-	m 5500-SF	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be filed				2017		
	epartment of Labor enefits Security Administration	7(b) and 6058(a) of the ).	Internal	This Form is Open to				
Pension Be	enefit Guaranty Corporation	Complete all entries in activity	ccordance with the instr	uctions to the Form 55	00-SF.	Public Inspection		
Part I		Identification Information						
For calenda	ar plan year 2017 or fis	cal plan year beginning 01/01/20			/31/2017			
A This ret	urn/report is for:	a single-employer plan	list of participating em			king this box must attach a /ith the form instructions.)		
R This retu	urn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/report					
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)			
C Check I	box if filing under:	X Form 5558	automatic extension	[	DFVC p	rogram		
		special extension (enter descrip	,					
Part II		rmation—enter all requested info	rmation					
1a Name	•				1b Three			
JOHN C. WI	NSKILL, D.D.S., P.S. 4	01(K) PLAN			plan (PN)	number 001		
				-	· · · · ·	tive date of plan		
						01/01/1997		
		ver, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)		2b Empl (EIN)	oyer Identification Number 91-1215130		
	town, state or province	e, country, and ZIP or foreign posta	l code (if foreign, see instr	uctions)	( )	nsor's telephone number		
	, , ,			-	2d Busir	253-627-5433 ness code (see instructions)		
2215 N. 30TH	H STREET, SUITE 104	L.			Zu Dusii			
TACOMA, W						621210		
0					04			
3a Plan a	dministrator's name an	d address X Same as Plan Spons	sor.		3D Admi	nistrator's EIN		
					3c Admi	nistrator's telephone number		
		plan sponsor or the plan name has nsor's name, EIN, the plan name an			4b EIN			
•	or's name				<b>4d</b> PN			
C Plan N	lame							
5a Total r	number of participants	at the beginning of the plan year			5a	11		
<b>b</b> Total r	number of participants	at the end of the plan year			5b	11		
		account balances as of the end of the			5c	11		
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the pla	n year		5d(1)	5		
• •		ticipants at the end of the plan year			5d(2)	6		
		terminated employment during the			5e	0		
Caution: A	penalty for the late of	or incomplete filing of this return/	report will be assessed	unless reasonable cau				
Under pena	alties of perjury and oth	her penalties set forth in the instruct ad signed by an enrolled actuary, as	ions, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedule		
belief, it is t	true, correct, and comp	lete.						
SIGN HERE		valid electronic signature.	08/13/2018	JOHN C. WINSKILL				
	Signature of plan ac	dministrator	Date	Enter name of individu	ual signing as plan administrator			
SIGN								
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

6a b									
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 4021)?	? Yes No Not determined					
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this plan year	(See instructions.)					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	1087080	1194274					
b	Total plan liabilities	7b	0	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	1087080	1194274					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	31622						

## 29400 8a(2) (2) Participants..... 2930 (3) Others (including rollovers)..... 8a(3) 45629 **b** Other income (loss)..... 8b 109581 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... 8c d Benefits paid (including direct rollovers and insurance premiums 2347 to provide benefits)..... 8d 0 e Certain deemed and/or corrective distributions (see instructions) 8e 40 f Administrative service providers (salaries, fees, commissions)..... 8f 0 g Other expenses..... 8g h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 2387 Net income (loss) (subtract line 8h from line 8c)..... 107194 i 8i i Transfers to (from) the plan (see instructions) ..... 0 8j Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2F 2G 2J 2K 3D 2A 2F 2T 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** Yes No 10 During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period а described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Х Program) ..... 10a 32870 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions Х reported on line 10a.).... 10h **C** Was the plan covered by a fidelity bond?..... Х 10c 125000 **d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused Х by fraud or dishonesty? ..... 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance е carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e Х 4675 f Has the plan failed to provide any benefit when due under the plan? ..... Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ..... x 10g 27515 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the i exceptions to providing the notice applied under 29 CFR 2520.101-3..... 10i

Page 3- 1

Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[	Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[	Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e 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 left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII   F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s)	)	13	c(3)	PN(s)

Form 5500-SF	Short Form App	ual Poturn/Ponor	t of Small Employ		OMB Nos. 1210-0110		
Department of the Treasury		Benefit Plan		-	1210-0089		
Internal Revenue Service	This form is required to be fil				2017		
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	-	Revenue Code (the Cod			This Form is Open to Public Inspection		
			tructions to the Form 5500	-SF.			
Part I Annual Report For calendar plan year 2017 or fi	Identification Information	n 01/01/2017	and ending	12/31	/2017		
i or caronaar plan your 2017 or in			plan (not multiemployer) (File				
A This return/report is for:	X a single-employer plan ☐ a one-participant plan	list of participating e	mployer information in accor	dance with	the form instructions.)		
B This return/report is	the first return/report	the final return/report					
	an amended return/report		eturn/report (less than 12 months)				
C Check box if filing under:	X Form 5558	automatic extension	_	DFVC pro	aram		
	special extension (enter des			Di vo pio	gram		
Part II Basic Plan Info	rmation—enter all requested in						
1a Name of plan		nonnation	1	b Three-	ligit		
JOHN C. WINSKILL, D.1	D.S., P.S. 401(K) PL	AN		plan nu (PN)	mber 001		
			1	C Effectiv	e date of plan /1997		
	yer, if for a single-employer plan)		2		er Identification Number		
City or town, state or provinc	m, apt., suite no. and street, or P. e, country, and ZIP or foreign pos		structions)		1-1215130 pr's telephone number		
JOHN C. WINSKILL, D.	.D.S., P.S.				27-5433		
2215 N. 30TH STREET,	SUITE 104		2	d Busine 62121	ss code (see instructions)		
ТАСОМА	WA 98403			<b>b</b> Advaini			
<b>3a</b> Plan administrator's name ar	nd address 🛛 Same as Plan Spo	onsor.	ى ا	<b>D</b> Admini	strator's EIN		
			3	<b>C</b> Admini	strator's telephone number		
	e plan sponsor or the plan name l nsor's name, EIN, the plan name			b EIN			
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> </ul>	nsor s hame, Env, the plan hame	and the plan number nom		d PN			
Fo Table and the form				5a	11		
	at the beginning of the plan year at the end of the plan year			5b	11		
c Number of participants with	account balances as of the end o	of the plan year (only define	ed contribution plans	5c	11		
	rticipants at the beginning of the			5d(1)	5		
	rticipants at the end of the plan ye		-	5d(2)	6		
e Number of participants who	terminated employment during th	he plan year with accrued b	penefits that were less	5e	0		
Caution: A penalty for the late	or incomplete filing of this retu	rn/report will be assesse	d unless reasonable cause	e is establ	ished.		
Under penalties of perjury and ot SB or Schedule MB completed an	her penalties set forth in the instru- nd signed by an enrolled actuary,	uctions, I declare that I hav	e examined this return/report	rt, including	g, if applicable, a Schedule		
belief, it is true, correct, and comp	אפופ.	8/13/1×	JOHN C. WINSKIL	L			
HERE Signature of plan a	dministrator	Date	Enter name of individual		plan administrator		
SIGN							
HERE Signature of emplo	yer/plan sponsor	Date	Enter name of individual	I signing as	s employer or plan sponsor		
	e, see the Instructions for Form 55				Form 5500-SF (2017)		

-36	(2017)
v.1	70203

	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)	X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes    No
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)

Pa	rt III Financial Information		1						
_7_	Plan Assets and Liabilities		(a) Beginning c			(b) End of Year			
<u>a</u>	Total plan assets	7a	1,	087,0	080			1,	194,274
b	Total plan liabilities	7b			0				0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1,	087,(	080		·····	1,	194,274
8	Income, Expenses, and Transfers for this Plan Year		(a) Amouni	t		(b) Total			
a 	Contributions received or receivable from: (1) Employers	8a(1)		31,622					
	(2) Participants	8a(2)		29,4	100				
	(3) Others (including rollovers)	8a(3)		2,9	930				
b	Other income (loss)	8b		45,0	529				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							109,581
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2,	347				
e	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f			40	<u> </u>			방문사람 (CC)
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2,387
	Net income (loss) (subtract line 8h from line 8c)	8i							107,194
<b>I</b>		1 01							
j J	Transfers to (from) the plan (see instructions)	1	1		0				
j Pa 9a b	Transfers to (from) the plan (see instructions)	8j feature co			racteri				
9a b	Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       3D       2A       2T	8j feature co			racteri				
9a b	Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       3D       2A       2T         If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan plane benefits, enter the applicable welfare for the plane benefits, enter the applicable welfare for the plane benefits, enter the plane be	8j feature co			racteri		les in the instr		
9a b Pai 10	Transfers to (from) the plan (see instructions)	8j feature co eature coo stions with /oluntary l	des from the List of Plan in the time period Fiduciary Correction		acteris	íc Cod	les in the instr	uctions:	32,870
9a b Pai 10	Transfers to (from) the plan (see instructions)	8j feature co eature coo ations with /oluntary l	des from the List of Plan in the time period Fiduciary Correction include transactions	n Chara	racterist acterist	íc Cod	les in the instr	uctions:	32,870
9a b Pai 10	Transfers to (from) the plan (see instructions)	8j feature co eature coo stions with /oluntary l	des from the List of Plan in the time period Fiduciary Correction include transactions	n Chara	racterist acterist	íc Cod No	les in the instr	Amount	32,870
9a b Pai 10 a	Transfers to (from) the plan (see instructions)	8j feature co eature coo ations with /oluntary i t? (Do not	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused	n Chara 10a 10b	acterist Yes X	íc Cod No	les in the instr	Amount	
9a b Pai 10 a k c c	Transfers to (from) the plan (see instructions)	8j feature co eature coo ations with /oluntary i t? (Do not fidelity bo her person ne or all o	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused ons by an insurance f the benefits under	10a 10b 10c	acterist Yes X	ic Cod	les in the instr	Amount	
9a b Pai 10 a k c c	Transfers to (from) the plan (see instructions)	8j feature co eature cod ations with /oluntary l t? (Do not fidelity bo her person her person her or all o	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused ns by an insurance f the benefits under	n Chara 10a 10b 10c 10d	Yes X	ic Cod	les in the instr	Amount	125,000
9a b Pai 10 a k c c c	Transfers to (from) the plan (see instructions)	8j feature co eature coo ations with /oluntary l t? (Do not fidelity bo her person he or all o	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused hs by an insurance f the benefits under	n Chara 10a 10b 10c 10d 10e	Yes X	ic Cod	les in the instr	Amount	125,000 4,675
9a b Pai 10 a k c c c c c c f g	Transfers to (from) the plan (see instructions)	8j feature co eature coo eature coo utions with /oluntary i t? (Do not fidelity bo her person ne or all o an? (See instr (See instr	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused ond, that was caused is by an insurance f the benefits under end.)	10a 10b 10c 10d 10e 10f	Yes X X X X	ic Cod	les in the instr	Amount	125,000

Form 5500-SF 2017

Page 3-

Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an (Form 5500) and line 11a below)				Tes [	No No
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 ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				[] Yes	X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i granting the waiver.		l enter t Day		f the letter rulir Year	ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ne 13.			÷ .	
b Enter the minimum required contribution for this plan year		12b			
C 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 negative amount)		12d		<u></u>	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes		1/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 bro control of the PBGC?			🗌 Yes 🕅 No		
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	entify the plan(s	) to			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN	(\$)
			1		
······································	-				