Form 5500-SF		Short Form Annual Return/Report of Small Employee			OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		<b>Benefit Plan</b> This form is required to be filed under sections 104 and 4065 of the Employee			۵	2013		
Department of Labor Employee Benefits Security Administration		Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).						
	enefit Guaranty Corporation	Complete all entries in accord	,	,	0-SF.	pection		
Part I	Annual Report Id	lentification Information						
For calend	ar plan year 2013 or fisca	al plan year beginning 01/01/2013	3	and ending 1	2/31/2	2013		
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)	a one-participant plan			
B This return/report is:								
		onths	)					
C Check box if filing under:						DFVC program	m	
	[	special extension (enter descriptio	n)					
Part II	Basic Plan Inform	nation—enter all requested informa	ation					
<b>1a</b> Name	•				1b	Three-digit		
JAY F. WOF	DEN, DDS, PC PROFIT	SHARING PLAN				plan number (PN) ▶	001	
					1c	Effective date of		
						01/01/		
2a Plan s JAY F. WOR	ponsor's name and addre RDEN, DDS, PC	ess; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 20-301		
304 6TH ST	REET, SUITE 6				2c	Sponsor's telept 509-633		
	AM, WA 99116				2d	Business code (see instructions) 621210		
	dministrator's name and DEN, DDS, PC	address Same as Plan Sponsor N 304 6TH STRE		Sponsor Address	3b	Administrator's E		
4						509-633	-0700	
<ul> <li>If the name and/or EIN of the p name, EIN, and the plan numb</li> <li>a Sponsor's name</li> </ul>		an sponsor has changed since the last return/report filed for this plan, enter the r from the last return/report.		4b EIN 4c PN				
- <u>-</u> ·		the beginning of the plan year					6	
	• •	the end of the plan year			5a 5b		6	
		count balances as of the end of the p			30		0	
				•	5c		6	
		luring the plan year invested in eligibl					🗙 Yes 🗌 No	
		ne annual examination and report of a					X Yes 🗌 No	
		See instructions on waiver eligibility a er line 6a or line 6b, the plan cann						
-		plan, is it covered under the PBGC in					Not determined	
Caution: A	A penalty for the late or	incomplete filing of this return/rep	ort will be assessed u	unless reasonable cau	ise is	established.		
Under pen SB or Sche	alties of perjury and othe	r penalties set forth in the instructions signed by an enrolled actuary, as we	s, I declare that I have e	examined this return/rep	oort, ir	ncluding, if applica		
SIGN	Filed with authorized/va	lid electronic signature.	06/05/2014	JAY WORDEN	EN			
HERE	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator				
SIGN								
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sig	gning as employe	or plan sponsor	
Preparer's		ne, if applicable) and address; includ	e room or suite number				number (optional)	

a         Total plan sestes         7a         7920289         879212           b         Total plan itabilities         7b         7138         8062           c         Net plan sests (subtract line 7b from line 7a)         7c         72250         80000           c         Total plan itabilities         (a) Amount         (b) Total         8002           c         Contributions received or receivable from:         6a(3)         8000	Part III         Financial Information           7         Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
D         Total plan initiabilities         Total plan initiabilities<		70			+					
C       Net plan assets (subtract line 7b from line 7a)       7c       752150       (0) Total         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         C       Contributions received or received form:       8a(1)       8200       (b) Total         (1) Employers       8a(2)       134       (c) Total income (outs)       (c) Total income (c) Total income (c) Total income (c) Total incom	•									
B         Income Expenses. and Transfers for this Plan Year         (e) Amount         (b) Total           a         Contributions reserved or receivable from:         8e(1)         8200         8200           (2)         Participants         66(2)         134         134           (3)         Others (including rollowers).         8b         117280         134           (3)         Others (including rollowers).         8b         117280         125614           Contributions (deal ines 641, 682), 8a(3), and 9b)         8c         72         125614           Contraining paid (including rollowers).         8d         7142         9           Certain deemed and/or corrective distributions (see instructions).         8d         7142         9           (1)         Mating and/or corrective distributions (see instructions).         8d         7142         9           (2)         Other expenses         8g         118400         118400         1           (2)         Transfers for (incluing balan year)         8h         7214         1           (4)         Natinezone (toss) (subtract instite, enter the applicable persion feature codes from the List of Plan Characteristic Codes in the instructions:         118400         1           (2)         During the plan rovides persion benefits, enter	•									
a Contributions received or receivable from:           a Contributions received or receivable from:         Se(1)         8200           (2) Participants	_	. /0								
(1) Employers       8a(1)       8200         (2) Participants       8a(2)       1134         (3) Others (including onlowers)       8a(3)         10 ther income (less)       8b       117280         C rotal income (did lines 8d(1, 8a(2), 9a(3), and 80)       8c       72         2 Certain demend and/or corrective distributions (see instructions)       8e       72         2 Certain demend and/or corrective distributions (see instructions)       8e       7142         3 Other expenses       5g       7142       724         4 Aministative service providers (salaries, fees, commissions)       8f       7142       7244         1 Net income (loss) (subtract line 8c)       8i       118400       118400         2 Transfers to (from) the plan (see instructions)       8j       7244       7244         3 The plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       725 2 J J X X 30 J Z 1       725         3 Was there a failure to transactions with any participant contributions within the time period described in 18 4 Amount       726 X J J X X 30 J Z 1       726 X J J X X 30 J Z 1       726 X J J X X 30 J Z 1       726 X J J X X 30 J Z 1       726 X J J X X 30 J Z 1       726 X J J X X 30 J Z 1       726 X J J X X 30 J Z 1       726 X J J X X 30 J Z 1       726 X J J X X 30 J Z 1			(a) Amount				(0) 10	nai		
(a) Other income (ices)       6a(3)         (b) Other income (ices)       6a(3)         (c) Other income (ices)       6b         (c) Other income (ices)       6c         (c) Other income (ices)		. 8a(1)	8200							
b       Other income (loss)       8b       117290         c       Total income (add lines 6a(1), 6a(2), 6a(3), and 6b)       8c       125614         d       Denotify back (including direct followers and insurance permitums ad       72       125614         d       Denotify back (including direct followers and insurance permitums ad       72       125614         g       Cher expenses       8g       7142       12         g       Cher expenses (add lines 6b, 6e, 6f, and 6g)       8h       7142       118400         j       Transfers to (from) the plan (see instructions)       8g       118400       118400         j       Transfers to (from) the plan (see instructions)       8j       118400       118400         j       Transfers to (from) the plan (see instructions)       8j       118400       118400         g       If the plan provides pension benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions:       2t 2/r 2/0 × 2/ 2K 3D × 2T       2t 30 × 2T × 2D × 2D × 3D × 2T       2t 30 × 2T × 2D × 2D × 3D × 2T       2t 30 × 2T × 2D × 2D × 3D × 2T       2t 30 × 2T × 2D × 2D × 3D × 2D × 3D × 2D × 3D × 2D × 3	(2) Participants	8a(2)	134							
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	(3) Others (including rollovers)	. 8a(3)								
d Bendis paid (including direct rollovers and insurance premiums is provide bendis)	<b>b</b> Other income (loss)	. 8b	11728	0						
to provide benefits)       8d       72         e       Certain deemed and/or corrective distributions (see instructions)       8e       7142         f       Administrative service providers (salaries, fees, commissions)       8f       7142         g       Other expenses.       8g       7214         i       Note on the service providers (salaries, fees, commissions)       8i       7214         i       Note on the service provides pension fees the service provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         g       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part IV       Compliance Questions       Yes       No       Amount         a       Was there any nonexempt transactions with any participant contributions within the time period described in 12.9 CFR 2510.3-1027 (See instructions and DOL's Voluntary Flduciary Correction Program)       10a       X       266         b       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       X       60000         c       Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud on the provide se presimission paid to any brokers, agents, or other persons by an insurance carrier, instructions.)       10d       X <td><b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</td> <td>. 8c</td> <td colspan="3"></td> <td colspan="4">125614</td>	<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				125614				
Period control of the service o			7	2						
f       Administrative service providers (selaries, fees, commissions)				2						
Particulation       Dresses       8g         Potel expenses       8g       7214         I her income (loss) (adubtract line 8h rom line 8c)       8h       7214         I her income (loss) (adubtract line 8h rom line 8c)       8i       118400         Part IV       Plan Characteristics       8j       118400         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E 2F 2G 2J 2X 3D 2T         Part IV       Compliance Questions       Yes       No       Amount         29 Gift expenses       Vers 100 2T       10a       X       255         Part IV       Compliance Questions       Yes       No       Amount         29 Gift expenses       Vers 100 2T       10a       X       255         Part IV       Compliance Questions       10a       X       255         0       During the plan yea:       Yes       No       Amount         29 Gift expenses       10a       X       255         0       Were there any nonexempt transactions with any participant contributions within the time period describer in tot in the instructions:       10a       X       6000         C       Was the plan covered by a fidelity bond?       10c	-		714							
h       Total expenses (add lines 8d, 8e, 8f, and 8g)			/ 14,	2	_					
i       Net income (loss) (subtract line 8h from line 8c)       8i       118400         j       Transfers to (from) the plan (see instructions)       8j       118400         Part IV       Plan Characteristics       9j       100       100         9i       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       22       27       20       24       30       21         b       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       26         Part V       Compliance Questions       Yes       No       Amount         10       During the plan year:       Yes       No       Amount         29       CFR 25103-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X       255         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       10b       X       60000         c       Was the plan ave a loss, whether or not neimbursed by the plan's fidelity bond, that was caused by fraud or distonexely?       10c       X       60000         d       Ut the plan have a loss, whether or not neimbursed or the persons by an insurance carrier, insurance service, or cher organization that provides some					_			7044		
Intraction (under the plan (see instructions)       g         Intraction (under the plan (see instructions)       g         If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         ID       During the plan year:         a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Volumary Correction Program)										
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2a       2F       2G       2J       2K       3D       2T         b       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         0       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					_			118400		
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 10a       X       256         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a).       10b       X       60000         c       Was the plan overed by a fidelity bond?       10c       X       60000       60000         d bit the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestry?       10d       X       60000         c       Was the plan failed to provide any benefit when due under the plan?       10d       X       322         f       Has the plan failed to provide any benefit when due under the plan?       10d       X       322         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.       10g       X       322         f       Has the plan have any participant loans? (If "		- 8j								
a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	· · · · · · · · · · · · · · · · · · ·									
a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL'S Voluntary Fiduciary Correction Program)										
on line 10a.)       10b       A         c       Was the plan covered by a fidelity bond?       10c       X       60001         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       60001         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       322         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       324         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Yes	No		Amount		
c       Was the plan towered by a indenty boltor       10c       10c       60000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X       321         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       322         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10d       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10d       X	<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>			10a		No			250	
or dishonesty?       10d       A         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See 10e X)       10e X       321         f       Has the plan failed to provide any benefit when due under the plan?       10f X       X       321         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g X       X       322         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h X       X       2250.101-3.)         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       X       2260.101-3.)         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       X       2260.101-3.)         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes N       N         112       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes N       N         (If	<ul> <li>During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interes</li> </ul>	uciary Correct t? (Do not inc	tion Program)		X				250	
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	<ul> <li>During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> </ul>	uciary Correc t? (Do not inc	tion Program) lude transactions reported	10b	X					
f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10i       X         Part VI       Pension Funding Compliance       10i       Yes       Yes       Not         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       11a       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes Not       Not         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       Intervent the date of the letter ruling granting the waiver.       Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Intervent       Year	<ul> <li>During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	uciary Correc t? (Do not inc fidelity bond,	tion Program) lude transactions reported 	10b 10c	X	X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <li>During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all</li> </ul>	uciary Correc t? (Do not inc i fidelity bond, her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d	x	X			0000	
If you have out the plantate out plantate out of the child and the of you entry matrix and the plantate out plantate	<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)</li> </ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e	x	×			0000	
2520.101-3.)       10h       Image: Construction of the second of	<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f	x	× × ×				
exceptions to providing the notice applied under 29 CFR 2520.101-3	<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount a</li> </ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefit an?	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f	x	× × ×			0000	
<ul> <li>Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)</li></ul>	<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> </ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefit an? as 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	x x x x x			000	
<ul> <li>5500) and line 11a below)</li></ul>	<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)</li> <li>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 h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefit an? as of year end (See instruction he 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	x	x x x x x			000	
<ul> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>Yes X No. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.</li> <li>Month Day Year</li> <li>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</li> </ul>	<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefit an? (See instructi he required n 01-3	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	× × × × ×			000	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)         a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.         Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefit an? as of year end (See instruction he required no 1-3	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 X ule SB	; (Form	60	329	
<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.         Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       In the second secon	<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)</li> <li>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 h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)</li> </ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefit an? as of year end (See instruction he required no 1-3	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 X ule SB	; (Form	60	329	
granting the waiver	<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li></ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefit an? as of year end (See instruction he required no 1-3 ments? (If "Year rom 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 Schecc	X X X X X Ule SB	9 (Form	60	329 No	
	<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to the minimum funding requiren 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year fi Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below</li> </ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefit an? as of year end (See instructi he required n 1-3 nents? (If "Yea rom Schedule g requirementa , as applicabl	tion Program) lude transactions reported , that was caused by fraud ,	10b 10c 10d 10e 10f 10g 10h 10i 0 plete	X X X Scheccion 3	X X X X Ule SB	6 (Form ERISA?	60	329 No	
	<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefit an? as of year end (See instructi he required n 1-3 nents? (If "Year rom Schedule g requirements r, as applicabl ng amortized	tion Program) lude transactions reported , that was caused by fraud ,	10b 10c 10d 10e 10f 10g 10h 10i 10i e or se	X X X Scheccion 3	X X X X X Ule SB 302 of 1 anter th	e date of th	60	329 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?	XY	′es	No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		ו []	res 🗙 No			
C 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.)								
1	3c(1) Name of plan(s): 1:	3 <b>c(2)</b> El	N(s)	13	<b>c(3)</b> PN(s)			
Part	VIII Trust Information (optional)							
14a Name of trust				14b Trust's EIN				