Fo	m 5500-SF	Short Form Annual	•	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be fil	Benefit Plan	nd 4065 of the Employe		2013
	epartment of Labor enefits Security Administration	Retirement Income Security Act		ctions 6057(b) and 6058		This Form is Open to Public
Pension B	enefit Guaranty Corporation	Complete all entries in account of the second se	· ·	,	0-SF.	Inspection
Part I	Annual Report Id	entification Information				•
For calend	ar plan year 2013 or fisca	al plan year beginning 01/01/20)13	and ending 1	12/31/20	013
A This re	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-participant plan
B This re	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)	_
C Check	box if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter description				
Part II		nation—enter all requested infor	mation		1	
1a Name MARK M. So	-	K) PROFIT SHARING PLAN				Three-digit plan number (PN) ▶ 001
						Effective date of plan 01/01/2005
	ponsor's name and addre ODORFF, DDS, PC	ess; include room or suite number	(employer, if for a single-	employer plan)		Employer Identification Number (EIN) 11-3686894
12706 EAS	MISSION AVE.				2c 3	Sponsor's telephone number 509-928-3131
SPOKANE,	WA 99216				2d	Business code (see instructions) 621210
3a Plan a	dministrator's name and	address Same as Plan Sponsor	Name Same as Plar	Sponsor Address	3b /	Administrator's EIN 11-3686894
		lan sponsor has changed since the er from the last return/report.	e last return/report filed fo	or this plan, enter the	4b	509-928-3131 EIN
	or's name				4c	PN
5a Total	number of participants at	the beginning of the plan year			5a	11
b Total	number of participants at	the end of the plan year			5b	11
		count balances as of the end of the		-	5c	10
b Are y under If you	bu claiming a waiver of th 29 CFR 2520.104-46? (answered "No" to eith	uring the plan year invested in elig le annual examination and report of See instructions on waiver eligibility er line 6a or line 6b, the plan car blan, is it covered under the PBGC	of an independent qualifiery and conditions.)	d public accountant (IQ and must instead use	PA) Form	X Yes No 5500.
		incomplete filing of this return/re				
SB or Sch		r penalties set forth in the instruction signed by an enrolled actuary, as v te.				
SIGN	Filed with authorized/va	lid electronic signature.	02/19/2014	MARK M. SODORFF		
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sigr	ning as plan administrator
SIGN HERE		· .				
	Signature of employe name (including firm name	r/plan sponsor ne, if applicable) and address; inclu	Date ude room or suite numbe			ning as employer or plan sponsor arer's telephone number (optional)
JODI CALH RANDALL	OUN & HURLEY, INC. ERSIDE AVE., SUITE 16			. (509-838-5500

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	7a	26418	6			403673
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	26418	6			403673
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	- (1)	0407	c			
(1) Employers	8a(1)	2137		_		
(2) Participants	8a(2)	4932	3	_		
(3) Others (including rollovers)	8a(3)	6070	0	_		
b Other income (loss)	8b	6878	0	_		100.107
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		139487
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i Net income (loss) (subtract line 8h from line 8c)	8i					139487
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics	•,					
 b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions 	eature codes	from the List of Plan Charac	cteristi	c Cod	es in t	ne instructions:
10 During the plan year:				Yes	No	Amount
 a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 			10a	100	X	Amount
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	ude transactions reported	10b		Х	
C Was the plan covered by a fidelity bond?			10c	Х		500000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	100		Х	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benefit	s under the plan? (See	10e		X	
f Has the plan failed to provide any benefit when due under the plan?						
			10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year end.		-		X X	
	(See instruction) ons and 29 CFR	10f 10g 10h			
g Did the plan have any participant loans? (If "Yes," enter amount ash If this is an individual account plan, was there a blackout period? ((See instruction) ons and 29 CFR otice or one of the	10g		Х	
 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the 	(See instruction) ons and 29 CFR otice or one of the	10g 10h		Х	
 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 	(See instruction (See instruction) (See instruction (See instruction) (See instr) ons and 29 CFR otice or one of the s," see instructions and com	10g 10h 10i		X X	3 (Form
 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 	(See instruction the required not 1-3 ents? (If "Yes) ons and 29 CFR otice or one of the s," see instructions and com	10g 10h 10i	<u></u>	X X	3 (Form
 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements500) and line 11a below) 	(See instruction ne required no 1-3 ents? (If "Yes om Schedule) ons and 29 CFR otice or one of the s," see instructions and com SB (Form 5500) line 39	10g 10h 10i		X X lule SE	Yes No
 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year free 	(See instruction the required not 1-3 ents? (If "Yes om Schedule requirements) ons and 29 CFR otice or one of the s," see instructions and com SB (Form 5500) line 39 of section 412 of the Code	10g 10h 10i		X X lule SE	Yes No
 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from the subject to the minimum funding 	(See instruction ne required no 1-3 ents? (If "Yes om Schedule requirements as applicable ng amortized	.) ons and 29 CFR otice or one of the s," see instructions and com SB (Form 5500) line 39 s of section 412 of the Code e.) in this plan year, see instruct	10g 10h 10i plete or se		X X lule SE 11a 302 of	ERISA? Yes No
 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from the unpaid minimum required contribution for current year from the unpaid minimum funding standard for a prior year is being the sta	(See instruction ne required no 1-3 ents? (If "Yes om Schedule requirements as applicable ng amortized e MB (Form !) ons and 29 CFR otice or one of the s," see instructions and com SB (Form 5500) line 39 s of section 412 of the Code e.) in this plan year, see instruc 	10g 10h 10i plete or se ctions, th	ction 3	X X lule SE 11a 302 of	ERISA? Yes No

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 left of a negative amount)	12d		
е	Will the 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 resolution to terminate the plan been adopted in any plan year?	Ye	es 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 brought under the c of the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		1	
14a	lame of trust	14b Tru	ust's EIN	

Form	n 5500-SF	Short Form Annual R	eturn/Report of	Small Employ	vee	OMB Nos. 1210-0110 1210-0089		
	ent of the Treasury Revenue Service		Benefit Plan	4065 of the Employee	2013			
Dep	artment of Labor efits Security Administration		1974 (ERISA), and secti I Revenue Code (the Co	ions 6057(b) and 6058(de).	(a) of	This Form is Open to Public Inspection		
	efit Guaranty Corporation	Complete all entries in accord	dance with the instruct	ions to the Form 5500)-SF.			
Part I	Annual Report lo plan year 2013 or fisc	lentification Information	/01/2013	and ending		12/31/2013		
		X a single-employer plan	a multiple-employer pla	n (not multiemployer)		a one-participant plan		
		the first return/report	the final return/report					
B This retu	rn/report is: [an amended return/report	a short plan year return/	report (less than 12 mc	onths)			
C Chock by	ox if filing under:	Form 5558	automatic extension			DFVC program		
Check bi		special extension (enter description	on)					
Part II	Basic Plan Infor	mation—enter all requested inform						
1a Name o	folan				1b	Three-digit		
Mark M.	Sodorff, DDS	, PC 401(k) Profit Sha	ring Plan			(PN) 001		
					1c	Effective date of plan		
					0.6	01/01/2005		
2a Plan sp MARK M.	onsor's name and add SODORFF, DDS	ress; include room or suite number (e , PC	employer, if for a single-e	mployer plan)		Employer Identification Number (EIN) 11-3686894		
					2c	Sponsor's telephone number 509-928-3131		
12706 E	AST MISSION A	VE.			2d	Business code (see instructions)		
SPOKANE		WA 99216				621210		
	ministrator's name and		Name Same as Plan	Sponsor Address	3b	Administrator's EIN 11-3686894		
	SODORFF, DDS				3c Administrator's telephone number			
						509-928-3131		
12706 E	AST MISSION A	VE.						
SPOKANE	1	WA 99216						
4 If the n	ame and/or EIN of the	plan sponsor has changed since the	last return/report filed fo	r this plan, enter the	4b	EIN		
name, a Sponso		ber from the last return/report.			4c	PN		
5a Total r	umber of participants a	at the beginning of the plan year			5a	11		
		at the end of the plan year			5b	11		
	er of narticinants with a	ccount balances as of the end of the	plan year (defined bene	fit plans do not	5c	10		
compl	ete this item)	during the plan year invested in eligi			_			
6a Were	all of the plan's assets	the annual examination and report of	f an independent qualifie	d public accountant (IC	(PA)			
under	29 CER 2520 104-46?	(See instructions on waiver eligibility	and conditions.)			X Yes No		
lf you	answered "No" to eit	ther line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Forn	Yes No Not determined		
		t plan, is it covered under the PBGC						
Caution: A	penalty for the late o	or incomplete filing of this return/re	port will be assessed	unless reasonable car	use is	s established.		
SB or Sche	alties of perjury and oth dule MB completed an rue, correct, and comp	ler penalties set forth in the instructio d signed by an enrolled actuary, as v	ns, I declare that I have well as the electronic vers	examined this return/re sion of this return/repor	t, and	to the best of my knowledge and		
102.000 A.M.				MARK M. SODOR	FF			
SIGN HERE	O'mature of plan of		Date (72/18/2014	Enter name of individ	dual s	igning as plan administrator		
	Signature of plan ac	aministrator	Date (1 m/ 10/ 201)	Enter number indirite		9		
SIGN HERE	O'met as of ample	uer/nien energer	Date	Enter name of individ	dual s	igning as employer or plan sponsor		
Prenarer's	Signature of employ name (including firm name)	ame, if applicable) and address; inclu				parer's telephone number (optional)		
JODI C		ත කො වේන්ති වි				509-838-5500		
1	l & Hurley, Ir							
601 W.	Riverside Ave	e., Suite 1600						
Spokan		WA 99201		0E		Form 5500-SF (2013)		
E. Denem	ark Reduction Act Notic	e and OMB Control Numbers, see the in	structions for Form 5500-	or.		F0111 3300-3F (2013)		

Part III Financial Information						(h) End a	Vaa		
7 Plan Assets and Liabilities		(a) Beginning of Year	4186			(b) End o	Tea		3673
a Total plan assets	7a	20	1100						
b Total plan liabilities	7b	26	410/					403	3673
C Net plan assets (subtract line 7b from line 7a)	7c		4180			(h) Te	4.01		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tai		
a Contributions received or receivable from:	8a(1)	2	1370	5				114	
(1) Employers	8a(2)	4	932	3					
(2) Participants	8a(3)								
(3) Others (including rollovers)	8b	6	878	8					
b Other income (loss)	8c							13	9487
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	00								
to provide benefits)	8d								
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g				_				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_					(
Net income (loss) (subtract line 8h from line 8c)	. 8i							13	948
Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions									
					in the second second				
10 During the plan year:				Yes	No		Amo	unt	
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide)	uciary Cor	rection Program)	10a	Yes	No X		Amo	unt	
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	t? (Do not	include transactions reported	10a 10b				Amo		
 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any ponexempt transactions with any party-in-interest 	t? (Do not	include transactions reported		Yes	х		Amo		0000
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	t? (Do not	include transactions reported	10b		х		Amo		0000
 a Was there a failure to transmit to the plan any participant contribuzes CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b) Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	t? (Do not s fidelity bo her persoi	include transactions reported ond, that was caused by fraud hs by an insurance carrier, hefits under the plan? (See	10b 10c 10d		X X		Amo)000
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) 	t? (Do not s fidelity bo her person l of the be	include transactions reported	10b 10c 10d 10e		X X X X		Amo		0000
 a Was there a failure to transmit to the plan any participant contribuzes CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b) Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	s fidelity bo cher person l of the be	ond, that was caused by fraud	10b 10c 10d 10e 10f		X X X X X		Amo		0000
 a Was there a failure to transmit to the plan any participant contribuzes CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b) Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	t? (Do not s fidelity bo her persoi I of the be an? as of year	include transactions reported ond, that was caused by fraud hs by an insurance carrier, hefits under the plan? (See end.)	10b 10c 10d 10e		X X X X		Amo		0000
 a Was there a failure to transmit to the plan any participant contribuzes CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plate the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) 	t? (Do not s fidelity bo her person I of the be an? as of year	include transactions reported and, that was caused by fraud ans by an insurance carrier, mefits under the plan? (See end.)	10b 10c 10d 10e 10f		X X X X X		Amo		0000
 a Was there a failure to transmit to the plan any participant contribuzes CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b) Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	t? (Do not s fidelity bo her person I of the be an? as of year ? (See instru-	include transactions reported and, that was caused by fraud ans by an insurance carrier, nefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g		X X X X X X X		Amo		0000
 a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b) Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 	t? (Do not s fidelity bo ther person l of the be an? as of year c (See insti- the require 01-3	include transactions reported ond, that was caused by fraud ons by an insurance carrier, nefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X		Amo		0000
 a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	t? (Do not s fidelity bo her person l of the be an? as of year ? (See instr the require 01-3 ments? (If	include transactions reported ond, that was caused by fraud ons by an insurance carrier, nefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X dule SE	3 (Form	Amo		00000
 a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	t? (Do not s fidelity bo her person I of the be an? as of year (See instr the require 01-3 ments? (If	include transactions reported include transactions reported ond, that was caused by fraud ins by an insurance carrier, hefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X dule SE	3 (Form	Amo	5 (Yes	
 a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	t? (Do not s fidelity bo her person I of the be an? as of year (See instr the require 01-3 ments? (If	include transactions reported include transactions reported ond, that was caused by fraud ins by an insurance carrier, hefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X dule SE	3 (Form	Amo	5 (Yes	
 a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not s fidelity bo her person l of the be an? as of year ? (See insti- the require 01-3 ments? (If from Sche ig requiren w, as appli	include transactions reported include transactions reported ond, that was caused by fraud ins by an insurance carrier, nefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g 10h 10i e or s	X Scheetion	X X X X X X X X X dule SE	3 (Form ERISA?		5 (Yes Yes	
 a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b) Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not s fidelity bo ther person l of the be an? as of year ? (See instru- the require 01-3 from Sche ing requiren w, as appli	include transactions reported include transactions reported ond, that was caused by fraud ins by an insurance carrier, nefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g 10h 10i 10i e or s	X Scheetion	X X X X X X X X X dule SE	3 (Form ERISA? he date of		5 (Yes Yes	
 a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not s fidelity bo her person l of the ben an? as of year (See instru- the requiren (See instru- the requiren (See instru- the requiren w, as appli eing amort ule MB (Fe	include transactions reported include transactions reported ond, that was caused by fraud ins by an insurance carrier, nefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g 10h 10i 10i e or s	X Schee ection s, and	X X X X X X X X X dule SE 302 of enter th	3 (Form ERISA? he date of		5 (Yes Yes	