Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in accord	dance witl	n the instructions to the Form 5500	-SF.		
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2012	2	and ending 08	8/15/20	012	
	This return/report is for: X a single-employer plan	the final r	e-employer plan (not multiemployer) eturn/report an year return/report (less than 12 mo	onths)	a one-particip	ant plan
C	Check box if filing under: Form 5558 Special extension (enter description		extension		DFVC progra	m
Pa	Irt II Basic Plan Information—enter all requested informa					
	Name of plan	ation		1h	Three-digit	
	RY M. WONG, D.D.S., P.S. PROFIT SHARING RETIREMENT PLAN	I			plan number (PN) ▶	002
				1C	Effective date of 10/01/	
	Plan sponsor's name and address; include room or suite number (er RY M. WONG, D.D.S., P.S.	mployer, if	for a single-employer plan)		Employer Identif (EIN) 91-10	
	TH AVENUE SOUTH				Sponsor's telephone 206-682	2-4166
	TLE, WA 98104				62121	
	Plan administrator's name and address (if same as plan sponsor, er Y M. WONG, D.D.S., P.S.	NUE SOU		3b /	Administrator's E 91-10	EIN 79647
	SEATTLE, W.	A 90104		3c /	Administrator's t 206-682	elephone number 2-4166
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b		
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		
b	Total number of participants at the end of the plan year			5b		
С	Number of participants with account balances as of the end of the p complete this item)	,	·	5c		
_	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either 6a or 6b, the plan cannot use Fo	an indeper and conditi	ndent qualified public accountant (IQF ions.)	PA)		X Yes No
Pa	rt III Financial Information	JIIII 3300-	or and must misteau use i orm 550			
7	Plan Assets and Liabilities		(a) Baninninn of Year		(h) F., d	of Voca
-			(a) Beginning of Year 262944		(b) End	<u>0</u>
a	Total plan assets	7a	202044			
C	Total plan liabilities	7b 7c	262944			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from: (1) Employers	. 8a(1)				
	(2) Participants	8a(2)				
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	17839			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				17839
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	280491			
е	Certain deemed and/or corrective distributions (see instructions) \ldots	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	. 8g	292			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				280783
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-262944
j	Transfers to (from) the plan (see instructions)					
	, , , , ,	oj	<u> </u>			

Form	5500.	SF.	201

Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

10	During the plan year:		Yes	No		Am	ount	
а	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)	10a		X		7		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					50000
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				
е	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				
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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nnlete	Schoo	OD	/Eorm			
• •							Yes	X No
12	5500))							X No
	5500))							_
12 a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 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 instruction granting the waiver. Mon	e or se	ction 3	302 of I	ERISA?		Yes etter rulir	X No
12 a lf y	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 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 instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se	ction 3	302 of I enter th Day	ERISA?		Yes etter rulir	X No
12 a lf y	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 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 instruction granting the waiver. Mon	e or se	ction 3	302 of I	ERISA?		Yes etter rulir	X No
12 a if y b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 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 instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	e or se	ction 3	302 of I enter th Day	ERISA?		Yes etter rulir	X No
12 a if y b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 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 instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.	e or se	and e	302 of I enter th Day	ERISA?		Yes etter rulir	X No
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12 a if y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 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 instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se	and e	12b 12c	ERISA?	of the le	Yes etter rulin	No
12 a If y b c d e	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 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 instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	12b 12c	ERISA?	of the le	Yes etter rulin	No
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12 a If y b c d Part	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 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 instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d	ERISA?	of the le	Yes etter rulin	No No N/A
12 a If y b c d Part 13a b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 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 instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought.	of a	and e	12b 12c 12d X Y	ERISA?	of the le	Yes Etter rulinar	No ng N/A
12 a If y b c d Part 13a b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 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 instruct granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another pl	of a	and e	12b 12c 12d X Y	ERISA1	of the le Yes	Yes Etter rulinar	No No
12 a If y b c d Part 13a b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 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 instruction granting the waiver. Monyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d X Y	ERISA1	of the le Yes	Yes etter rulir	No No
12 a If y b c d Part 13a b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 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 instruction granting the waiver. Monyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and 6	12b 12c 12d X Y	ERISA? e date Yes Yes	of the le Yes	Yes etter rulir	No No No No

SIGN	Filed with authorized/valid electronic signature.	08/20/2012	TERRY M. WONG
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	art I Annual Report Identification Information					
		1/01/2	012	and ending		08/15/2012
	This return/report is for: X a single-employer plan			olan (not multiemployer)	ſ	a one-participant plan
	This return/report is: the first return/report		etum/report			7 b b
_,			,	n/report (less than 12 m	onths)	
G	Check box if filing under: Form 5558		extension	in aport (laboration 12 th		DFVC program
•	special extension (enter description)				Ŀ	_ r to program
T 6	urt II Basic Plan Information—enter all requested information					
	Name of plan	GICICIII			1h	Three-digit
***	Terry M. Wong, D.D.S., P.S.					plan number
	Profit Sharing Retirement Plan					(PN) > 002
	LAVER DISCLING INCLUMENC LINE				i i	Effective date of plan
2a	Plan sponsor's name and address; include room or suite number (e	malavec i	for a cinale	employer plan)	<u> </u>	10/01/1981 Employer Identification Number
	Terry M. Wong, D.D.S., P.S.	mpayer, i	ici e angic	-compayer plany		(EIN) 91-1079647
				•		Sponsor's telephone number
	007 Stb America Courts					(206) 682-4166
	307 6th Avenue South					Business code (see instructions)
_	Seattle			98104		621210
38	Plan administrator's name and address (if same as plan sponsor, er Same	nter "Same) ")		30	Administrator's EIN
					3¢ .	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the theme. EIN, and the plan number from the last return/report.	ast return/	report flied 1	or this plan, enter the	4b	EIN
а	Sponsor's name				4c	PN
5a	Total number of participants at the beginning of the plan year				5a	. 7
þ	Total number of participants at the end of the plan year	,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****************	************************	5b	. 0
c	Number of participants with account balances as of the end of the p					
	complete this item)					
	Were all of the plan's assets during the plan year invested in eligible					Yes No
D	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepei and condit	ident qualifi	ed public accountant (IQI	PA)	X Yes ∏ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500	SF and mu	st instead use Form 550	20.	<u> </u>
Pa	rt III Financial Information		,			
7	Plan Assets and Liabilities		(a)	Beginning of Year		(b) End of Year
а	Total plan assets	7a		262,94	4	0
	Total plan liabilities	7b			┷	
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		262,94	4	0
8_	Income, Expenses, and Transfers for this Plan Year			(a) Amount	↓	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)				
	(2) Participants				┥	
	(3) Others (including rollovers)	8a(3)			7	
b	Other income (loss)	8b		17,83	9	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80		, i ,		17,839
đ	Benefits paid (including direct rollovers and insurance premiums			000.40	_	
	to provide benefits)	8d		280,49	4	r
ę f	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	86		4	\dashv	•
9.	Other expenses	8f		29	爿	
þ.	Total expenses (add lines 8d, 8e, 8f, and 8g)	8ġ 8h				280,783
i	Net Income (loss) (subtract line 8h from line 8c)	81	· ·		+	(262,944)
i	Transfers to (from) the plan (see instructions)	O:			+	(202,)941

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 6500-SF.

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Form	DOM:	-36	2111	ı

SIGN HERE

Signature of employer/plan sponsor

Page 2 -	

	rt IV								• · · · · · · · · · · · · · · · · · · ·	
9a	if the	e plan provides pension benefits, enter the applicable pension fea BD 2E 2A	ture codes from the	List of Plan Char	acteris	atic Co	des in t	he instruct	ions:	,
b	if the	plan provides welfare benefits, enter the applicable welfare featu	ure codes from the !	ist of Plan Chara	cterist	ic Cod	les In th	e instructio	ns:	
Par	t۷	Compliance Questions			***					
10	Dur	ing the plan year:		***************************************	*****	Yes	No		Amount	
	29	s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducta	ry Correction Progra	am)	10a		x			***************************************
b	We on I	re there any nonexempt transactions with any party-in-interest? (I	Do not include trans	actions reported	10b		х			
C	Wa	s the plan covered by a fidelity bond?			10c	X				50,000
d	Did or d	the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	elity bond, that was	caused by fraud	10d		×			
€	We inst	re any fees or commissions paid to any brokers, agents, or other stance service or other organization that provides some or all of tr ructions.)	persons by an insur	ance carrier, e plan? (See	10e	,	х			•
f	Has	the plan failed to provide any benefit when due under the plan?		·····	10f		λ.			
g	Did	the plan have any participant loans? (if "Yes," enter amount as of	f vear end.)		10a	_	Х			
þ	lf th	is is an individual account plan, was there a blackout period? (Se	e instructions and 2	9 ÇFR	10h		х	 		
i	If 10	Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or or	e of the	1Di				***************************************	, ar kurana
Part		Pension Funding Compliance								
11	ls th	is a defined benefit plan subject to minimum funding requirement)))	s? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	(Form	∏ Ye:	s 🕅 No
12		nis a defined contribution plan subject to the minimum funding req							Ye	
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable				440.1	102 01 5	······································	<u>.</u>	
a	lf a t	waiver of the minimum funding standard for a prior year is being a ting the waiver.	mortized in this plan	n year, see Instruc	xlons, th	and e	nter the Day_	date of th		
lf :	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), and	j skip to line 13.						
þ		r the minimum required contribution for this plan year					t2b			
C	Ente	r the amount contributed by the employer to the plan for this plan	yệặć	***************************************	******		12c			
d	nėga	tract the amount in line 12c from the amount in line 12b. Enter the altive amount)		1-0111111111111111		∟	12d			
		the minimum funding amount reported on line 12d be met by the t	funding deadline?	-		4	,.	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?	161244444				X Ye	s No		
		es," enter the amount of any plan assets that reverted to the empl							(franks)	٦
	of th	e all the plan assets distributed to participants or beneficiaries, tra e PBGC?					ntro;		X Yes	; ∏ No
c	If du	ring this plan year, any assets or liabilities were transferred from t h assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plar	(s) to		•		_
1	3¢(1)	Name of plan(s):				130	(2) EIN	(s)	13c(3	3) PN(\$)
Caut	on: /	penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabi	e cau	se is e	stablis	hed.		
Unde SB o	r pen. Şehe	alties of perjury and other penalties set forth in the instructions, I or edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	rniren	ort in	dudina	if applicat	le, a Sçt rowledge	nedule e and
	- 1	/1 - M - M -	California I	·						
SIGN	١L	I Cury 1111. 100mg	8/17/12	Terry M. Wo	ana					

Date

Enter name of individual signing as employer or plan sponsor