## 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

P					ictions to the Form 55	<del> </del>				
	art I		Identification Information			10/01/	0010			
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012										
Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)	r) a one-participant plan				
В	This ret	urn/report is:	the first return/report	the final return/repor	t					
			an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths	)			
С	Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
		-	special extension (enter de	escription)			_			
Pa	art II	Basic Plan Info	rmation—enter all requested	l information						
	Name	•				1b	Three-digit			
SOUTHEAST FLORIDA DENTAL GROUP, PA 401K PROFIT SHARING PLAN						plan number				
							(PN) <b>•</b>	003		
						1c Effective date of plan 01/01/1995				
22	Dlan cr	noncor's name and ad	dress; include room or suite nui	mbor (amplayor if for a single	o omployer plan)	2h				
SOU	THEAS	T FLORIDA DENTAL	GROUP, PA	Tiber (employer, il lor a singi	e-employer plan)	20	Employer Identi (EIN) 59-12	118473		
						20	Sponsor's telep	shone number		
1290	0 N.F. 1	17 AVENUE, SUITE 5	00				305-89			
NOR	TH MIA	MI, FL 33181-2058				2d	Business code	(see instructions)		
							62121			
3a	Plan ad	dministrator's name ar	nd address Same as Plan Sp	onsor Name Same as Pla	an Sponsor Address	3b	Administrator's			
OUTI	HEAST	FLORIDA DENTAL G	ROUP, PA 12900 I	N.E. 17 AVENUE, SUITE 500	)	20		218473		
			NORTE	H MIAMI, FL 33181-2058		<b>3c</b> Administrator's telephone number 305-891-0600				
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				
	name, EIN, and the plan number from the last return/report.									
a Sponsor's name										
	Sponso	or's name	·			4c	PN			
5a	Sponso Total r	or's name number of participants	at the beginning of the plan year	ar		4c 5a		16		
5a b	Sponso Total r	or's name number of participants number of participants	at the beginning of the plan year at the end of the plan year	ar		4c 5a		16 14		
	Total r Total r Number	or's name number of participants number of participants er of participants with	at the beginning of the plan year	of the plan year (defined ber	nefit plans do not	4c 5a				
b c	Total r Total r Number comple	or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber	nefit plans do not	4c 5a 5b 5c	PN	14		
b c	Total r Total r Number complete Were Are you	or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber in eligible assets? (See instru	nefit plans do not	4c 5a 5b 5c	PN	14 12 X Yes No		
b c 6a	Total r Total r Number comple Were Are younder	or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber in eligible assets? (See instruport of an independent qualifigibility and conditions.)	nefit plans do not octions.)ied public accountant (IC	4c 5a 5b 5c	PN	14		
b c 6a	Total r Total r Number comple Were Are younder	or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber in eligible assets? (See instruport of an independent qualifigibility and conditions.)	nefit plans do not octions.)ied public accountant (IC	4c 5a 5b 5c	PN	14 12 X Yes No		
b c 6a b	Total r Total r Number comple Were Are younder If you	or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber in eligible assets? (See instru port of an independent qualif igibility and conditions.) in cannot use Form 5500-Si turn/report will be assessed	nefit plans do not notions.) ied public accountant (IC F and must instead use	4c 5a 5b 5c Sc	PN  1 5500. established.	14 12 X Yes No X Yes No		
b c 6a b	Total r Total r Number comple Were Are younder If you ution: A der pena	number of participants number of participants er of participants with lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber in eligible assets? (See instru port of an independent qualif igibility and conditions.) in cannot use Form 5500-Si turn/report will be assessed tructions, I declare that I have	nefit plans do not ctions.) ied public accountant (IC F and must instead use d unless reasonable ca	4c 5a 5b 5c ScPA)	PN  a 5500.  established.  ncluding, if applic	14  12  X Yes No  X Yes No  able, a Schedule		
6a b Cau	Total r Total r Numbe comple Were Are younder If you ution: A der pena or Sche	number of participants number of participants er of participants with lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber in eligible assets? (See instru port of an independent qualif igibility and conditions.) in cannot use Form 5500-Si turn/report will be assessed tructions, I declare that I have	nefit plans do not ctions.) ied public accountant (IC F and must instead use d unless reasonable ca	4c 5a 5b 5c ScPA)	PN  a 5500.  established.  ncluding, if applic	14  12  X Yes No  X Yes No  able, a Schedule		
6a b Cau Unc	Total r Total r Numbe comple Were Are younder If you ution: A der pena or Sche ef, it is t	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber in eligible assets? (See instru- port of an independent qualif igibility and conditions.) in cannot use Form 5500-Si turn/report will be assessed tructions, I declare that I have y, as well as the electronic ve	nefit plans do not nections.)  F and must instead use a unless reasonable ca e examined this return/repo	4c 5a 5b 5c ScPA)	PN  a 5500.  established.  ncluding, if applic	14  12  X Yes No  X Yes No  able, a Schedule		
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b c Gau b Cau Uncc SB belide SIG HEE	Total r Total r Numbe comple Were Are you under If you ution: A der pena or Sche ef, it is t	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber in eligible assets? (See instru- port of an independent qualif igibility and conditions.) in cannot use Form 5500-Si turn/report will be assessed tructions, I declare that I have y, as well as the electronic ve	nefit plans do not nections.)  F and must instead use a unless reasonable ca e examined this return/repo	4c 5a 5b 5c PPA)	PN  5500.  established.  ncluding, if applic to the best of my	14  12  X Yes No  X Yes No  Sable, a Schedule whowledge and		
6a b  Cau Una SB beliii	Total r Total r Number comple Were Are younder If you ution: A der pena or Sche ef, it is t	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber in eligible assets? (See instru port of an independent qualif igibility and conditions.) in cannot use Form 5500-Si turn/report will be assessed tructions, I declare that I have y, as well as the electronic ve	refit plans do not rections.)	4c 5a 5b 5c PPA)	PN  5500.  established.  ncluding, if applic to the best of my	14  12  X Yes No  X Yes No  Sable, a Schedule whowledge and		
6a b  Cau Unco	Total r Total r Number complete Are younder If you ution: A der pena or Scheef, it is t IN RE	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber in eligible assets? (See instru- port of an independent qualif igibility and conditions.) in cannot use Form 5500-Si turn/report will be assessed tructions, I declare that I have y, as well as the electronic ver  02/18/2013  Date  Date	nefit plans do not  ictions.)  ied public accountant (IC  F and must instead use d unless reasonable ca e examined this return/repo  DAVID ZIONTS  Enter name of individent	4c 5a 5b 5c Sport, int, and dual signature.	PN  5500.  established.  ncluding, if applic to the best of my  gning as plan adr	14  12  X Yes No  X Yes No  A Schedule or knowledge and  ministrator		
6a b  Cau Unco	Total r Total r Number comple Were Are younder If you ution: A der pena or Sche ef, it is t IN RE	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber in eligible assets? (See instru- port of an independent qualif igibility and conditions.) in cannot use Form 5500-Si turn/report will be assessed tructions, I declare that I have y, as well as the electronic ver  02/18/2013  Date  Date	nefit plans do not  ictions.)  ied public accountant (IC  F and must instead use d unless reasonable ca e examined this return/repo  DAVID ZIONTS  Enter name of individent	4c 5a 5b 5c Sport, int, and dual signature.	PN  5500.  established.  ncluding, if applic to the best of my  gning as plan adr	14  12  X Yes No  X Yes No  able, a Schedule or knowledge and		
6a b  Cau Unco	Total r Total r Number comple Were Are younder If you ution: A der pena or Sche ef, it is t IN RE	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber in eligible assets? (See instru- port of an independent qualif igibility and conditions.) in cannot use Form 5500-Si turn/report will be assessed tructions, I declare that I have y, as well as the electronic ver  02/18/2013  Date  Date	nefit plans do not  ictions.)  ied public accountant (IC  F and must instead use d unless reasonable ca e examined this return/repo  DAVID ZIONTS  Enter name of individent	4c 5a 5b 5c Sport, int, and dual signature.	PN  5500.  established.  ncluding, if applic to the best of my  gning as plan adr	14  12  X Yes No  X Yes No  A Schedule or knowledge and  ministrator		
6a b  Cau Unco	Total r Total r Number comple Were Are younder If you ution: A der pena or Sche ef, it is t IN RE	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber in eligible assets? (See instru- port of an independent qualif igibility and conditions.) in cannot use Form 5500-Si turn/report will be assessed tructions, I declare that I have y, as well as the electronic ver  02/18/2013  Date  Date	nefit plans do not  ictions.)  ied public accountant (IC  F and must instead use d unless reasonable ca e examined this return/repo  DAVID ZIONTS  Enter name of individent	4c 5a 5b 5c Sport, int, and dual signature.	PN  5500.  established.  ncluding, if applic to the best of my  gning as plan adr	14  12  X Yes No  X Yes No  A Schedule or knowledge and  ministrator		
6a b  Cau Unco	Total r Total r Number comple Were Are younder If you ution: A der pena or Sche ef, it is t IN RE	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber in eligible assets? (See instru- port of an independent qualif igibility and conditions.) in cannot use Form 5500-Si turn/report will be assessed tructions, I declare that I have y, as well as the electronic ver  02/18/2013  Date  Date	nefit plans do not  ictions.)  ied public accountant (IC  F and must instead use d unless reasonable ca e examined this return/repo  DAVID ZIONTS  Enter name of individent	4c 5a 5b 5c Sport, int, and dual signature.	PN  5500.  established.  ncluding, if applic to the best of my  gning as plan adr	14  12  X Yes No  X Yes No  A Schedule or knowledge and  ministrator		
6a b  Cau Unco	Total r Total r Number comple Were Are younder If you ution: A der pena or Sche ef, it is t IN RE	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber in eligible assets? (See instru- port of an independent qualif igibility and conditions.) in cannot use Form 5500-Si turn/report will be assessed tructions, I declare that I have y, as well as the electronic ver  02/18/2013  Date  Date	nefit plans do not  ictions.)  ied public accountant (IC  F and must instead use d unless reasonable ca e examined this return/repo  DAVID ZIONTS  Enter name of individent	4c 5a 5b 5c Sport, int, and dual signature.	PN  5500.  established.  ncluding, if applic to the best of my  gning as plan adr	14  12  X Yes No  X Yes No  A Schedule or knowledge and  ministrator		

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Day	4 III Financial Information		<u> </u>				
Pai	t III Financial Information  Plan Assets and Liabilities		(a) Beginning of Ves				(h) End of Voor
		7-	(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a 7b	74003	0	+		876418 0
		76 7c	74683				
	Net plan assets (subtract line 7b from line 7a)	76		00			876418
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) Total
a	Employers						
	(2) Participants	8a(2)	4638	30			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	8842	20			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					160838
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3125	53			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					31253
i	Net income (loss) (subtract line 8h from line 8c)	8i					129585
j	Transfers to (from) the plan (see instructions)	8i		0			
Par	t IV Plan Characteristics	<u> </u>					
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in tl	ne instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amazint
a	Was there a failure to transmit to the plan any participant contribu			10a	103	X	Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)      b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10a		X		
	Was the plan covered by a fidelity bond?				Χ		
				10c			88000
a	<b>d</b> 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 oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan			10f		X	
						X	
	<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)</li> <li>h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR</li> </ul>			10g 10h		X	
i	,						
D1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part 11	Is this a defined benefit plan subject to minimum funding requirem						
11a	5500) and line 11a below)  Enter the amount from Schedule SB line 39					11a	1es   10
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo						
<b>b</b> Enter the minimum required contribution for this plan year						12b	

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	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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	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)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## 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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information									
	01/2012	and ending	12/31/2012						
A This return/report is for:	a multiple-employer p	olan (not multiemployer)	a one-participant plan						
B This return/report is:	he final return/report								
an amended return/report a	short plan year retur	n/report (less than 12 ma	onths)						
C Check box if filing under: Form 5558	automatic extension		DFVC program						
special extension (enter description	)								
Part II Basic Plan Information—enter all requested information									
1a Name of plan	1b Three-digit								
SOUTHEAST FLORIDA DENTAL GROUP, PA 401K PRO	plan number 0.03								
			(FIN) F						
			1c Effective date of plan 01/01/1995						
2a Plan sponsor's name and address; include room or suite number (em	ployer, if for a single	-employer plan)	2b Employer Identification Number						
SOUTHEAST FLORIDA DENTAL GROUP, PA	•		(EIN) 59-1218473						
			2c Sponsor's telephone number						
12900 N.E. 17 AVENUE, SUITE 500			305-891-0600						
NORTH MIAMI FL 33181-2058			2d Business code (see instructions)						
NORTH MIAMI FL 33181-2058  3a Plan administrator's name and address Same as Plan Sponsor Na	ma ∏Camp as Dia	n Sponsor Address	621210 <b>3b</b> Administrator's EIN						
SOUTHEAST FLORIDA DENTAL GROUP, PA	Title Danie as i la	n Sponsor Address	59-1218473						
DOUBLES A MONES DELLE CAROLI LA			3c Administrator's telephone number						
12900 N.E. 17 AVENUE, SUITE 500			305-891-0600						
NORTH MIAMI FL 33181-2058									
4 If the name and/or EIN of the plan sponsor has changed since the las	st return/report filed f	or this plan, enter the	4b EIN						
name, EIN, and the plan number from the last return/report.	,								
a Sponsor's name			4c PN						
5a Total number of participants at the beginning of the plan year			<b>5a</b> 16						
b Total number of participants at the end of the plan year			<b>5b</b> 14						
Number of participants with account balances as of the end of the placomplete this item)	an year (defined ben	efit plans do not	<b>5c</b> 12						
6a Were all of the plan's assets during the plan year invested in eligible	assets? (See instruc	ctions.)	X Yes No						
b Are you claiming a waiver of the annual examination and report of ar	ı independent qualifi	ed public accountant (IQ	PA)						
under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan canno	nd conditions.)	and must instead use	X Yes No						
Caution: A penalty for the late or incomplete filing of this return/repo									
Under penalties of perjury and other penalties set forth in the instructions,									
SB or Schedule MB completed and signed by an enrolled actuary, as well	l as the electronic ve	rsion of this return/report	, and to the best of my knowledge and						
belief, it is true, correct, and complete.									
SIGN		David Zionts							
HERE Signature of plan administrator)	Date	Enter name of individ	ual signing as plan administrator						
SIGN	2/18/13								
HERE Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor						
Preparer's name (including firm name, if applicable) and address; include	room or suite numbe	er (optional)	Preparer's telephone number (optional)						
		, , ,	, , , ,						

Pa	rt III Financial Information									
7	Plan Assets and Liabilities	(a) Beginning of Yea					(b) End of Year			
а	Total plan assets	7a	7-	4683	33	876				
b	Total plan liabilities	7b			0		0			
С	Net plan assets (subtract line 7b from line 7a)	7c	7.	4683	33	876				
8	Income, Expenses, and Transfers for this Plan Year	1 1 1 1 1 1	(a) Amount			(b) Total				
a	Contributions received or receivable from: (1) Employers	8a(1)	:	2603	38					
	(2) Participants	8a(2)		4638	30					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		8842	20	wiji b				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		74.T.E		1608				
d	Benefits paid (including direct rollovers and insurance premiums			~ ~ ~ ~						
	to provide benefits)	8d		3125		10 4 5 5 5 C				
	Certain deemed and/or corrective distributions (see instructions)	8e			0 ::					
f	Administrative service providers (salaries, fees, commissions)	8f			<u> </u>					
<u>g</u>	Other expenses	8g			0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				3125				
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					129585			
Ĺ	Transfers to (from) the plan (see instructions)	8j			0 11	rini,				
Par	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in t	he instructions:			
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х		88000			
d				10d		Х				
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		Х				
f	Has the plan failed to provide any benefit when due under the pla			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				
<del>-</del> 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	ne require	d notice ar one of the	10i						
Part					<u> </u>					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									
11a	Enter the amount from Schedule SB line 39		•			11a				
12	Is this a defined contribution plan subject to the minimum funding				<u> </u>	302 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below									
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.				, and e	enter ti Day	<del>-</del>			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul									
b	Enter the minimum required contribution for this plan year					12b				

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		-	40			
<u>C</u>	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 legative amount)	ft of a	12d			
e	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?		\ \ \	'es X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?		control		Yes X No	<u>-</u>
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) f	0			
	13c(1) Name of plan(s):	1:	3c(2) El	N(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)					_
14a Name of trust						