Form 5500	Annual Return/Report of E	mployee Benefit Plan		OMB Nos. 12	10-0110 10-0089	
		1210 0000				
Department of the Treasury Internal Revenue Service		2013				
Department of Labor Employee Benefits Security	Complete all entries in	accordance with				
Administration	the instructions to th	e Form 5500.	This	Form is Open to Pu	ıblic	
Pension Benefit Guaranty Corporation	1			Inspection		
	tification Information					
For calendar plan year 2013 or fiscal	plan year beginning 01/01/2013	and ending 12/31/2	2013			
A This return/report is for:	a multiemployer plan;	a multiple-employer plan; or				
	X a single-employer plan;	a DFE (specify)				
<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 th	nan 12 mo	onths).		
<b>C</b> If the plan is a collectively-bargain	ed plan, check here			•		
<b>D</b> Check box if filing under:	Form 5558;	automatic extension;	the	e DFVC program;		
	special extension (enter description)					
Part II Basic Plan Inform	nation—enter all requested information					
<b>1a</b> Name of plan MOLEN ORTHODONTCS, PS 401K	PLAN		1b	Three-digit plan number (PN) ▶	003	
			1c	Effective date of pla 01/01/2002	an	
<b>2a</b> Plan sponsor's name and addres	s; include room or suite number (employer, if fo	or a single-employer plan)	2b	Employer Identifica Number (EIN) 91-0940900	tion	
			2c	Sponsor's telephor number 253-939-2552		
1110 HARVEY RD AUBURN, WA 98002-4218	11901 216TH AVE CT E BONNEY LAKE, WA 98391			2d Business code (see instructions) 621210		

## Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	01/27/2014	RICHARD MOLEN				
HERE	Signature of plan administrator	Date	Enter name of individu	al signing as plan administrator			
SIGN HERE							
	Signature of employer/plan sponsor	Date	Enter name of individu	al signing as employer or plan sponsor			
SIGN HERE							
HERE	Signature of DFE	Date	Enter name of individu	al signing as DFE			
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) Preparer's telephone number (optional)							
For Pap	erwork Reduction Act Notice and OMB Control Numbers, see	the instructions for	r Form 5500.	Form 5500 (2013)			

	Form 5500 (2013) Page <b>2</b>		
3a	Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address	3b Adm	inistrator's EIN
		3c Adm num	inistrator's telephone ber
4	If the name and/or FIN of the plan energies has abarrand since the last return/const filed for this plan, optic the name	4b EIN	
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		
а	Sponsor's name	<b>4c</b> PN	
5	Total number of participants at the beginning of the plan year	5	34
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	<u>6a</u>	25
b	Retired or separated participants receiving benefits	6b	1
с	Other retired or separated participants entitled to future benefits	6c	6
d	Subtotal. Add lines 6a, 6b, and 6c	6d	32
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<b>6e</b>	
f	Total. Add lines <b>6d</b> and <b>6e</b> .	6f	32
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	··· 7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2J 2K 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a	Plan fu	nding	arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)						
	(1)		Insurance		(1)		Insurance			
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts			
	(3)	X	Trust		(3)	X	Trust			
	(4)		General assets of the sponsor		(4)		General assets of the sponsor			
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)							e indicated, enter the number attached. (See instructions)			
а	a Pension Schedules			b	General	Sc	hedules			
	(1)	×	R (Retirement Plan Information)		(1)		H (Financial Information)			
	(2)	$\square$	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X	I (Financial Information – Small Plan)			
			Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)			
			actuary		(4)		<b>C</b> (Service Provider Information)			
	(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)			
			Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)			

(Form 5500) Description of this base/ Internal Revenue Code (In: Code).         2013           This Sorting of the Description of the Society Action 1974 (EISA), and societion 0505(a) of the Internal Revenue Code (In: Code).         This Form is Open to Public Inspection           Processed Coverse A Name of plan A Name of plan and anding         12/31/2013         and anding         12/31/2013           C Plan sponsor's name as shown on line 2 ad Form 5500         D         Employer Identification Number (EIN) 01-09/0000         0.03           C Plan sponsor's name as shown on line 2 ad Form 5500         D         Employer Identification Number (EIN) 01-09/0000         0.03           Complete Schedule I ff the plan overed fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I ff you are filing as a small plan under the 21-20 participants. Complete Schedule I ff repring as large plan o CEF.         D         Employer Identification Number (EIN) 01-09/0000           1         Plan Assets and Liabilities.         in our file plan space. Combine the value of plan sature in our for than one that. Do not one that the value of the participant and dpantees in the sature in the value of the plan space.         (b) End of Year         (b) End of Year           1         Plan Assets and Liabilities.         in our file plan space.         (b) End of Year         (c) End of Year           1         Plan Assets and Liabilities.         in our revert value of assets.         (c) End of Year         (c) End of Year		SCHEDULE I	Financial Inf	form	ation—Sr	nall	Plan			OMB No. 1210-0110
Intermitting and provided in the project of th		(Form 5500)								2013
Encloyee transition         P File as an attachment to Form 5500.         Inits Point is Open to Public inspection           For calindar plan year 2013 of files al plan year beginning         01.01/2013         and ending         12.31/2013         003           A Name of plan MOLEN ORTHODONTCS, PS 401K PLAN         B         Three digit         003         003           C Plan sponsor's name as shown on line 2a of Form 5500         D         Employer Identification Number (EIN) 91-0920         91-094000           Complete Schedule I If the plan covered freet than 100 participants as of the beginning of the plan year. You may also complete Schedule I If you are filing as a marge plan or DPE.         91-094000           Part I Small Plan Financial Information         Report below the current value of assets and liabilities, income, appendes, transfers and changes in not assets during the plan year. Combine the value of plan to below meres of the plan notabing any true(s) or separately maintained true(s) and any paymentificedupts to the meres of table.           1         Plan Assets and Liabilities:         (a) Beginning of Year (b) End of Year (b) End of Year (b) End of Year (b) Total           2         Inan Assets (auto Inneases)         16         1247077         1441100           3         Total plan assets (bubtract line to the mine table)         16         1247077         1442444           2         Income, Expenses, and Transfers for this Plan Year:         (a) Amount         (b) Total			Retirement Income Security A							
Processor         and ending         1231/2013           A Name of plan MOLEN ORTHODONTCS, PS 401K PLAN         B         Three-digit plan number (PN)         003           C Plan sponsor's name as shown on line 2a of Form 5500 MOLEN ORTHODONTCS, PS         D         Employer Identification Number (EIN) plan number (PN)         003           C Plan sponsor's name as shown on line 2a of Form 5500 MOLEN ORTHODONTCS, PS         D         Employer Identification Number (EIN) plan number (PN)         003           Part 1         Shadubit If the plan covered fewer than 100 participants as of the baphring of the aprevix Tuu may able complete Schedule I If you are filing as a small plan under the 60-120 participant rule (see instructions). Complete Schedule H If reporting as a large plan or DFE.           Part 1         Small Plan Financial Information mouthic carriers. Routing and the start induction and separates of the plan inducting art ty us(s) or sparately maintained fund(s) and any paynite/sincepts to them mouthic carriers. Routing and the able of an over the value of the portion of an insurance contract that guarantees during the sparate pay as to pay a specific dolar mouthic carriers. Routing and table interval to not enter the value of the portion of an insurance contract that guarantees during the sparate pay as to pay a specific dolar mouthic carriers. Routing and table interval to not enter the value of the portion of an insurance contract that guarantees during the sparate pay as topedic dolar mouthic carriers. Routing the material information mouthic carriers. Routing the material information mouthic carriers. Routing the material information mouthic carriers. Routing the massets infore the value of the portion of an experimental in forma			- Internal Revenue Code (the Code).							
A Name of plan MOLEN ORTHODONTCS, PS 401K PLAN       B Three-digit plan number (PN)       003         C Plan sponsor's name as shown on line 2a of Form 5500 MOLEN ORTHODONTCS, PS       D Employer Identification Number (EIN) 91-0940500         Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 30-120 participant to als series instructions). Complete Schedule H if sponta as large plan or OFE.         Part II       Small Plan Financial Information         Report below the day. To participant to als series than one expenses, transfers and changes in net assets during the plan year. Combine the value of plan tasets hald in more than one true. To not enter the value of the potion of an insurance contract that guarantees during the plan year to pay a specific delate the dire day. Inducting any trust(s) or separately minimized trust(s) and any participants/strengts tofrom insurance carriers. Round off amounts to the nearest dollar.         1       Plan Assets doubtact line 1b from line 1a)       16       1247677       1442424         2 Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) End of Year       (b) Total         (i) End plan is distilized.       2a(2)       73878       230       230216         (i) Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       2a(2)       238216         3       Other income.       2a       62649       238216         4 <td< td=""><td colspan="7">Pension Benefit Guaranty Corporation</td><td>12/2</td><td>21/2012</td><td>•</td></td<>	Pension Benefit Guaranty Corporation							12/2	21/2012	•
MOLEN ORTHODONTCS, PS 401K PLAN     plan number (PN)     0.03       C Plan sponsor's name as shown on line 2a of Form 5500     D Employer Identification Number (EIN) 91-0340800       Complete Schedule II the plan covered lewer than 100 participants as of the beginning of the plan year. You may also complete Schedule II if you are filing as a small plan under the 80-120 participant tub (see instructions). Complete Schedule II reporting as a large plan or DFE.       Part I Small Plan Financial Information       Report below the current value of assets and liabilities. Income, expenses, transfers and changes in net assets during the plan year. Combine the value of the portion benefit at strute date. Include all income and expenses of the plan instruction of an insurance carried. The unmarket during the plan year to pay a specific deliar benefit at strute date. Include all income and expenses of the plan instruction of an insurance carried. The unmarket of the value of the portion insurance carried. Scand off announts to the nearest dollar.       1 Plan Assets and Liabilities:     ia     1247677     1441106       1 Total plan assets (subtract line to from line ta)     it     it     1247677     1424244       2 Income, Expenses, and Transfers for this Plan Year:     (a) Amount     (b) Total     20       3 Other income.     2a     624409     239216       4 Total plan assets (subtract line ta)     2a     628499     239216       6 Dent income.     2a     62849     239216       6 Dent income.     2a     62849     170667 <t< td=""><td></td><td></td><td></td><td>13</td><td></td><td></td><td></td><td>12/0</td><td>51/2013</td><td></td></t<>				13				12/0	51/2013	
MOLEN ORTHODONTICS, PS     91-04/0000       Complete Schedule II fle plan covered foreer than 100 participants as of the bapyring of the plan year. You may also complete Schedule I if you are filing as a single plan or DFL.     Part I Small Plan Financial Information       Report below the current value of assets and liabilities, income, expenses, transfers and charpes in net assets during this plan year. Combine the value of plan assets held in more than one true. Do not enter the value of the porting any trust(s) or separately maintained fund(s) and any payments/receipts tofform insurance carries. That guarantees during this plan year to pay a specific dollar bond that a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts tofform insurance carries. That guarantees during this plan year to pay a specific dollar to the tote of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts tofform insurance carries. Rue of df amounts to the nearest dollar.       1     Plan Assets and Liabilities:     1a     124/7677     1444106       0     0     16882220     14     124/7677     1442424       1     Income, Expenses, and Transfers for this Plan Year:     (a) Amount     (b) Total     0     16       0     Onterplan inabilities.     2a(1)     632220     239216     239216       2     Participants     2a(2)     73878     239216     239216       0     Onterplan institution (local in core (add lines 2a(1), 2a(2), 2a, and 2c)     2a     62049     239216 </td <td></td> <td></td> <td>Ν</td> <td></td> <td></td> <td></td> <td>0</td> <td>er (PN)</td> <td>►</td> <td>003</td>			Ν				0	er (PN)	►	003
MOLEN ORTHODONTICS, PS     91-04/0000       Complete Schedule II fle plan covered foreer than 100 participants as of the bapyring of the plan year. You may also complete Schedule I if you are filing as a single plan or DFL.     Part I Small Plan Financial Information       Report below the current value of assets and liabilities, income, expenses, transfers and charpes in net assets during this plan year. Combine the value of plan assets held in more than one true. Do not enter the value of the porting any trust(s) or separately maintained fund(s) and any payments/receipts tofform insurance carries. That guarantees during this plan year to pay a specific dollar bond that a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts tofform insurance carries. That guarantees during this plan year to pay a specific dollar to the tote of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts tofform insurance carries. Rue of df amounts to the nearest dollar.       1     Plan Assets and Liabilities:     1a     124/7677     1444106       0     0     16882220     14     124/7677     1442424       1     Income, Expenses, and Transfers for this Plan Year:     (a) Amount     (b) Total     0     16       0     Onterplan inabilities.     2a(1)     632220     239216     239216       2     Participants     2a(2)     73878     239216     239216       0     Onterplan institution (local in core (add lines 2a(1), 2a(2), 2a, and 2c)     2a     62049     239216 </td <td></td>										
small plan under the 80-120 participant rule (see instructions). Complete Schedule H If reporting as a large plan of DFE.          Part I       Small Plan Financial Information         Report bleiot the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year to pay a specific dollar more than one trust. Do not enter the value of the portion of an insurance contract that guaranteed summa this plan year to pay a specific dollar more than one trust. Do not enter the value of the portion of an insurance contract that guaranteeds maintained functions) and any pyrmetris/cecipits forfrom insurance carties. Round off amounts to the nearest dollar.         1       Plan Assets and Liabilities:       (a) Beginning of Year       (b) End of Year         1       Total plan assets       1247677       1441106         5       Total plan assets (subtract line 1b from line 1a)       1c       1247677       1424244         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a       Contributions received or receivable:       2a(1)       63229         (a) Others (including rollovers)       2a       73876       239216         b       Noncash contributions of participant loans       2b       20       239216         c       Detain income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       239216         g       Certain deemed distributions of participant loans       2g       2g <td></td> <td></td> <td>ne 2a of Form 5500</td> <td></td> <td></td> <td></td> <td></td> <td>entificatio</td> <td>on Numbe</td> <td>er (EIN)</td>			ne 2a of Form 5500					entificatio	on Numbe	er (EIN)
Part 1       Small Plan Financial Information         Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round of amounts to the nearest dollar.         Image: The transfers in the insert of the insert dollar.       (a) Beginning of Year       (b) End of Year         Image: The transfers in the insert dollar.       (a) Beginning of Year       (b) End of Year         Image: The transfers in the insert dollar.       (b) End of Year       (b) End of Year         Image: The transfers in the insert dollar.       (b) End of Year       (b) End of Year         Image: The transfers in the insert dollar.       (b) End of Year       (b) End of Year         Image: The transfers in the insert dollar.       (b) End of Year       (b) End of Year         Image: The transfers in the insert dollar.       (c) End of Year       (c) End of Year         Image: The transfers in the insert dollar.       (c) End of Year       (c) End of Year         Image: The transfers in the insert dollar.       (c) End of Year       (c) End of Year         Image: The transfers in the insert dollar.       (c) End of Year       (c) End of Year         Image: The transfers in the insert dollar.       (c) Total       (c) Total       (c) Total <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>ete Scheo</td> <td>dule I if you are filing as a</td>									ete Scheo	dule I if you are filing as a
Teport balow the current value of assets and liabilities, income, expenses, transfers and changes in red assets baling the plan year. Combine the value of plan income changes in red assets baling the plan income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts toffrom insurance carintaries. Round of amounts to the nearest dollar.         1       Plan Assets and Liabilities:       (a) Beginning of Year       (b) End of Year         1       Plan Assets and Liabilities:       (a) Beginning of Year       (b) End of Year         2       Total plan assets       1a       1247677       1441106         b       Total plan assets       (b) End of Year       (b) End of Year         1       Plan Assets and Liabilities:       1a       1247677       1442444         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total       (b) Total         2       Income, Expenses, and Transfers for this Plan Year:       2a(1)       83229       (c) Amount       (b) Total         3       Other income       2a(2)       73878       (a) Other income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       2d       239216         6       Benefits paid (including direct rollovers)       2a       62649       239216       239216         7       Corrective distributions of participant loans (see instructions) <t< td=""><td></td><td></td><td>· / /</td><td>20110 di di di</td><td>o i i i roporting a</td><td></td><td>90 pian or 2</td><td></td><td></td><td></td></t<>			· / /	20110 di di di	o i i i roporting a		90 pian or 2			
a       Total plan assets       1a       1247677       1141106         b       Total plan liabilities       1b       0       16862         c       Net plan assets (subtract line 1b from line 1a)       1c       1247677       11424244         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a       Contributions received or receivable:       (b) Total       (b) Total         (1)       Employers       2a(1)       63229         (2)       Participants       2a(2)       73878         (3)       Others (including rollovers)       2a(3)       (b) Total         b       Noncash contributions       2b       (c)         C       Other income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       2a(2)       73978         (2)       Corrective distributions (see instructions)       2r       2c       82109         C       Other income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       2a(2)       239216         f       Corrective distributions (see instructions)       2r       2g       2d       239216         f       Corrective distributions (see instructions)       2h       10       176567       176567         i	Rep ass ben	ort below the current value of assets ets held in more than one trust. Do n efit at a future date. Include all incorr	and liabilities, income, expense ot enter the value of the portion ne and expenses of the plan incl	of an in	surance contrac	t that	guarantees	during th	is plan ye	ear to pay a specific dollar
b       Total plan liabilities       1b       0       16862         c       Net plan assets (subtract line 1b from line 1a)       1c       1247677       1424244         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a       Contributions received or receivable:       2a(1)       83229         (1)       Employers       2a(2)       73878         (3)       Others (including rollovers)       2a(3)       0         b       0       22(2)       73878         (3)       Others (including rollovers)       2a(3)       0         b       0       22(2)       73878         (4)       Moncash contributions       2b       0         C       Other income       2c       82109         C       Other income       2c       82109         C       Other income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       62849         f       Corrective distributions of participant loans (see instructions)       2f       2g         (2)       Corrective distributions of participant loans (see instructions)       2h       62849         f       Other expenses       2i       2j       628449       176567	1	Plan Assets and Liabilities:			<b>(a)</b> Be	eginnir	ng of Year			(b) End of Year
c       Net plan assets (subtract line 1b from line 1a)       1c       1247677       1424244         2       income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a       Contributions received or receivable:       2a(1)       633229         (2)       Participants       2a(2)       73878         (3)       Others (including rollovers)       2a(3)       0         b       Noncash contributions       2b       2c         c       Other income       2c       62109         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       239216         e       Benefits paid (including direct rollovers)       2e       62649         f       Corrective distributions of participant loans       2g       2g         f       Interweet service providers (salaries, fees, and commissions)       2h       62649         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649	а	Total plan assets		1a			12	47677		1441106
Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         Contributions received or receivable:       2a(1)       63229         (2) Participants       2a(2)       73876         (3) Others (including rollovers)       2a(3)       2a(3)         b Noncash contributions       2b       2b         C Other income       2c       82109         d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       239216         G Senetits paid (including direct rollovers)       2e       62649         f Corrective distributions (see instructions)       2f       2g         g Cartain deemed distributions of participant loans (see instructions)       2h       62649         i Other expenses       2g       62649         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       176567         l Transfers to (from) the plan see in structions)       2l       176567         l Transfers to (from) the pla	b	Total plan liabilities		1b				-		
a Contributions received or receivable:       i <td>С</td> <td>Net plan assets (subtract line 1b fro</td> <td>om line 1a)</td> <td>1c</td> <td></td> <td></td> <td>12</td> <td>47677</td> <td></td> <td>1424244</td>	С	Net plan assets (subtract line 1b fro	om line 1a)	1c			12	47677		1424244
(1) Employers	2	Income, Expenses, and Transfers	s for this Plan Year:		(	(a) Amount				<b>(b)</b> Total
(2) Participants	а	Contributions received or receivable	e:							
(3) Others (including rollovers)       2a(3)         b Noncash contributions       2b         c Other income       2c       82109         d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       62649         f Corrective distributions (see instructions)       2f       9         g Certain deemed distributions (see instructions)       2f       9         g Certain deemed distributions of participant loans (see instructions)       2g       62649         i Other expenses       2i       62649         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       2k         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       2k         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       2k         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       2k       176567         j Transfers to (from) the pl		(1) Employers		2a(1)				83229		
b       Noncash contributions       2b         c       Other income       2c       82109         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       2d         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       2d         g       Certain deemed distributions (see instructions)       2f       g         g       Certain deemed distributions of participant loans (see instructions)       2g       h         i       Other expenses       2i       2i       62649         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         k       Net income (loss) (subtract line 2j from line 2d)       2k       176567         l       Transfers to (from) the plan (see instructions)       2l       176567         3       Specific Assets: If the plan held assets at anytime during the plan's interest in a combining led trust containing the asset of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests       3a       X       Sec       X         b       Employer real proper		(2) Participants		2a(2)				73878		
c       Other income       2c       82109         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       239216         e       Benefits paid (including direct rollovers)       2e       62649         f       Corrective distributions (see instructions)       2f       2g         g       Certain deemed distributions of participant loans (see instructions)       2g       2h         f       Other expenses       2i       2h         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62849         k       Net income (loss) (subtract line 2j from line 2d)       2k       176567         I       Transfers to (from) the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan held assets at anytime during the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests       3a       X           b       Employer real property       3c       X            d       Employer real property       3c       X		(3) Others (including rollovers)		2a(3)						
d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       239216         e       Benefits paid (including direct rollovers)       2e       62649         f       Corrective distributions (see instructions)       2f       2g         g       Certain deemed distributions of participant loans (see instructions)       2g       62649         h       Administrative service providers (salaries, fees, and commissions)       2h       62649         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         k       Net income (loss) (subtract line 2j from line 2d)       2k       176567         I       Transfers to (from) the plan (see instructions)       2l       1         3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       3a       X         b       Employer real property       3b       X       3b       X         c       Real estate (other than employer real property) <td>b</td> <td>Noncash contributions</td> <td></td> <td>2b</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	b	Noncash contributions		2b						
a       Four interine (add integrate (add into 2), Ed(5), Ed	С	Other income		2c			-	82109		
Corrective distributions (see instructions)       2f         g Certain deemed distributions of participant loans (see instructions)       2g         h Administrative service providers (salaries, fees, and commissions)       2h         i Other expenses       2i         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2k         l Transfers to (from) the plan (see instructions)       2l         3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.         a Partnership/joint venture interests       3a         k Employer real property       3b         c Real estate (other than employer real property)       3c         d Employer securities       3d	d	Total income (add lines 2a(1), 2a(2)	), 2a(3), 2b, and 2c)	2d						239216
g       Certain deemed distributions of participant loans (see instructions)	е	Benefits paid (including direct rollow	vers)	2e				62649		
(see instructions)       2g         h       Administrative service providers (salaries, fees, and commissions)       2h         i       Other expenses       2i         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j         k       Net income (loss) (subtract line 2j from line 2d)       2k         1       Transfers to (from) the plan (see instructions)       2l         3       Specific Assets: If the plan held assets at anytime during the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line- by-line basis unless the trust meets one of the specific exceptions described in the instructions.         a       Partnership/joint venture interests       3a         b       Employer real property       3b       X         c       Real estate (other than employer real property)       3c       X         d       Employer securities       3d       X	f	Corrective distributions (see instruc	tions)	2f						
i       Other expenses       2i       62649         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       62649         k       Net income (loss) (subtract line 2j from line 2d)       2k       176567         I       Transfers to (from) the plan (see instructions)       2l       1         3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests       3a       X	g			2g						
j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	h	Administrative service providers (sa	laries, fees, and commissions)	2h						
intervention       intervention <td< td=""><td>i</td><td>Other expenses</td><td></td><td>2i</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	i	Other expenses		2i						
I       Transfers to (from) the plan (see instructions)	j	Total expenses (add lines 2e, 2f, 2g	g, 2h, and 2i)	2j						62649
3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.         a       Partnership/joint venture interests         b       Employer real property         c       Real estate (other than employer real property)         d       Employer securities	k	Net income (loss) (subtract line 2j fi	om line 2d)	2k						176567
remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line- by-line basis unless the trust meets one of the specific exceptions described in the instructions.          Yes       No       Amount         a       Partnership/joint venture interests       3a       X         b       Employer real property       3b       X         c       Real estate (other than employer real property)       3c       X         d       Employer securities       3d       X	I	Transfers to (from) the plan (see ins	structions)	21						
a Partnership/joint venture interests       3a       X         b Employer real property       3b       X         c Real estate (other than employer real property)       3c       X         d Employer securities       3d       X	3	remaining in the plan as of the end of	the plan year. Allocate the value o	f the plai	n's interest in a co					
b     Employer real property       c     Real estate (other than employer real property)       d     Employer securities					1		Yes	No		Amount
C     Real estate (other than employer real property)	а	Partnership/joint venture interests				3a		Х		
d Employer securities	b	Employer real property				3b		Х		
	С	Real estate (other than employer re	al property)			3c		X		
e Participant loans 3e X	d	Employer securities				3d		X		
	е	Participant loans				3e		X		

uctions for Form

			Yes	No	Amount
3f	Loans (other than to participants)	3f		Х	
g	Tangible personal property	3g		Х	

Pa	art II	Compliance Questions				
4	During	the plan year:		Yes	No	Amount
а	describe	re a failure to transmit to the plan any participant contributions within the time period ed in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully d. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		Х	
b	year or o	by loans by the plan or fixed income obligations due the plan in default as of the close of plan classified during the year as uncollectible? Disregard participant loans secured by the ant's account balance.	4b		X	
С		y leases to which the plan was a party in default or classified during the year as tible?	4c		Х	
d		ere any nonexempt transactions with any party-in-interest? (Do not include transactions	4d		X	
е	Was the	plan covered by a fidelity bond?	4e	Х		100000
f		plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by dishonesty?	4f		Х	
g		plan hold any assets whose current value was neither readily determinable on an established nor set by an independent third party appraiser?	4g		Х	
h		plan receive any noncash contributions whose value was neither readily determinable on an ned market nor set by an independent third party appraiser?	4h		Х	
i		plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel state, or partnership/joint venture interest?	4i		Х	
j		the plan assets either distributed to participants or beneficiaries, transferred to another plan, ht under the control of the PBGC?	4j		X	
k	accounta	claiming a waiver of the annual examination and report of an independent qualified public ant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 nt. (See instructions on waiver eligibility and conditions.)	4k	X		
I	Has the	plan failed to provide any benefit when due under the plan?	41		Х	
m		an individual account plan, was there a blackout period? (See instructions and 29 CFR 1-3.)	4m		Х	
n		as answered "Yes," check the "Yes" box if you either provided the required notice or one of eptions to providing the notice applied under 29 CFR 2520.101-3	4n			
5a	Has a re	solution to terminate the plan been adopted during the plan year or any prior plan year?	_			

If "Yes," enter the amount of any plan assets that reverted to the employer this year......

5b 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.)

5b(1)	Name of plan(s)	<b>5b(2)</b> EIN(s)	5b(3) PN(s)
		<u> </u>	
5c If the	plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA sec	ction 4021)? 🏾 Yes 🗌 No 🔹 N	ot determined
Part III	Trust Information (optional)		
6a Name o	f trust	6b Trust's EIN	

	SCH	EDULE R	Retirement Plan Information	on			ON	1B No. 1	210-011	0	
(Form 5500)						2013					
Department of the Treasury Internal Revenue Service This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section											
Department of Labor 6058(a) of the Internal Revenue Code (the Code). This Form is						m is O Inspec		Publi	C		
E		its Security Administration fit Guaranty Corporation	File as an attachment to Form 5500.	•				maper			
For	calendar pl	an year 2013 or fiscal p	lan year beginning 01/01/2013	and endi	<b>U</b>	2/31/20	013				
	Name of plan EN ORTHC	n DONTCS, PS 401K PL	AN	E	<b>B</b> Three-o plan n (PN)		er •		003		
		r's name as shown on li DONTICS, PS	ine 2a of Form 5500	ſ		yer Ide 94090	entificatio	on Num	ber (Ell	N)	
Ра	art I Dis	stributions									
All	references	to distributions relate	only to payments of benefits during the plan year.				-				
1	instruction	IS	property other than in cash or the forms of property specified			1					
2			paid benefits on behalf of the plan to participants or beneficiari ar amounts of benefits):	ies during	the year (i	if more	e than tw	o, ente	r EINs (	of the	two
	EIN(s):	33-6134835				-					
		<b>.</b>	nd stock bonus plans, skip line 3.		F						
3			leceased) whose benefits were distributed in a single sum, dur			3					
P		Funding Informati ERISA section 302, skip	<b>On</b> (If the plan is not subject to the minimum funding requiren to this Part)	nents of s	section of 4	12 of 1	the Inter	nal Rev	/enue C	ode c	)r
4	Is the plan	administrator making an	election under Code section 412(d)(2) or ERISA section 302(d)(2)	?)?			Yes		No	X	N/A
	If the plar	n is a defined benefit p	olan, go to line 8.								
5	plan year,	see instructions and er	5 5 5	-			у		Year		
6	-		te lines 3, 9, and 10 of Schedule MB and do not complete t			nis scl	hedule.				
6			ontribution for this plan year (include any prior year accumulat			6a					
	<b>b</b> Enter	the amount contributed	by the employer to the plan for this plan year			6b					
			from the amount in line 6a. Enter the result of a negative amount)			6c					
7	•	npleted line 6c, skip li				_		_		_	
7	will the m	inimum funding amount	reported on line 6c be met by the funding deadline?				Yes		No		N/A
8	authority p	providing automatic app	od was made for this plan year pursuant to a revenue procedu roval for the change or a class ruling letter, does the plan spon ge?	nsor or pla	an		Yes		No		N/A
Pa		Amendments	-								
9	year that i	ncreased or decreased	plan, were any amendments adopted during this plan the value of benefits? If yes, check the appropriate	Increas	。	Decrea	250	ПВо	th		No
Ра	box. If no, rt IV	ESOPs (see instru	uctions). If this is not a plan described under Section 409(a) or								
10	Were una	skip this Part.	rities or proceeds from the sale of unallocated securities used t	to repay a	anv exemp	t loan?	?		Yes	Г	No
11			eferred stock?						Yes		No
	b If the	ESOP has an outstand	ling exempt loan with the employer as lender, is such loan part on of "back-to-back" loan.)	t of a "bad	ck-to-back"	' loan?	?	[	Yes		No
12	,		at is not readily tradable on an established securities market?					Г	Yes	[	No
For	Paperworl	k Reduction Act Notice	e and OMB Control Numbers, see the instructions for Form	m 5500.			Scheo	lule R	(Form <b>!</b>		2013 80118

Page <b>2 -</b>	1

Pa	rt V		Additional Information for Multiemployer Defined Benefit Pension Plans								
13		nter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in ollars). See instructions. Complete as many entries as needed to report all applicable employers.									
	a		of contributing employer								
	_										
	<u>b</u>	EIN	C Dollar amount contributed by employer								
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box									
	е	Contribution rate information (If more than one rate applies, check this box 🗌 and see instructions regarding required attachment. Otherwise,									
		complete lines 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents)									
		<ul> <li>(1) Contribution rate (in dollars and cents)</li> <li>(2) Base unit measure: Hourly Weekly Unit of production Other (specify):</li> </ul>									
	а	Name of contributing employer									
	b	EIN	C Dollar amount contributed by employer								
	d		ollective bargaining agreement expires ( <i>If employer contributes under more than one collective bargaining agreement, check box</i>								
	е		bution rate information (If more than one rate applies, check this box $\square$ and see instructions regarding required attachment. Otherwise,								
	•	comp	ete lines 13e(1) and 13e(2).)								
		• •	Contribution rate (in dollars and cents)								
		.,									
	а	Name	of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year								
	е		oution rate information (If more than one rate applies, check this box 🗌 and see instructions regarding required attachment. Otherwise,								
			ete lines 13e(1) and 13e(2).) Contribution rate (in dollars and cents)								
			Base unit measure: Hourly Weekly Unit of production Other (specify):								
	_										
	<u>а</u> ь		of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
	е		bution rate information (If more than one rate applies, check this box ] and see instructions regarding required attachment. Otherwise,								
			ete lines 13e(1) and 13e(2).) Contribution rate (in dollars and cents)								
		. ,	Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name	of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
		and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year									
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise,									
		complete lines 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents)									
		• •	Base unit measure: Hourly Weekly Unit of production Other (specify):								
		. ,									
	a L		of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
	е		pution rate information (If more than one rate applies, check this box 🗌 and see instructions regarding required attachment. Otherwise,								
			ete lines 13e(1) and 13e(2).)								
			Base unit measure: Hourly Weekly Unit of production Other (specify):								

14	Enter the number of participants on whose behalf no contributions were made by an	n employer as an employer of the
----	---	----------------------------------

	participant for:			
	a The current year	. 14a		
	<b>b</b> The plan year immediately preceding the current plan year	. 14b		
	<b>C</b> The second preceding plan year	_ 14c		
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:			
	a The corresponding number for the plan year immediately preceding the current plan year	15a		
	<b>b</b> The corresponding number for the second preceding plan year	15b		
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:			
	a Enter the number of employers who withdrew during the preceding plan year	16a		
	<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b		
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.				
Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans				
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment			
19	<ul> <li>a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:% Other:%</li> <li>b Provide the average duration of the combined investment-grade and high-yield debt: 0-3 years 0 3-6 years 0 6-9 years 0 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more</li> <li>c What duration measure was used to calculate line 19(b)?</li> </ul>			
	Effective duration Macaulay duration Modified duration Other (specify):			