ox if filing under:	Form 5558	automatic extension	Ц	DFVC program	
- 411	D 1 DI L	special extension (enter des			**	
Part II		formation—enter all requested i	ntormation	1	<b>b</b> Three-digit	
<b>1a</b> Name o JOHN C.	•	.D.S., P.S. 401(K) PL	AN		plan number	001
				1	c Effective date 01/01/199	
2a Plan sp	onsor's name (emp	ployer, if for a single-employer plan)		2	<b>b</b> Employer iden	
Mailing	address (include re	oom, apt., suite no. and street, or P	.O. Box) stal code (if foreign, see instru	uctions)	(EIN)91-12	
-	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  JOHN C. WINSKILL, D.D.S., P.S.			2	<b>Sponsor's tele</b> 253 - 627 - 54	
2215 N. 30TH STREET, SUITE 104			2	2d Business code (see instructions) 621210		
TACOMA		WA 98403				
	dministrator's name	and address X Same as Plan Sp	onsor,	3	Bb Administrator	s EIN
4 If the r	name and/or FIN of	the plan sponsor has changed sinc	te the last return/report filed fo	r this plan, enter the	<b>1b</b> EIN	
name,	, EIN, and the plan	number from the last return/report.			4c PN	
a Sponse		nts at the beginning of the plan yea	r		5a	1:
		nts at the end of the plan year			5b	1
C Numb	er of participants wi	ith account balances as of the end	of the plan year (only defined	contribution plans	5c	1
•	· ·	participants at the beginning of the			5d(1)	
		participants at the end of the plan			5d(2)	
e Numb	per of participants th	nat terminated employment during t	the plan year with accrued bei	nefits that were less	5e	
Caution: A	nonalty for the la	to or incomplete filing of this ret	urn/report will be assessed	uniess reasonable caus	e is established.	nlicable a Schedule
SB or Sche	alties of perjury and edule MB completed true, correct, and c	d other penalties set forth in the inst d and signed by an enrolled actuary	ructions, I declare that I have	sion of this return/report,	and to the best of	my knowledge and
SIGN	X //		x 5/19/17	JOHN C. WINSKI	ĹΓ	
HERE	Signature of pla	n administrator	Date	Enter name of individua	al signing as plan :	administrator
SIGN						SAN
HERE	Signature of em	ployer/plan sponsor	Date	Enter name of individua	al signing as emple Preparer's telepho	oyer or plan sponsor
Preparer's	name (including fir	m name, if applicable) and address	(include room or suite number	er)	Freparer s telepric	nie hambei
1						

_				n
μ	а	а	е	4

a Total plan assets	Not determined
Part III Financial Information  7 Plan Assets and Liabilities (a) Beginning of Year (b) End a Total plan assets 7a 1,012,870 b Total plan liabilities 7b from line 7a) 7c 1,012,662  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) a Contributions received or receivable from: (1) Employers 8a(1) 32,036 (2) Participants 8a(2) 33,448 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 32,622  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d C Certain deemed and/or corrective distributions (see instructions) 8e	
7 Plan Assets and Liabilities (a) Beginning of Year (b) End Total plan assets 7a 1,012,870  b Total plan liabilities 7b from line 7a) 7c 208  C Net plan assets (subtract line 7b from line 7a) 7c 1,012,662  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) 32,036  (1) Employers 8a(1) 32,036  (2) Participants 8a(2) 33,448  (3) Others (including rollovers) 8a(3) 0  b Other income (loss) 8b 32,622  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 23,540  e Certain deemed and/or corrective distributions (see instructions) 8e	
a Total plan assets 7a 1,012,870 b Total plan liabilities 7b from line 7a) 7c 1,012,662 c Net plan assets (subtract line 7b from line 7a) 7c 1,012,662  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) a Contributions received or receivable from: (1) Employers 8a(1) 32,036 (2) Participants 8a(2) 33,448 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 32,622 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 23,540 e Certain deemed and/or corrective distributions (see instructions) 8e	nd of Year
b Total plan liabilities	1,087,080
C Net plan assets (subtract line 7b from line 7a) 7c 1,012,662  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b)  a Contributions received or receivable from: (1) Employers 8a(1) 32,036  (2) Participants 8a(2) 33,448  (3) Others (including rollovers) 8a(3) 0  b Other income (loss) 8b 32,622  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 23,540  e Certain deemed and/or corrective distributions (see instructions) 8e	0
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Other income (loss) (6) Expenses, and Transfers for this Plan Year (8) Amount (9) A	1,087,080
a Contributions received or receivable from: (1) Employers	) Total
(1) Employers       8a(1)       32,030         (2) Participants       8a(2)       33,448         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8b       32,622         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       23,540         e Certain deemed and/or corrective distributions (see instructions)       8e       0	
(2) Participants (3) Others (including rollovers)	
(3) Others (including rollovers)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	00.106
e Certain deemed and/or corrective distributions (see instructions) 8e 0	98,106
e Certain deemed and/or corrective distributions (see instructions) 86	
f 148	
f Administrative service providers (salaries, fees, commissions) 8f	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	23,688
i Net income (loss) (subtract line 8h from line 8c)	74,418
Transfers to (from) the plan (see instructions)	
Part IV Plan Characteristics	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the i 2E 2F 2G 2J 2K 3D 2A 2T	instructions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the in	nstructions:
Part V Compliance Questions	
10 During the plan year:	Amount
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.)	
	125,000
C Was the plan covered by a lidelity bolid?	
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.)	3,422
f Has the plan failed to provide any benefit when due under the plan? 10f X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	7,203
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
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	myss tie

year? Check all that apply:	Form 5500-SF 2016	Page <b>3-</b>						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB   yes   No   No   12   Enter the unpaid minimum required contributions for all years from Schedule SB (from 5500) and no 11 is between the second of the								
(Form 5500) and line 11a below)	Part VI Pension Funding Compliance	roquiromonte? (If "Vee " see instruct	tions and complete	Sched	dule SE	3	ТПУ	es 🗆 No
12   Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of	(Form 5500) and line 11a below)				T		Ш '	
ERISA?	11a Enter the unpaid minimum required contributions for all y	ears from Schedule SB (Form 5500	) line 40	41			1 _	
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 using granting the waiver.  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.  c Enter the amount contributed by the employer to the plan for this plan year.  d Subtract the amount contributed by the employer to the plan for this plan year.  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).  Part VII Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted in any plan year?  BYes. No 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?  BYes. No 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?  BYes. No 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?  BYes. No No N/A  No N/A  Part VIII Trust information in the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  C If, during this plan year, any assets or liabilities were transferred (See instructions.)  13a (2) EIN(s)  13a (2) EIN(s)  13c(3) PN(s)  14c Trusts EIN  14d Trusts e's or custodian  14d Trusts e's or custodian  14d Trusts e's or custodian's telephone number  14a Name of trust  15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section  401(6)(3) for the plan year? Check all that apply:  15b How did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(b) on 401(b)	ERISA?		12 of the Code of s	ection			∐ Y	es X No
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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 1	2e below, as applicable.)	ear see instruction	s and	enter ti	he date	of the lette	r ruling
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	granting the waiver		Month		Day		Year _	
De Enter the minimum required contributed by the employer to the plan for this plan year	If you completed line 12a, complete lines 3, 9, and 10 of	Schedule MB (Form 5500), and sk	tip to line 13.					
d Subract the amount contributed by the employer to the plan for this plan year	<b>b</b> Enter the minimum required contribution for this plan year				12b			
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)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  frest vii Plan Terminations and Transfers of Assets  If Yes, enter the amount of any plan been adopted in any plan year?  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?  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.)  13c(1) Name of plan(s):  13c(1) Name of plan(s):  14d Truster's EIN  14d Truster's or custodian  14d Truster's or custodian's telephone number  Part IX IRS Compliance Questions  15a is the plan a 401(k) plan? If 'No,' skip b	C Enter the amount contributed by the employer to the plan	for this plan year			12c			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	d Subtract the amount in line 12c from the amount in line 1	2b. Enter the result (enter a minus s	sign to the left of a		12d			
Part VII   Plan Terminations and Transfers of Assets						Yes	No	N/A
13a   Has a resolution to terminate the plan been adopted in any plan year?								
If "Yes," enter the amount of any plan assets that reverted to the employer this year						Ye	s 🗵 N	0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  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.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(3) PN(s)  Part VIII Trust Information  14a Name of trust  14c Name of trustee or custodian  14d Trustee's or custodian's telephone number  Part IX IRS Compliance Questions  15a Is the plan a 401(k) plan? If "No," skip b					13a			
control of the PBGC?  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.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(2) EIN(s)  13c(3) PN(s)  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  Part IX IRS Compliance Questions  15a Is the plan a 401(k) plan? If "No," skip b.  15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:  16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)  Yes No							∏ Yes 5	d No
which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(3) PN(s)  Part VIII Trust Information  14a Name of trust  14c Name of trustee or custodian  14d Trustee's or custodian's telephone number  Part IX IRS Compliance Questions  15a Is the plan a 401(k) plan? If "No," skip b	control of the PBGC?							
Part VIII Trust Information  14a Name of trust  14c Name of trustee or custodian  14d Trustee's or custodian's telephone number  Part IX IRS Compliance Questions  15a Is the plan a 401(k) plan? If "No," skip b	C If, during this plan year, any assets or liabilities were transferred. (See instruct	nsferred from this plan to another pla ions.)	an(s), identify the p	olan(s)	to			
Part VIII Trust Information  14a Name of trust  14c Name of trustee or custodian  14d Trustee's or custodian's telephone number  Part IX IRS Compliance Questions  15a Is the plan a 401(k) plan? If "No," skip b				13c(2)	EIN(s)		13c(3	3) PN(s)
14c Name of trustee or custodian  14d Trustee's or custodian's telephone number  15d Is the plan a 401(k) plan? If "No," skip b				1				
14c Name of trustee or custodian  14d Trustee's or custodian's telephone number  15d Is the plan a 401(k) plan? If "No," skip b	B 4388 Turst Information							
14d Trustee's or custodian's telephone number  Part IX IRS Compliance Questions  15a Is the plan a 401(k) plan? If "No," skip b	COMMISSION CO.				14b	Trust's	EIN	
Part IX IRS Compliance Questions  15a Is the plan a 401(k) plan? If "No," skip b	14a Name of trust							
Part IX IRS Compliance Questions  15a Is the plan a 401(k) plan? If "No," skip b	2				444		1	-1:!-
15a Is the plan a 401(k) plan? If "No," skip b	14c Name of trustee or custodian				140			
15a Is the plan a 401(k) plan? If "No," skip b								
15a Is the plan a 401(k) plan? If "No," skip b	Part IX IRS Compliance Questions							
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section  401(k)(3) for the plan year? Check all that apply:  16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)  16c the plan year by combining this plan with any other plan under the permissive aggregation rules?	<b>15a</b> Is the plan a 401(k) plan? If "No," skip b			Yes				
401(k)(3) for the plan year? Check all that apply:  16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)  16c the plan year by combining this plan with any other plan under the permissive aggregation rules?	45b How did the plan satisfy the pendiscrimination requirement	ents for employee deferrals under se	ection			d		year" ADP
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)  16c the plan year by combining this plan with any other plan under the permissive aggregation rules?	401(k)(3) for the plan year? Check all that apply:	Since for our project contains and a				ar"	_	
year? Check all that apply:	,,,,						∐ N/A	
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)  Yes   No	16a What testing method was used to satisfy the coverage r year? Check all that apply:	equirements under section 410(b) fo	or the plan	perce				□ N/A
for the plan year by combining this plan with any other plan under the permissive aggregation rules.	16b Did the plan satisfy the coverage and nondiscrimination	requirements of sections 410(b) an	d 401(a)(4)				☐ No	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of	17a If the plan is a master and prototype plan (M&P) or volu	me submitter plan that received a fa	vorable IRS opinio	on lette	r or ad	visory l	letter, enter	the date of
the letter and the serial number 17b if the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination	the letter and the serial nur	nber .						

Defined Benefit Plan or Money Purchase Pension Plan Only:
Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? .....

☐ No

☐ No

Yes

Yes