For	rm 5500-SF	Short Form Annual	yee	<b>e</b> OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury mal Revenue Service	This form is required to be fil	Benefit Plan			2012		
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						This Form is Open to Public		
Pension Be	enefit Guaranty Corporation	Inspection 0-SF.						
Part I		entification Information	40		0/04/	2010		
	ar plan year 2012 or fisca	-	7		2/31/2			
				olan (not multiemployer)		a one-participant plan		
<b>B</b> This ref	turn/report is:	the first return/report	the final return/report		(1 )			
0	[	an amended return/report		rn/report (less than 12 mo	ontnsj			
C Check	box if filing under:	Form 5558	automatic extension			DFVC program		
Dort II	Basia Blan Inform	special extension (enter descript						
Part II 1a Name	•	nation—enter all requested inform	nation		1b	Three-digit		
	•	K) PROFIT SHARING PLAN				plan number (PN) ▶ 001		
					1c	Effective date of plan 01/01/2005		
	ponsor's name and addre ODORFF, DDS, PC	ess; include room or suite number	employer, if for a single	e-employer plan)	2b	Employer Identification Number (EIN) 11-3686894		
12706 EAST	Γ MISSION AVE.				2c	Sponsor's telephone number 509-928-3131		
SPOKANE,	WA 99216				2d	Business code (see instructions) 621210		
3a Plan a	dministrator's name and	address Same as Plan Sponsor	Name Same as Pla	an Sponsor Address	3b	Administrator's EIN 11-3686894		
MARK M. SOI	DORFF, DDS, PC	12706 EAST SPOKANE, V	MISSION AVE. VA 99216		3с	Administrator's telephone number 509-928-3131		
4 If the r	name and/or EIN of the p	lan sponsor has changed since the	e 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	PNI		
· _ ·		the beginning of the plan year				10		
<b>b</b> Total	number of participants at	the end of the plan year			5b	10		
		count balances as of the end of the		•	5c	8		
		uring the plan year invested in elig				X Yes No		
under	29 CFR 2520.104-46? (	e annual examination and report o See instructions on waiver eligibility er line 6a or line 6b, the plan can	/ and conditions.)		·····			
		incomplete filing of this return/re						
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as w	ns, I declare that I have	e examined this return/rep	oort, ir	ncluding, if applicable, a Schedule		
SIGN	Filed with authorized/va	lid electronic signature.	02/11/2013	MARK M. SODORFF				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator		
SIGN HERE	Signature of employe	r/slan anonaar	Dete	Entor nome of individu		ming on employer or plan apopeor		
Preparer's	Signature of employe name (including firm name	ne, if applicable) and address; inclu	Date Ide room or suite numb			ning as employer or plan sponsor parer's telephone number (optional)		
	, c							
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see the ir	structions for Form 5500	J-SF.		Form 5500-SF (2012)		

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year		
a Total plan assets	7a	22278	6				264186	6
<b>b</b> Total plan liabilities	7b							
<b>C</b> Net plan assets (subtract line 7b from line 7a)	7c	22278	6		264186			6
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
a Contributions received or receivable from:								
(1) Employers		077						
(2) Participants		977	5	_				
(3) Others (including rollovers)		2240						
<b>b</b> Other income (loss)		3310	9	_				
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c			_			42884	,
to provide benefits)	. 8d	148	4					
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						1484	1
i Net income (loss) (subtract line 8h from line 8c)	. 8i						41400	)
j Transfers to (from) the plan (see instructions)								
2E       2F       2G       2J       2K       2T       3D <b>b</b> If the plan provides welfare benefits, enter the applicable welfare benefits.	feature codes	from the List of Plan Charac	cterist	ic Cod	es in th	e instructio	ons:	
Part V Compliance Questions				Vac				
Part V     Compliance Questions       10     During the plan year:		he time period described in		Yes	No		Amount	
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	utions within t luciary Correc	ction Program)	10a	Yes			Amount	
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribution	utions within t luciary Correc st? (Do not inc	ction Program) clude transactions reported		Yes	No		Amount	
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid         b       Were there any nonexempt transactions with any party-in-interest	utions within t luciary Correc t? (Do not inc	ction Program) Clude transactions reported	10a	Yes	No X			500000
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid         b       Were there any nonexempt transactions with any party-in-interess on line 10a.)	utions within t luciary Correc st? (Do not inc s fidelity bond	ction Program) clude transactions reported 	10a 10b		No X			500000
<ul> <li>Part V Compliance Questions</li> <li>During the plan year: <ul> <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> </li> </ul>	utions within t luciary Correc st? (Do not inc s fidelity bond her persons t of the benefit	ction Program) clude transactions reported 	10a 10b 10c		No X X			50000
<ul> <li>Part V Compliance Questions</li> <li>During the plan year: <ul> <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-interess 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> </li> </ul>	utions within t luciary Correc st? (Do not inc s fidelity bond her persons t of the benefit	ction Program) Clude transactions reported L, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d		No X X X			50000
Part V       Compliance Questions         I0       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid         b       Were there any nonexempt transactions with any party-in-interess on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	utions within t luciary Correc st? (Do not inc s fidelity bond her persons t of the benefit	ction Program) Clude transactions reported L, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10e 10f		No           X           X           X           X           X           X           X           X			50000
<ul> <li>Part V Compliance Questions</li> <li>During the plan year: <ul> <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-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul></li></ul>	utions within t luciary Correct st? (Do not inc s fidelity bond ther persons t of the benefit an? (See instruct	ction Program) Clude transactions reported clude transactions reported clude transactions reported clude transactions and 29 CFR	10a 10b 10c 10d		No X X X X X X			50000
Part V       Compliance Questions         I0       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid         b       Were there any nonexempt transactions with any party-in-interess on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the plan g         Did the plan have any participant loans? (If "Yes," enter amount a	utions within t luciary Correc tt? (Do not inc s fidelity bond her persons t of the benefit an? (See instruct the required r	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) clons and 29 CFR motice or one of the	10a 10b 10c 10d 10e 10f 10g		No           X           X           X           X           X           X           X           X           X           X           X           X           X           X           X           X			50000
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <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-interess 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> <li>i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul> </li> </ul>	utions within t luciary Correc tt? (Do not inc s fidelity bond her persons t of the benefit an? (See instruct the required r	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) clons and 29 CFR motice or one of the	10a 10b 10c 10d 10e 10f 10g		No           X           X           X           X           X           X           X           X           X           X           X           X           X           X           X           X			50000
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <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-interess 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> <li>i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul> </li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirer</li> </ul>	utions within t luciary Correct st? (Do not inc s fidelity bond ther persons t of the benefit an? (See instruct the required r 01-3	ction Program) Clude transactions reported clude transactions reported clude transactions reported clude transactions reported clude transactions and composite clude transactions and composite composite transactions and composite transactions and composite composite transactions and composite transactions and composite composite transactions and composite transactions and	10a 10b 10c 10d 10d 10f 10g 10h 10i	X	No X X X X X X X X X X X Ulle SB	(Form		
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid         b       Were there any nonexempt transactions with any party-in-interess on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)         f       Has the plan have any participant loans? (If "Yes," enter amount a instructions.)         i       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 texceptions to providing the notice applied under 29 CFR 2520.10         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	utions within t luciary Correc it? (Do not inc s fidelity bond her persons t of the benefit an? (See instruct the required r 01-3	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) clons and 29 CFR motice or one of the es," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	No X X X X X X X X X X X Ulle SB	(Form		
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <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-interest 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> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul> </li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below).</li> </ul>	utions within t luciary Correc st? (Do not inc s fidelity bond her persons t of the benefit an? (See instruct the required r 01-3	ction Program) clude transactions reported 	10a 10b 10c 10d 10f 10g 10h 10i	Schee	No X X X X X X X X X Ulue SB	(Form		
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <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-interest 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> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul> </li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below).</li> </ul>	utions within t luciary Correct t? (Do not ind s fidelity bond ther persons t of the benefit an? (See instruct the required r 01-3	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See clude) d.) clude) d clude) d clude) d clude) d clude) d.	10a 10b 10c 10d 10f 10g 10h 10i	Schee	No X X X X X X X X X Ulue SB	(Form	Yes	
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <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> <li>i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul> </li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	utions within t luciary Correct it? (Do not ind s fidelity bond ther persons t of the benefit an? (See instruct (See instruct the required r 01-3	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See clude) d.) d.) d.) clons and 29 CFR motice or one of the clude) ts of section 412 of the Code le.) l in this plan year, see instructions	10a 10b 10c 10d 10d 10g 10h 10i 10i e or se	X Sched	No           X	(Form ERISA? e date of th	Yes	
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <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-interess on line 10a.)</li></ul></li></ul>	utions within t luciary Correc- it? (Do not inc s fidelity bond her persons t of the benefit an? (See instruct (See instruct the required r )1-3	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud oy an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR motice or one of the ces," see instructions and com ts of section 412 of the Code le.) l in this plan year, see instructions and com	10a 10b 10c 10d 10d 10g 10h 10i 10i e or se	X Sched	No X X X X X X X X X X X X X X X X X X X	(Form ERISA? e date of th	Yes	~
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <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-interess on line 10a.)</li></ul></li></ul>	utions within t luciary Correct st? (Do not inc s fidelity bond ther persons to of the benefit an? (See instruct the required r 01-3 nents? (If "Ye g requirement 7, as applicab ing amortized le MB (Form	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud coy an insurance carrier, ts under the plan? (See d.) d.) d.) d.) d.) d.) cons and 29 CFR motice or one of the cos," see instructions and com ts of section 412 of the Code le.) l in this plan year, see instruc 	10a 10b 10c 10d 10f 10g 10h 10i 00 10h 10i	X Schec	No X X X X X X X X X X X X X X X X X X X	(Form ERISA? e date of th	Yes	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form	n 5500-SF	Short Form Annual Retu	rn/Report of	Small Employe	ee	OMB Nos. 1210-0110 1210-0089		
	ent of the Treasury	Ben	1065 of the Employee		2012			
Depa	Revenue Service rtment of Labor fits Security Administration	This form is required to be filed und Retirement Income Security Act of 1974 the Internal Rev	This Form to open to F					
	fit Guaranty Corporation	-SF.	Inspection					
Part	Annual Report Id	Complete all entries in accordance Intification Information						
For calendar	plan year 2012 or fisc	al plan year beginning 01/01	/2012	and ending		12/31/2012		
				n (not multiemployer)		a one-participant plan		
B This retur	n/report is:		final return/report	enert (loss than 12 ma	othe)			
				eport (less than 12 mo	riuis) T			
C Check bo	x if filing under:	Form 5558 auto	omatic extension		L	DFVC program		
	[	special extension (enter description)						
Part II	Basic Plan Inform	mation—enter all requested information			41.			
1a Name of	plan		- 7			Three-digit plan number		
Mark M.	Sodorff, DDS	, PC 401(k) Profit Sharin	ıg Plan			(PN) 001		
				-		Effective date of plan		
2a Plan spo	onsor's name and add SODORFF, DDS	ress; include room or suite number (emplo	oyer, if for a single-er	mployer plan)		Employer Identification Number (EIN) 11-3686894		
				-	2000	Sponsor's telephone number 509-928-3131		
12706 E	AST MISSION A			-	2d	Business code (see instructions)		
SPOKANE		WA 99216		A	2h	621210		
	ministrator's name and		e Same as Plan S	Sponsor Address	งม	3b Administrator's EIN 11-3686894		
MARK M.	SODORFF, DDS	, PC			3c	Administrator's telephone number		
						509-928-3131		
12706 E	AST MISSION A	VE.						
SPOKANE		WA 99216						
4 If the na	ame and/or EIN of the	plan sponsor has changed since the last	return/report filed for	this plan, enter the	4b	EIN		
name,	EIN, and the plan num	ber from the last return/report.			4c	DN		
a Sponso	r's name				-40 5a	10		
		at the beginning of the plan year				10		
		at the end of the plan year		t elene de pot	5b	10		
C Numbe	er of participants with a	account balances as of the end of the plan	year (defined benef	it plans do not	5c	8		
comple	ete this item)	during the plan year invested in eligible a	seets? (See instructi	ions )		X Yes No		
b	- alaiming a waivor of	the appual examination and report of an i	ndependent qualified	public accountant (IQ	PA)			
under	29 CER 2520 104-46?	See instructions on waiver eligibility and	conditions.)			X Yes No		
If you	answered "No" to ei	ther line 6a or line 6b, the plan cannot	use Form 5500-SF a	and must instead use	Form	5500.		
Caution: A	penalty for the late of	or incomplete filing of this return/report	t will be assessed u	inless reasonable cau	ise is	established.		
Under pena SB or Sche		ner penalties set forth in the instructions, I nd signed by an enrolled actuary, as well a	declare that I have a	examined this return/ret	oort. II	ncluding, if applicable, a Schedule		
10-10-10-15-15-1		- Minter Contraction - Minter Contraction		MARK M. SODOR	FF			
SIGN	and the		Date 2-/8/2013	Enter name of individ	ual si	gning as plan administrator		
	Signature of plan a	dministrator	Dale 4-101 401 3			grand and provide a strain de seres		
SIGN								
HERE	Signature of emplo	yer/plan sponsor	Date		ual si	gning as employer or plan sponsor parer's telephone number (optional)		
Preparer's	name (including firm n	name, if applicable) and address; include r	oom or suite number	(optional)				
			the second se			E EE00 CE (2012)		

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

Form 5500-SF (2012) v. 120126

Part III Financial Information					1	
7 Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
a Total plan assets	7a	22	278	6		264186
b Total plan liabilities	. 7b		0 7 0			264186
C Net plan assets (subtract line 7b from line 7a)	7c	22	278	6		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	. 8a(1)					
(1) Employers			977	5		
(2) Participants	8a(2)					
(3) Others (including rollovers)		3	310	9		
b Other income (loss)			510	1		42884
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		148	4		
e Certain deemed and/or corrective distributions (see instructions)	8e			+		and the second s
f Administrative service providers (salaries, fees, commissions)						
g Other expenses				+		1484
h Total expenses (add lines 8d, 8e, 8f, and 8g)				+-		41400
i Net income (loss) (subtract line 8h from line 8c)				+		41400
j Transfers to (from) the plan (see instructions)	··· 8j					
Part IV Plan Characteristics						
<b>9a</b> If the plan provides pension benefits, enter the applicable pensio 2E 2F 2G 2J 2K 2T 3D						
b If the plan provides welfare benefits, enter the applicable welfare	feature coo	les from the List of Plan Charac	cteristi	ic Cod	es in th	ne instructions:
Part V Compliance Questions						
				Yes	No	Amount
<ul><li>10 During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>	outions with	in the time period described in			x	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fi	duciary Cor	rection Program)	10a		^	
b Were there any nonexempt transactions with any party-in-intere on line 10a.).	st? (Do not	include transactions reported	10b		Х	
C Was the plan covered by a fidelity bond?			10c	Х		500000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	's fidelity bo	ond, that was caused by fraud	10d		х	
Were any fees or commissions paid to any brokers, agents, or or or other any fees or commissions paid to any brokers.	other persor	ns by an insurance carrier,				
insurance service or other organization that provides some or a instructions.)	II of the ber	efits under the plan? (See	10e		Х	
f Has the plan failed to provide any benefit when due under the p			10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount			10g		Х	
h If this is an individual account plan, was there a blackout period	? (See inst	ructions and 29 CFR	10h		х	
2520.101-3.) i If 10h was answered "Yes," check the box if you either provided	the require	ed notice or one of the				
exceptions to providing the notice applied under 29 CFR 2520.           Part VI         Pension Funding Compliance	101-3		10i	I		
	ements? (If	"Yes." see instructions and con	nplete	Sche	dule SE	3 (Form
5500) and line 11a below)						Yes No
11a Enter the amount from Schedule SB line 39					11a	ERISA? Yes X No
12 Is this a defined contribution plan subject to the minimum fundi			e or s	ection	302 of	ERIDA !
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo	ow, as appli	cable.)	-11		onte - 11	And the letter ruling
<ul> <li>a If a waiver of the minimum funding standard for a prior year is b granting the waiver.</li> </ul>			101	s, and	enter ti Day	Year
If you completed line 12a, complete lines 3, 9, and 10 of Sched					12b	
b Enter the minimum required contribution for this plan year					120	