-	m 5500-SF	Short Form Annual R	leturn/Report o Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be file		nd 4065 of the Employer	е	2	013
	epartment of Labor enefits Security Administration	Retirement Income Security Act of		ctions 6057(b) and 6058		This Form i	s Open to Public
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	dance with the instruc	ctions to the Form 5500	0-SF.	Ins	pection
Part I		lentification Information					
For calenda	ar plan year 2013 or fisca	al plan year beginning 01/01/201	3	and ending 1	2/31/	2013	
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-particip	oant plan
B This ret	urn/report is:	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	box if filing under:	Form 5558	automatic extension			DFVC progra	m
		special extension (enter description	on)				
Part II	Basic Plan Inform	nation—enter all requested information	ation				
1a Name	of plan				1b	Three-digit	
MICHAEL J.	GIESY, D.M.D., PLLC 4	01(K) PROFIT SHARING PLAN				plan number (PN) ▶	002
					10	Effective date or	
							•
	ponsor's name and addre GIESY, D.M.D., PLLC	ess; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identi	
6004 WEST	GATE BLVD, SUITE 210)			2c	Sponsor's telep 253-752	
	VA 98406-2503				2d	Business code (62121	,
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	Vame Same as Plan	n Sponsor Address	3b	Administrator's	EIN
4 If the r	name and/or EIN of the p	plan sponsor has changed since the l	last return/report filed fc	or this plan, enter the	4b	EIN	
name	, EIN, and the plan numb	per from the last return/report.					
_	or's name	the beginning of the plan year				PN	
		the beginning of the plan year			5a		11
		the end of the plan year			5b		10
		count balances as of the end of the p			5c		10
_		luring the plan year invested in eligib					X Yes No
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (\$	he annual examination and report of See instructions on waiver eligibility or line 6a or line 6b, the plan cann	an independent qualifie and conditions.)	ed public accountant (IQF	PA)		X Yes No
-		plan, is it covered under the PBGC in					Not determined
	• •	incomplete filing of this return/rep					
SB or Sche		r penalties set forth in the instruction signed by an enrolled actuary, as we ete.					
SIGN	Filed with authorized/val	lid electronic signature.	02/25/2014	MICHAEL J. GIESY			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator
SIGN							
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sid	ning as employe	r or plan sponsor
Preparer's		ne, if applicable) and address; includ			_		number (optional)

7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	of Year
a Total plan assets	7a	141816					1686209
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	141816	2				1686209
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal
a Contributions received or receivable from:		(d) / unound				(10) 13	
(1) Employers	8a(1)	4609	6				
(2) Participants	8a(2)	5348	9				
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b	17840	0				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						277985
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3850	0				
e Certain deemed and/or corrective distributions (see instructions)	8e		<u> </u>				
f Administrative service providers (salaries, fees, commissions)	8f	608	8				
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						9938
i Net income (loss) (subtract line 8h from line 8c)	8i						268047
Transfers to (from) the plan (see instructions)	-						2000
Part IV Plan Characteristics	8j						
Part V Compliance Questions							
				Yes	No		Amount
			10a	Yes	No X		Amount
During the plan year:a Was there a failure to transmit to the plan any participant contribut	ciary Correc ? (Do not inc	tion Program) lude transactions reported	10a 10b	Yes	-		Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? 	ciary Correc ? (Do not inc	tion Program) lude transactions reported		Yes	X		Amount 250
 During the plan year: 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. b Were there any nonexempt transactions with any party-in-interest? on line 10a.) 	ciary Correc ? (Do not inc fidelity bond,	tion Program) lude transactions reported 	10b		X		
 During the plan year: 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. 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all of the plan the plan of the plan that provides some or all of the plan the pla	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d		× ×		
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.) 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e	X	× ×		
 During the plan year: 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. 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n?	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f	×	× × ×		250
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan 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? (If the plan have any plan have a blackout period? (If the plan have any pl	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year end See instructi	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g	X	× × ×		
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction ine required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h	×	× × ×		250
 10 During the plan year: 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. 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 to or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan and 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 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction ine required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g	×	× × ×		250
 10 During the plan year: 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. 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 for dishonesty?. e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan 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 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction re required n I-3 ents? (If "Yea	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X X		250
 10 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction re required n I-3	tion Program) lude transactions reported , that was caused by fraud ,	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X		250
 10 During the plan year: 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. 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan 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 Enter the unpaid minimum required contribution for current year from the second secon	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction re required n I-3 ents? (If "Year om Schedule	tion Program) lude transactions reported that was caused by fraud that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X Iule SB	3 (Form	250
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidures Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit as of year end See instruction is required n I-3	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X Iule SB	3 (Form	250
 10 During the plan year: 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 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or instructions.) f Has 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 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from the universe of the minimum funding standard for a prior year is bein 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction required n I-3 com Schedule requirement as applicabl g amortized	tion Program) lude transactions reported , that was caused by fraud , the plan (See , t	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	X X Schec	X X X X Iule SB 11a 302 of	B (Form B (Form ERISA?	250 15
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or instructions.). Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction required n I-3 ents? (If "Yes com Schedule requirement as applicabl g amortized	tion Program) lude transactions reported , that was caused by fraud , the plan (See , t	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	X X Schec	X X X X X Iule SE 11a 302 of	B (Form B (Form ERISA?	250 15 Yes Yes X ne letter ruling

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	s 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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s): 1:	3c(2) EIN	(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	sťs EIN	

For	m 5500-SF	Short Form Annual Ref	urn/Report of nefit Plan	Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed u		d 4065 of the Employee	•	2	2013
Employee Be	partment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal R	74 (ERISA), and sect evenue Code (the Co	ions 6057(b) and 6058 de).	(a) of		s Open to Public
Pension Be	nefit Guaranty Corporation	Complete all entries in accordance	nce with the instruct	ions to the Form 5500)-SF.		
Partl	Annual Report Id Annual Report Id	entification Information	01/2013	and ending	-	12/31/2013	3
				2		a one-partici	
	urn/report is for:		e final return/report	n (not multiemployer)			pant plan
	[] an amended return/report [] a s	short plan year return	report (less than 12 mo	onths)		
Check b	box if filing under:] Form 5558	utomatic extension			DFVC progra	am
	[special extension (enter description)					
Part II	Basic Plan Inform	nation—enter all requested information	on				
1a Name Michae	ofplan l J. Giesy, D.M	4.D., PLLC 401(k) Profit	: Sharing Pla	n	1b	Three-digit plan number	002
					10	(PN) Fifective date of	
			1			01/01/1993	3
2a Plans MICHAE	ponsor's name and addr L J. GIESY, D.N	ess; include room or suite number (emp 1.D., PLLC	bloyer, if for a single-e	employer plan)	_	(EIN) 91-204	
6004 W	ESTGATE BLVD, S	SUITE 210			20	Sponsor's telep 253-752-6	
0004 11					2d		(see instructions)
TACOMA		WA 98406-2503				621210	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nai	ne XSame as Plan	Sponsor Address	3b	Administrator's	EIN
4 If the	name and/or EIN of the	blan sponsor has changed since the las ber from the last return/report.	t return/report filed fo	r this plan, enter the	4b	EIN	
	sor's name	ber nom the last return open.			4c	PN	
		t the beginning of the plan year			5a		11
b Total	number of participants a	t the end of the plan year			5b		10
C Numb	per of participants with ac	ccount balances as of the end of the pla	an year (defined bene	fit plans do not	5c		10
6a Were b Are y under If you	e all of the plan's assets o ou claiming a waiver of t r 29 CFR 2520.104-46? u answered "No" to eltl	during the plan year invested in eligible he annual examination and report of ar (See instructions on waiver eligibility ar her line 6a or line 6b, the plan canno plan, is it covered under the PBGC ins	assets? (See instruct i independent qualifie id conditions.) t use Form 5500-SF	ions.) d public accountant (IQ and must instead use	PA) Form	ı 5500.	X Yes No X Yes No
		r incomplete filing of this return/repo					
Under per	alties of periupy and othe	ar penalties set forth in the instructions.	I declare that I have	examined this return/re	port, i	ncluding, if appli	cable, a Schedule
SB or Sch	edule MB completed and true, correct, and compl	d signed by an enrolled actuary, as well	as the electronic vers	sion of this return/repor	t, and	to the best of m	y knowledge and
SIGN	mit	1)25	2-20-14	Michael J. Gi	esy		
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	lual si	gning as plan ac	Iministrator
SIGN		<i>p</i>					
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	lual si	gning as employ	ver or plan sponsor
		me, if applicable) and address; include				parer's telephon	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part III Financial Information 7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of	Year	
	7a		8162					6209
 a Total plan assets b Total plan liabilities 	7b							
C Net plan assets (subtract line 7b from line 7a)	70	141	8162				168	36209
		(a) Amount				(b) Tota	al	
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:								
(1) Employers	8a(1)		6096					_
(2) Participants	8a(2)	5	3489	<u> </u>	_	_	_	
(3) Others (including rollovers)	8a(3)			-	_		-	_
b Other income (loss)	8b	17	8400	2		_		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-		_	2'	77985
d Benefits paid (including direct rollovers and insurance premiums			3850					
to provide benefits)	8d							-
e Certain deemed and/or corrective distributions (see instructions)	8e		6088	2			-	
f Administrative service providers (salaries, fees, commissions)	8f			-				
g Other expenses	8g			-				993
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-	-			2	6804
i Net income (loss) (subtract line 8h from line 8c)			-	-				
j Transfers to (from) the plan (see instructions)	8j						-	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension						·		
Part V Compliance Questions								
				Yes	No	Δ	mount	
10 During the plan year:	tions within	the time period described in		Yes	No	A	mount	
 During the plan year: Was there a failure to transmit to the plan any participant contribution 	utions within uciary Corre	the time period described in ection Program)	10a	Yes	No X	A	mount	
10 During the plan year:	uciary Corre	ction Program)		Yes		A	mount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 	uciary Corre t? (Do not in	ction Program)	10a	Yes	x	A		5000
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 	uciary Corre it? (Do not in s fidelity bon	ction Program) Include transactions reported d, that was caused by fraud	10a 10b		x	A		5000
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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?. a Wore any fees or commissions paid to any brokers, agents, or of 	uciary Corre it? (Do not in s fidelity bon ther persons	d, that was caused by fraud	10a 10b 10c		X X	A		5000
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 	ther persons	d, that was caused by fraud by an insurance carrier, offis under the plan? (See	10a 10b 10c 10d		X X	A		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 al instructions.) 	t? (Do not in s fidelity bon ther persons I of the bene	d, that was caused by fraud by an insurance carrier, by an insurance carrier, bits under the plan? (See	10a 10b 10c 10d	x	x x x x	A		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 al instructions.) f Has the plan failed to provide any benefit when due under the plan 	t? (Do not in s fidelity bon ther persons I of the bene an?	ction Program) Include transactions reported d, that was caused by fraud by an insurance carrier, ofits under the plan? (See	10a 10b 10c 10d 10e 10f	x	X X	A		92
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 al instructions.) f Has the plan have any participant loans? (If "Yes," enter amount is 	t? (Do not in s fidelity bon ther persons I of the bene an? as of year er	ction Program) include transactions reported d, that was caused by fraud by an insurance carrier, offts under the plan? (See nd.)	10a 10b 10c 10d	x	x x x x	A		92
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 al instructions.). f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.). 	t? (Do not in s fidelity bon ther persons I of the bene an? as of year er	ction Program) include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See ind.)	10a 10b 10c 10d 10e 10f	x	x x x x	A		92
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C Enter the amount contributed by the employer to the plan for this plan year		12c				
 G 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			_	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			1	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?	anna		Yes	XN	0	
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 of the PBGC?	the co	ontrol			1	res 🕅 N
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to				1	
13c(1) Name of plan(s):	13	c(2) E	EIN(s))	13	c(3) PN(s)
	_					
Part VIII Trust Information (optional)						
14a Name of trust	1	40	Trust	's EIN		