-	rm 5500-SF		ual Return/Report of Small Employ Benefit Plan				OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		This form is required to be file	ed under sections 104 a	nd 4065 of the Employed	е	2013			
Employee B	epartment of Labor enefits Security Administration	Retirement Income Security Act of	f 1974 (ERISA), and see al Revenue Code (the C	ctions 6057(b) and 6058	(a) of	This Form is	This Form is Open to Public Inspection		
Pension Be	enefit Guaranty Corporation	Complete all entries in accor	rdance with the instruc	ctions to the Form 5500	0-SF.	1113	pection		
Part I Annual Report Identification Information									
For calend	ar plan year 2013 or fisca		13	and ending 1	2/31/2	2013			
A This ref	turn/report is for:	a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-particip	oant plan		
B This ref	turn/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 X DFVC program							
		special extension (enter description	on)						
Part II	Basic Plan Inform	nation—enter all requested inform	,						
1a Name					1b	Three-digit			
	•	OFIT SHARING PLAN & TRUST				plan number			
						(PN) 🕨	001		
					1c	Effective date of	f plan		
						01/01/	2006		
	ponsor's name and addre	ess; include room or suite number (e	employer, if for a single-	employer plan)	2b	Employer Identit (EIN) 20-11			
2233 13TH :	ST SW				2c	Sponsor's telep			
PUYALLUP,					2d	Business code (see instructions) 722513			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b				
 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN 									
	EIN, and the plan numb or's name	er from the last return/report.			4c PN				
<u>'</u>		the beginning of the plan year							
-		0 0 1 3			5a		6		
		the end of the plan year			5b		5		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c		1		
6a Were	all of the plan's assets d	luring the plan year invested in eligit	ble assets? (See instruc	tions.)			X Yes No		
		ne annual examination and report of					X Yes No		
		See instructions on waiver eligibility er line 6a or line 6b, the plan canr					X Yes No		
-		blan, is it covered under the PBGC in					Not dotorminod		
C in the p			risulance program (see	ERISA Section 4021)?		Yes No	Not determined		
Caution: A	A penalty for the late or	incomplete filing of this return/re	port will be assessed	unless reasonable cau	se is	established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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/va	lid electronic signature.	08/30/2014	TERRY SOOS					
	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of employe	r/nlan sponsor	Date	Enter name of individu	نام ادر	ning as omployo	r or plan sponsor		
Preparer's		ne, if applicable) and address; includ							
						, -	· · · /		

a Total plan laskitis	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
c Net plan assets (subtract line 7b from line 7a) 7c 63960 74011 3 Income, Expenses, and Transfers for the Plan Year (a) Amount (b) Total 2 Income, Expenses, and Transfers for the Plan Year (a) Amount (b) Total 2 Contributions received or received and received or received sistructions). 8d 1000000000000000000000000000000000000	a Total plan assets	7a							
Income Expanses, and Transfers for this Plan Year Image: transfers for this Plan	b Total plan liabilities	7b							
a Contributions received or receivable from: b molecular the second of the second o	C Net plan assets (subtract line 7b from line 7a)	7c	6395	6		74911			
(1) Employers 8a(1) 1320 (2) Participants 8a(2) 1320 (2) Others (including collovers) 8a(3) 1320 0 Charse (including collovers) 8a(3) 14435 C Total income (detal ines 8a(1), 8a(2), 8a(3), and 8b) 8c 17075 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 17075 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 17075 C Total income (add and/or corrective distributions (see instructions). 8e 6120 C Antian demand and/or corrective distributions (see instructions). 8e 6120 G Other expenses 8g 10085 Transfers to (from) the plan setucions). 8j 10085 Taranfers to (from) the plan setucions). 8j 10085 D Uring the plan year: 8g 10085 Z E Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z			(a) Amount			(b) Total			
Operation Body 1320 (3) Others (including rollowers) Bad2 1320 (3) Others (including rollowers) Bad3 14435 C Total income (add lines Ba(1), Ba(2), Ba(3), and Bb) Bc 17075 G Benefits paid (including direct rollowers and insurance premums to provide benefits) Bd 14435 C Total income (add lines Ba(1), Ba(2), Ba(3), and Bb) Bc 17075 G Benefits paid (including direct rollowers and insurance premums to provide benefits) Bd 6120 f Administrative service providers (salarles, fees, commissions) Bf Bf 6120 G Other sciences (add lines 8d, 8e, 8f, and 8g) Bh 6120 6120 J Tansfers to (from) the plan (see instructions) Bg 10395 10395 J Tansfers to (from) the plan (see instructions) Bg 10395 10395 J It the plan provides pension benefits, enter the applicable weffare feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2F 2G 2J 2K 2T 386 30 30 D Uting the plan provides pension benefits, enter the applicable weffare feature codes from the List of Plan Characteristic Codes in the instructions: 2F CF 2G 2J 2K 2T 386 30 2K 2F 2G 2J 2K 2T 386 30 D Uting the plan yas: 100 <td< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></td<>				-					
(a) Other income (loss) Ba(3) (b) Other income (loss) Bb (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc (c) Other expanses Bd (c) Other expanses Bg (c) Other expanses Bg (c) Other expanses Bg (c) Other expanses Bg (c) Transfers to (from) the plan (see instructions) Bg (c) Other expanses Bg (c) Other expanses Bg (c) Other plan (see instructions) Bg (c) Other expanses Bg (c) Other expanses Bg (c) Other plan (see instructions) Bg									
b Other income (loss) 8b 14435 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 17075 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 17075 e Certain deemed and/or corrective distributions (see instructions) 8e 6120 1 f Administrative service providers (salaries, fees, commissions) 8f 1 6120 g Other expenses 8g 1 100855 1 100855 j Transfers to (from) the plan (see instructions) 8j 100855 100855 100855 Part IV Plan Characteristics 8j 100855 100855 100855 100855 D Urb plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2	(2) Participants		132	0	_				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 17075 G Benefits paid (including direct follows and insurance preniums to provide benefits) 8d 17075 G Catal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 17075 G Catal income (add lines 8d, 8e, 8f, and 8g) 8d 6120 f Administrative service providers (salaries, fees, commissions) 8f 6120 g Other expenses 8g 6120 i Nat income (loss) (subtract line 8h from line 8c) 8i 010255 j Transfers to (from) the plai (see instructions) 8i 010255 g 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 2F 2T 3B 3D D Utring the plan year: Yes No Amount 28 U W Compliance Questions 10a X 2C 2J 2F 2D 3-12 3B 2D 2				_	_				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		8b	14435						
to provide benefits)	-	8c			_			17075	
e Certain deemed and/or corrective distributions (see instructions)		8d							
f Administrative service providers (salaries, fees, commissions)			6120						
g Other expenses 8g 61 h Total expenses 68, and 89, and 80, and 8									
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 6120 i Net income (loss) (subtract line 8h from line 8c) 8i 10985 j Transfers to (from) the plan (see instructions) 8j 10985 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2e gent IV Plan Characteristics Plan Characteristics g 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 O During the plan year: Yes 0 During the plan year: Yes 0 Ouring the plan year: 10a 2 2.5FR 2610.2-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a 2 2.5FR 2610.2-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a 2 0.5FR 2610.2-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a 2 0.5FR 2610.2-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a 2 0.5FR 2610.2-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a 4 Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X 2 0.5FR 2610.2-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a 4 Was there a failure to transmit to the plan fidelity bond, tha	i i i i i i i i i i i i i i i i i i i	-							
i Net income (toss) (subtract line 8h from line 8c)								6120	
j Transferse to (from) the plan (see instructions)									
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: 2art 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)									
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 2K 2T 3B b 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 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 2510.3-1027 (See instructions and DOL's Voluntary Flduciary Correction Program)		oj							_
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)	Part V Compliance Questions								
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a A b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 700 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 700 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 X 700 f Has the plan failed to provide any benefit when due under the plan? 10d X X X Y g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X Y Y f Has the plan failed to provide any benefit when due under the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10g X X Y f Has the plan failed to providing the notice applied under 29 CFR 2520.101-3. 10h X X Y Y Y Y	10 During the plan year: Ye								
on line 10a.) 10b X C Was the plan covered by a fidelity bond? 10c X 700 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 700 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.) 10c X X X X X Y	10 During the plan year:				Yes	No		Amount	
c Was the plan towered by a hidelity bolid r 10c 700 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	a Was there a failure to transmit to the plan any participant contribut			10a	Yes	-		Amount	
or dishonesty? 10d 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.) 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 of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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 i If this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11 Is this a defined contribution for current year from Schedule SB (Form 5500) line 39. 112 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 13 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.	 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? 	ciary Correc ? (Do not inc	tion Program) lude transactions reported		Yes	X		Amount	
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	 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	tion Program) lude transactions reported	10b		X			700
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 Image: Complete in the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: Complete in the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: Complete in the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: Complete in the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: Complete in the plan have any participant loans? (If "Yes," enter amount as of year end.) 10h X Image: Complete in the plan have any participant loans? (If "Yes," enter amount as of year end.) 10h X Image: Complete inter the plan have any participant loans? (If "Yes," see instructions and 29 CFR to the plan have any participant for the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form S500) and line 11a below) Image: Complete inter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39. Image: Complete inter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39. Image: Complete inter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39. Image: Complete inter the unpaid minimum funding requirements of section 412 of the Code or section 302 of ERISA? Image: Complete inter the	 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 set of the plan have a loss. 	iciary Correc ? (Do not inc fidelity bond,	tion Program) lude transactions reported 	10b 10c		× ×			700
Image the plan hale do provide any benefit when due under the plan ************************************	 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of the plan the plan the plan that provides some or all of the plan the plan the plan that provides some or all of the plan that plan that provides some or all of the plan that plan that plan the plan the plan the plan that plan the pla	iciary 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 or an insurance carrier, ts under the plan? (See	10b 10c 10d		x x x			700
Image: Set the plantate and plantate and plantate and out as of year end.) 10g Image: Set the plantate and	 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all o instructions.) 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e		× × × ×			700
2520.101-3.) 10h ^ 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 Part VI Pension Funding Compliance 10i	 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan 	rciary 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 any an insurance carrier, ts under the plan? (See	10b 10c 10d 10e	×	× × × ×			700
exceptions to providing the notice applied under 29 CFR 2520.101-3	 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all o 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 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year end	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f	×	× × × ×			700
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 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 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 N (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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	 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all o 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.) 	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	×	× × × × ×			700
5500) and line 11a below) Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 13a 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	 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?	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction ne 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	×	× × × × ×			700
 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X N (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. 	 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all o 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 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction ne 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	×	× × × × ×			
(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	 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth 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 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 	ciary Correc ? (Do not inc fidelity bond, fidelity bond, er persons b of the benefit n? s of year end See instruction re required n 1-3 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 X X X X	(Form	7	700
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	 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?	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction the required n 1-3 ents? (If "Yea	tion Program) lude transactions reported , that was caused by fraud ,	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X	(Form	7	
granting the waiver	 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?	ciary Correc ? (Do not inc fidelity bond, fidelity bond, er persons b of the benefit n? s of year end See instruction re required n 1-3 	tion Program) lude transactions reported that was caused by fraud that was caused by fraud and the plan? (See the plan? (See the plan?	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SE	3 (Form	7	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 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?	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction required n 1-3 ents? (If "Yes om Schedule requirement	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 X X X Iule SE	3 (Form	7	<u> </u>
	 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?	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction the required n 1-3 ents? (If "Yes om Schedule requirement as applicabl ng amortized	tion Program) lude transactions reported , that was caused by fraud , the plan (See , t	10b 10c 10d 10e 10f 10g 10h 10i 10i e or se	X X Scheccion 3	X X X X X X Iule SE	B (Form B (Form ERISA?	Yes Yes Annu Yes	N

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				
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.)								
13c(1) Name of plan(s): 13				13c(3) PN(s)				
Part	VIII Trust Information (optional)		1					
14a	lame of trust	14b Tru	ust's EIN					