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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instru	ctions to the Form 5500	0-SF.					
Part I	Annual Report	t Identification Information								
For calen	dar plan year 2012 or f	fiscal plan year beginning 01/01/20	012	and ending 1	2/31/2	2012				
	eturn/report is for:	lan (not multiemployer)		a one-particip	oant plan					
B This re	eturn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)					
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım			
		special extension (enter descrip	tion)							
Part II	Basic Plan Info	ormation—enter all requested infor	mation							
1a Name		,			1b	Three-digit				
BELLEGROVE OB-GYN, INC. P.S. 401(K) PROFIT SHARING PLAN						plan number				
						(PN) ▶	002			
							f plan			
0- 5					-	10/01/				
2a Plan BELLEGRO	sponsor's name and a OVE OB-GYN, INC. P.	ddress; include room or suite number .S.	(employer, if for a single-	employer plan)	2b	Employer Identification (EIN) 91-10	fication Number 04602			
					2c	2c Sponsor's telephone number				
1200 112T	H AVE NE SUITE C11	15			425-455-0244					
	E, WA 98004-3745				2d	d Business code (see instructions) 621111				
3a Plan	administrator's name a	and address Same as Plan Sponsor	r Name Same as Plar	n Sponsor Address	3b	Administrator's I				
	VE OB-GYN, INC. P.S.		AVE NE SUITE C115	. G pooo.		91-1004602				
ZEEEORO	VE 05 0111, 1110.11.0		WA 98004-3745		3c Administrator's telephone number 425-455-0244					
						425-455)-U244			
4 If the	name and/or EIN of th	no plan spansor has changed since th	a last return/report filed for	or this plan, optor the	4h	FINI				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.						EIN				
	sor's name	•			4c	C PN				
5a Tota	I number of participant	s at the beginning of the plan year			5a	46				
b Tota	I number of participant	s at the end of the plan year			5b	45				
		account balances as of the end of the	. , ,	•	- -		45			
					5c		X Yes No			
		ets during the plan year invested in eligory of the annual examination and report of					X Yes No			
		6? (See instructions on waiver eligibilit					X Yes No			
		either line 6a or line 6b, the plan car								
Caution:	A penalty for the late	or incomplete filing of this return/r	report will be assessed	unless reasonable cau	se is	established.				
		other penalties set forth in the instruction					able, a Schedule			
		and signed by an enrolled actuary, as	well as the electronic ver	sion of this return/report	, and t	to the best of my	knowledge and			
belief, it is	s true, correct, and con	aplete.								
SIGN	Filed with authorized	norized/valid electronic signature. 03/07/2013 SUZIE PARKER-DIX			N					
HERE	Signature of plan administrator Date Enter name of individu				ual sig	ning as plan adn	ninistrator			
SIGN										
HERE	Signature of empl	Signature of employer/plan sponsor Date Enter name of individua			ual sig	ning as employe	r or plan sponsor			
Preparer's		name, if applicable) and address; incl					number (optional)			

Form 5500-SF 2012 Page **2**

7 Plan Assets and Liabilities	Par	t III Financial Information										
a Total plan isabilities. 7 b Total plan isabilities. 7 c Net plan assats (subtract line 75 from line 7a). 7 c No Hall plan assats (subtract line 75 from line 7a). 7 c No Hall plan assats (subtract line 75 from line 7a). 7 c No Hall plan sasats (subtract line 75 from line 7a). 8 c No Hall plan sasats (subtract line 75 from line 7a). 8 c No Hall plan plan isabilities. 8 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c							(b) End of Year					
b Total plan liabilities.			. 7a	` ' -								
C Net plan assess (subtract line 7b from line 7a). 7c (9.41881) (9.82590) 8 Income, Espanses, and Transfers for this Plan Year (a) Amount (b) Total (b) Total (c) Amount (b) Total (c) Amount (b) Total (c) Amount (c) Total (c) Amount (c) Amoun												
8 Income. Expenses. and Transfers for this Plan Year 8 Contributions received and revealed from: (1) Employers. (2) Participants. (3) Others (including rollowers). (4) Seption (including rollowers). (5) Participants. (6) Total income (loss). (6) Total income (loss). (7) Employers. (8) Seption (including rollowers). (8) Seption (including rollowers). (8) Seption (including rollowers). (8) Seption (including rollowers). (8) Seption (including direct rollowers and insurance premiums to provide benefits). (8) Certain deemed and/or corrective distributions (see instructions). (9) Seption (including direct rollowers and insurance premiums to provide benefits). (9) Other expenses. (9) Other expenses. (10) Seption (including direct rollowers and insurance premiums to provide benefits). (10) Total expenses. (11) Seption (including direct rollowers and insurance premiums to provide benefits). (11) Transfers to (including direct rollowers and insurance premiums to provide benefits). (12) Other expenses. (13) Seption (including direct rollowers and insurance premiums to provide benefits). (13) Other expenses. (14) Seption (including direct rollowers and insurance premiums to provide benefits). (15) Other expenses. (16) Other expenses. (17) Other expenses. (18) Seption (including direct rollowers and insurance premiums to provide premium the seption (including direct rollowers). (18) Other expenses. (19) Other expenses. (10)		•		904189	91			9582590				
a Contributions received or receivable from: (1) Employers: (2) Participants. (3) Others (including rollowers). 8a(2) 153866 (3) Others (including rollowers). 8a(3) 5 C Total income (loss). 6 Bh 1138196 C Total income (add lines 8d(1), 8d(2), 8d(3), and 8b). 8 Bh 1138196 C Total income (add lines 8d(1), 8d(2), 8d(3), and 8b). 8 Bh 1138196 C Total income (add lines 8d(1), 8d(2), 8d(3), and 8b). 8 Bh 1138196 C Total income (add lines 8d(1), 8d(2), 8d(3), and 8b). 8 Bh 1138196 C Total income (add lines 8d(1), 8d(2), 8d(3), and 8b). 8 Bh 1013192 e Contain deemed and/or corrective distributions (see instructions). 8 Bh 1138196 G Other expenses. 9 G Other expenses. 9 G Other expenses. 9 In Total expenses (add lines 8d, 8d, 8d, 8d, 8d). 1 Note income (loss) (subtract in 8h from line 8b). 1 Note income (loss) (subtract in 8h from line 8b). 8 Bh 1014376 1 Note income (loss) (subtract in 8h from line 8b). 8 Bh 1014376 1 Note income (loss) (subtract in 8h from line 8b). 8 Bh 1014376 1 Note income (loss) (subtract in 8h from line 8b). 8 Bh 1014376 1 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9 If the plan provides pension benefits, enter the applicable weffere feature codes from the List of Plan Characteristic Codes in the instructions: 9 If the plan provides pension benefits, enter the applicable weffere feature codes from the List of Plan Characteristic Codes in the instructions: 9 If the plan provides pension benefits, enter the applicable weffere feature codes from the List of Plan Characteristic Codes in the instructions: 9 D Unring the plan spear: 9 Vest (Far 5510.3-1927 (See instructions). 10 During the plan spear: 9 Vest (Far 5510.3-1927 (See instructions). 10 During the plan spear: 10 During the plan spear or commissions paid to any participant contributions with any party-in-interest? (Do not		· · · · · · · · · · · · · · · · · · ·										
(2) Participants. 8a(2) 153866 (3) Others (including rollovers) 8a(3) (3) Others (including rollovers) 8a(3) (4) Other income (loss) 8b 1138196 (5) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 1555077 (6) Benefits pad including direct rollovers and insurance premiums to provide benefits) 1555077 (7) Description of the plan provides (salatines, fees, commissions) 8c 1555077 (8) Enter a deemed and/or corrective distributions (see instructions) 8c 1555077 (9) Administrative service providers (salatines, fees, commissions) 8c 1555077 (9) Administrative service providers (salatines, fees, commissions) 8c 1555077 (9) Administrative service providers (salatines, fees, commissions) 8c 1555077 (1) Administrative service providers (salatines, fees, commissions) 8c 1555077 (1) Administrative service providers (salatines, fees, commissions) 8c 1555077 (1) Administrative service providers (salatines, fees, commissions) 8c 1555077 (1) Administrative service providers (salatines, fees, commissions) 8c 1555077 (1) Administrative service providers (salatines, fees, commissions) 8c 1555077 (1) Administrative service providers (salatines, fees, commissions) 8c 1555077 (1) Administrative service		·		(a) runount				(2)	Total			
(3) Others (including rollovers)		(1) Employers	8a(1) 26291									
b Other income (loss)		Participants										
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). Be 1556077 Benefits paid (including direct rollovers and insurance premiums to provide benefits). Be 1013192		(3) Others (including rollovers)	8a(3)									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Cettain deemed and/or corrective distributions (see instructions) 86 f Administrative service providers (salaries, fees, commissions) 87 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h total expenses (add lines 8d, 8e, 8f, and 8g) 8h y Transfer to (from) the plan (see instructions) 8g part IV Plan Characteristics g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 30 2E 2G 2J 2P 2A 2F 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 20 Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510-3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b	Other income (loss)	. 8b	113819	96							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						15	55077	7	
f Administrative service providers (salaries, fees, commissions)		, , , , , , , , , , , , , , , , , , , ,	. 8d	101319	12							
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e									
n Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f	118	6							
Notal expenses (add lines 8d, 8e, 8f, and 8g)	g	Other expenses	8g									
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	01437	8	
Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics Part IV Plan Characteristics Part IV Plan Characteristics Part IV Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 22 26 23 28 2A 27 27 2T 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 Ves No Amount Amount Amount 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 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? 10c X C Was the plan covered by a fidelity bond? 10c X C Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X C 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), 10a X G Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X G Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g 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 F F F F F F F F F			8i							54069	9	
Part IV Plan Characteristics Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 20 2J 2R 2A 2F 2T		· · · · · · · · · · · · · · · · · · ·										
9a	Par	t IV Plan Characteristics	<u> </u>									
Description Figure Description During the plan year: 10 During the plan year: Yes No Amount		If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	S:		
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	b		eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions:			
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	Dort	V Compliance Questions										
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) 10a						V	N ₁	I				
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			tiono withi	n the time period described in	I	res	NO		Am	ount		
on line 10a.)		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	rection Program)	10a		X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					10b		X					
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 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.) 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. 10h Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes) No 11a Enter the amount from Schedule SB line 39	С	Was the plan covered by a fidelity bond?			10c	X					500	000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	d		-		10d		X					
f Has the plan failed to provide any benefit when due under the plan?	е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			Y					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					10e							
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		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	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					88	717
Part VI Pension Funding Compliance 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)	h	• •	`		10h		X					
Part VI Pension Funding Compliance 11	i				10i							
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)	Part	VI Pension Funding Compliance										
11a Enter the amount from Schedule SB line 39		11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
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 No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a											
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12								No			
granting the waiver		(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	ng amortiz	ed in this plan year, see instru		and e	_	ne date o			ling	
b Enter the minimum required contribution for this plan year	If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
	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	ol 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):	3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
	Name of trust	14b ⊤	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								
For calenda	ar plan year 2012 or fiscal plan year beginning 01	/01/2012	and ending	12/31/2012					
A This ret	urn/report is for: a single-employer plan	a multiple-employer pl	an (not multiemployer)	r) a one-participant plan					
B This ret	urn/report is: the first return/report	the final return/report							
	an amended return/report	a short plan year returr	n/report (less than 12 me	onths)					
C Check b	pox if filing under: Form 5558		DFVC program						
	special extension (enter description	n)		-					
Part II	Basic Plan Information—enter all requested informa	tion							
1a Name				1b Three-digit					
	ROVE OB-GYN, INC. P.S. 401(K) PROFIT	plan number	2						
		(PN)							
				1c Effective date of pla 10/01/1980	an				
	ponsor's name and address; include room or suite number (er	nployer, if for a single-	employer plan)	2b Employer Identificat					
BELLEGI	ROVE OB-GYN, INC. P.S.				(EIN) 91-1004602				
1200 13	12TH AVE NE SUITE C115			2c Sponsor's telephon 425-455-0244					
				2d Business code (see	instructions)				
BELLEV		passed.		621111					
	dministrator's name and address Same as Plan Sponsor N	ame Same as Plan	Sponsor Address	3b Administrator's EIN 91–1004602					
BELLEG	ROVE OB-GYN, INC. P.S.			3c Administrator's tele	phone number				
1200 11	12TH AVE NE SUITE C115			425-455-0244					
1200 1.	IZIR AVE NE SUITE CITS								
BELLEV	UE WA 98004-3745								
	name and/or EIN of the plan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b EIN					
	EIN, and the plan number from the last return/report.			4e DN					
a Spons	or s name number of participants at the beginning of the plan year			4c PN	4.6				
	number of participants at the beginning of the plan year			5a	46				
				5b	45				
	er of participants with account balances as of the end of the p lete this item)	•	•	5c	45				
_	all of the plan's assets during the plan year invested in eligible				X Yes No				
	ou claiming a waiver of the annual examination and report of a 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No				
	answered "No" to either line 6a or line 6b, the plan cannot	, and a second s			ZA 103 110				
	penalty for the late or incomplete filing of this return/rep								
	alties of perjury and other penalties set forth in the instructions				e. a Schedule				
SB or Sche	edule MB completed and signed by an enrolled actuary, as we true, correct, and complete.								
SIGN	Xume like Difer	x3/6/13	SUZIE PARKER-I	DIXON					
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan adminis	strator				
SIGN									
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employer or	plan sponsor				
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)									
					STATES INTO A SET				
				SECTION OF SECTION					

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar_			(b) End of Year			
а	Total plan assets	7a	904	4189	1				9582590	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	904	4189	1				9582590	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total		
а	Contributions received or receivable from:		2	6291						
	(1) Employers	8a(1)			-					
	(2) Participants	8a(2)	1:	5396	0 0					
	(3) Others (including rollovers)	8a(3)	111	2010			S. MINNI			
	Other income (loss)	8b	LL.	3819	О	-	1 OCCUPANT		4555000	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		14.76		N. Tokal	the Contract of	NOLEY VILL	1555077	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10:	1319	2					
_ <u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		110	\$15°		PART I	OULVIII P		
	Administrative service providers (salaries, fees, commissions)	8f		118	6		Market I	All the second	S HILL ISS	
	Other expenses	8g		C HUZ				7 77		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			4				1014378	
÷.	Net income (loss) (subtract line 8h from line 8c)	81		4 370	DU -	DANGE OF THE PARTY	SALES VISITED		540699	
J	Transfers to (from) the plan (see instructions)	8j								
9a b	If the plan provides pension benefits, enter the applicable pension 3D 2E 2G 2J 2R 2A 2F 2T If the plan provides welfare benefits, enter the applicable welfare fe									
Par	t V Compliance Questions									
_10	During the plan year:				Yes	No		Amou	nt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Corr	ection Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		Х				
С	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's or dishonesty?		•	10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х				88717	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х				
T	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 or one of the	10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						•	In.	Yes No	
11a	a Enter the amount from Schedule SB line 39							1=4.		
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, as applicable.)									
a	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 lette Year	er ruling	
lf	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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	Enter the amount contributed by the employer to the plan for	r this plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12b. negative amount).			12d				
е	Will the minimum funding amount reported on line 12d be me	net by the funding deadline?		[Yes	No] N/A	
Part	VII Plan Terminations and Transfers of Ass	ets						
13a	Has a resolution to terminate the plan been adopted in any plan	year?		Y	es X No			
-	If "Yes," enter the amount of any plan assets that reverted to	o 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?								
С	If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instructions		plan(s) to					
	3c(1) Name of plan(s):		130	c(2) EII	V(s)	13c(3)	PN(s)	
5								
	VIII Trust Information (optional)		14	41	=15.			
14a Name of trust			1	14b Trust's EIN				

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