

**SUMMARY ANNUAL REPORT
INSTRUCTIONS**

The Department of Labor requires that the Plan Administrator distribute annually to each participant (and each beneficiary receiving benefits) a Summary Annual Report within nine (9) months after the close of the plan year. If the plan is on extension, the Summary Annual Report must be distributed within two (2) months after the extended due date.

**SUMMARY ANNUAL REPORT FOR
GOODWILL OF WESTERN MISSOURI AND EASTERN KANSAS DENTAL PLAN**

This is a summary of the annual report of the Goodwill of Western Missouri and Eastern Kansas Dental Plan (Employer Identification Number 43-1125281, Plan Number 504) for the plan year 01/01/2016 through 12/31/2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has an insurance contract with Delta Dental of Kansas, Inc. to pay certain Dental claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2016 were \$67,728.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 1817 Campbell, Kansas City, MO 64108 and phone number, 816-842-7425.

You also have the legally protected right to examine the annual report at the main office of the plan: 1817 Campbell, Kansas City, MO 64108, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.