## 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

		• •		Complete all entries in a	iccordan	ce with the instr	uctions to the Form 550	00-SF.		
Pai				ntification Information	1					
For c	alenda	r plan year 2012 or fis	cal	plan year beginning 01/0	1/2012		and ending	12/31/	2012	
<b>A</b> TI	his retu	urn/report is for:	X	a single-employer plan	ar	multiple-employer	plan (not multiemployer)		a one-partici	pant plan
B TI	his retu	urn/report is:	Ш	the first return/report	the	e final return/repor	t			
				an amended return/report	as	hort plan year retu	ırn/report (less than 12 m	nonths	)	
<b>C</b> c	heck b	ox if filing under:		Form 5558	au	tomatic extension			DFVC progra	am
			Ī	special extension (enter des	cription)					
Par	t II	Basic Plan Info	rm:	ation—enter all requested in	nformatio	n				
	Name o			'				1b	Three-digit	
		E, DDS RETIREMENT	PL.	AN					plan number	
								<u> </u>	(PN) <b>•</b>	001
								1c	Effective date of 01/07	•
2a F	Plan sp	onsor's name and add	dres	s; include room or suite numb	per (emp	lover, if for a singl	e-employer plan)	2h	Employer Identi	
J. SAN	/ SAG	E, DDS, PLLC		o,o.aao .oo o. oaoa	оо. (ор	.e, e.,e. a eg.	o omprojor planij			54630
								2c	Sponsor's telep	hone number
11304	- 8TH	AVE. N.E., SUITE B							206-36	
SEATI	ΓLE, W	/A 98125						2d	Business code	(see instructions)
									6212	10
<b>3a</b> ₽	Plan ac	lministrator's name ar	d ac	ddress XSame as Plan Spor	nsor Nam	e Same as Pl	an Sponsor Address	3b	Administrator's	EIN
								3c	Administrator's	telephone number
									,	
				n sponsor has changed since	the last	return/report filed	for this plan, enter the	4b	EIN	
		EIN, and the pian nur or's name	nber	from the last return/report.				40	PN	
			at th	ne beginning of the plan year				5a	111	7
				ne end of the plan year				_		7
				ount balances as of the end of				30		- /
		•				• •	•	. 5c		7
6a	Were	all of the plan's assets	dur	ing the plan year invested in	eligible a	ssets? (See instru	uctions.)			X Yes No
				annual examination and repo						
				ee instructions on waiver eligi						X Yes   No
				line 6a or line 6b, the plan						
				complete filing of this retu						
				penalties set forth in the instrugned by an enrolled actuary,						
		rue, correct, and comp			as well e			it, and	to the best of my	Miowicage and
		Eller describe escale estate estate		La la atria de la Consettana		00/04/0040		_		
SIGN		Filed with authorized/				03/21/2013	JOHN SAMUEL SAG			
	_	Signature of plan a	<u>imt</u>	nistrator		Date	Enter name of individ	dual si	gning as plan adr	ninistrator
SIGN										
HERI		Signature of emplo				Date	Enter name of individ	dual si	gning as employe	er or plan sponsor
Prepa	arer's r	name (including firm n	ame	, if applicable) and address; i	include ro	oom or suite numb	er (optional)	Prep	parer's telephone	number (optional)

Form 5500-SF 2012 Page **2** 

Part III   Financial Information   Financial Informa	0							
a Total plan assets         7a         167268         22204           b Total plan liabilities         7b         7c         167268         22204           8 Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a Contributions received or receivable from:             (1) Employers         8a(1)         17235           (2) Participants         8a(2)         46969           (3) Others (including rollovers)         8a(2)         46969           (3) Other income (loss)         8b         16701           c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         8c         8090           d Benefits paid (including direct rollovers and insurance premiums to provide benefits)         8d         26133           e Certain deemed and/or corrective distributions (see instructions)         8e         4           f Administrative service providers (salaries, fees, commissions)         8f         9           g Other expenses         8g         8h         2613           i Net income (loss) (subtract line 8h from line 8c)         8i         5477           j Transfers to (from) the plan (see instructions)         8j         Part IV         Plan Characteristics	0							
b Total plan liabilities	<u>U</u>							
C Net plan assets (subtract line 7b from line 7a)								
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers	0							
a Contributions received or receivable from: (1) Employers	<u> </u>							
(1) Employers       8a(1)       17235         (2) Participants       8a(2)       46969         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       16701         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8090         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       26133         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       2613         i Net income (loss) (subtract line 8h from line 8c)       8i       5477         j Transfers to (from) the plan (see instructions)       8j								
(3) Others (including rollovers)								
b Other income (loss)								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)								
to provide benefits)	5							
f Administrative service providers (salaries, fees, commissions)								
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)								
i Net income (loss) (subtract line 8h from line 8c)								
j Transfers to (from) the plan (see instructions)	3							
Part IV Plan Characteristics	2							
<b>9a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								
2E 2G 2J 2K 2T 3D								
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Part V Compliance Questions								
10 During the plan year:  Yes No Amount								
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								
b 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?	25000							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	23000							
or dishonesty?								
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?								
P. Dillianto have a service at the Country of the C								
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								
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)								
11a Enter the amount from Schedule SB line 39								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
<b>a</b> 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 rugranting the waiver	X No							
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b Enter the minimum required contribution for this plan year								

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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).

2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

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

Part I	Annual Report Identification Information	· · · · · · · · · · · · · · · · · · ·			<del></del>			
For calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending 1	2/31/2012				
A This ret	urn/report is for: 🛛 a single-employer plan 📗 a r	nultiple-employer pla	n (not multiemployer)	Паог	ne-participant plan			
B This ret	urn/report is:	final return/report		. –				
	an amended return/report a s	hort plan year return	report (less than 12 mo	onths)				
C Check b	<u> </u>	tomatic extension	on to mak ¶t vive globe to ¶equipolaticidas. En est, 36 entillata vive filtreti il teressas. ₹	<b>—</b>	√C program			
- O.I.O.	special extension (enter description)			Пых	vo program			
Part II	Basic Plan Information—enter all requested informatio							
1a Name		1		1h Tu	31.11			
	E, DDS RETIREMENT PLAN			1b Three- plan ni				
u. or an or to	E, DOO HE I MEMERY PER			(PN)	ACTION COLOR			
				1c Effecti	ve date of plan			
<u> </u>					01/07/2009			
2a Plan sp	onsor's name and address; include room or suite number (emp E, DDS, PLLC	loyer, if for a single-	employer plan)	2b Employ	yer Identification Number			
U. Or INI Or IO	2,000,1220			(EIN)	352354630			
				2c Spons	or's telephone number			
11304 - 8TH	I AVE. N.E., SUITE B			24 5	2063626677			
SEATTLE. V	MA 00125			Zu Busine	ess code (see instructions) 621210			
	dministrator's name and address X Same as Plan Sponsor Nam	e Same as Plan	Sponsor Address	3h Admini	istrator's EIN			
		П	openier , idanose	OD / Marinin	ISTRACT'S ETT			
				3c Admini	istrator's telephone number			
4 If the r	name and/or EIN of the plan sponsor has changed since the last	return/report filed to	r this plan, enter the	4b cm				
	EIN, and the plan number from the last return/report.	returnieport med to	i tilis plati, etter tile	4b EIN				
a Spons	or's name			4c PN				
5a Total r	number of participants at the beginning of the plan year			5a	7			
<b>b</b> Total r	number of participants at the end of the plan year	*************************		5b	7			
C Numb	er of participants with account balances as of the end of the plar	year (defined bene	fit plans do not					
	ete this item)			5c	7			
	all of the plan's assets during the plan year invested in eligible a				X Yes No			
<b>b</b> Are yo	ou claiming a waiver of the annual examination and report of an	independent qualifie	d public accountant (IQI	PA)	п. п.			
under	29 CFR 2520.104-46? (See instructions on waiver eligibility and answered "No" to either line 6a or line 6b, the plan cannot	conditions.)	and must instead		X Yes No			
Under nen	a penalty for the late or incomplete filing of this return/repor alties of perjury and other penalties set forth in the instructions, I	declare that I have	uniess reasonable cau	ise is establi	shed.			
SB or Sche	dule MB completed and signed by an enrolled actuary, as well a	as the electronic ver	sion of this return/report	and to the b	J, it applicable, a Schedule test of my knowledge and			
belief, it is	rue, correct, and complete.		•	•	, , , , , , , , , , , , , , , , ,			
CICN	V	1 3/10/13	17.5	~. 6	-			
SIGN	X Jun and		1 JOHN SAHON					
	Signature of plan administrator	Date	Enter name of individu	ual signing as	s plan administrator			
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as	s employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address; include r	oom or suite numbe	r (optional)	Preparer's t	elephone number (optional)			
			'					
Q.								
				-100				

1010-02-1410: 47 19:067-05:10

Part	7	t III   Financial Information								
b Total plan isabilities.  C Net plan assets (subtract line 75 from line 7a).  7e 167266 222040  Net plan assets (subtract line 75 from line 7a).  7e 167266 222040  1 connecticular plan isabilities.  8 (a) Amount (b) Total  1 (b) Total  1 (c) Amount (c) Total linears (c) From line 7a).  8 (a) Amount (c) Total linears (c) From line 7a).  8 (b) Total linears (c) From linears (c)		Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year		
Description   Testing	a	Total plan assets	7a	167268	3		1 2			
8 income. Expenses, and Transfers for this Plan Year  a Contribution received or receivable from: (1) Employers. (2) Participants. (3) Other sinchcliding rollowers). (3) Other income (loss). (4) Separation (add lines 8a(1), 8a(2), 8a(3), and 8b). (5) Separation (add lines 8a(1), 8a(2), 8a(3), and 8b). (6) Separation (add lines 8a(1), 8a(2), 8a(3), and 8b). (7) Administrative services providers (salaries, fees, commissions). (8) Other expenses. (8) Other expenses	b_	Total plan liabilities	7b							
a Contributions received or receivable from:  (1) Employers.  (2) Participants.  (3) Others (including rollowers).  (4) Other (including rollowers).  (5) Other income (toss).  (6) Other income (toss).  (7) Total Income (add lines 8dr), 8dr(2), 8d(3), and 8b).  (8) Earth Income (add lines 8dr), 8dr(2), 8d(3), and 8b).  (8) Earth Income (add lines 8dr), 8dr(2), 8d(3), and 8b).  (9) Earth Income (add lines 8dr) (sdr(2), 8d(3), and 8b).  (9) Earth Incomed (and fines 8dr) (sdr(2), 8d(3), and 8b).  (10) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (11) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (12) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (13) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (26) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (26) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (27) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (3) Other expenses.  (3) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (4) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (5) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (6) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (8) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (9) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (9) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (9) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (9) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (9) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (9) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8b).  (9) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8d(3), and 8d(3).  (9) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), and 8d(3).  (9) Earth Incomed (add lines 8dr) (sdr(2), 8d(3)).  (10) Earth Incomed (add lines 8dr) (sdr(2), 8d(3), 8d(3), 8d(3).  (10) Earth Incomed (add lines 8	С	Net plan assets (subtract line 7b from line 7a)	7c	167268	3		1945	222040		
(1) Employers   Set   17235   48689	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
Solid   Complete   C			8a(1)	17235	5					
b Other income (does)		(2) Participants	9							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)										
d Benefits paid (including direct rollowers and insurance premiums to provide benefits).  e Certain deemed and/or corrective distributions (see instructions)	b_	Other income (loss)	8b	1670 <sup>-</sup>	1			Vaccination		
to provide benefits)	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		186.			80905		
e Certain deemed and/or corrective distributions (see instructions)			8d	26133	3					
Bo   Chibal expenses   Bo   Chibal expenses (add lines 8d, 8e, 8f, and 8g)   8h   26133	е	Certain deemed and/or corrective distributions (see instructions)	8e					The Part of the Pa		
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8i 54772  i Net Incorne (loss) (subtract line 8h from line 8c) 8i 54772  j Transfers to (from) the plan (see instructions) 8j  Part IV Plan Characteristics  8i   Very Plan Characteristics   Start S	f	Administrative service providers (salaries, fees, commissions)	8f				-			
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8i 54772  i Net Incorne (loss) (subtract line 8h from line 8c) 8i 54772  j Transfers to (from) the plan (see instructions) 8j  Part IV Plan Characteristics  8i   Very Plan Characteristics   Start S	g	Other expenses	. 8g			1				
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)		M-0-14				26133		
Part IV   Plan Characteristics   Plan Characteristic   Pla			1				41	20-14 VANSO		
Part IV Plan Characteristics 9a   If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2G 22 2K 2X 3Z 3D  b   If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Part V   Compliance Questions	j	Transfers to (from) the plan (see instructions)	. 8i							
9a   If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:   2E 2G 2J 2K 2T 3D	Par	t IV Plan Characteristics				2				
Description	V 1000000000000000000000000000000000000	TWATERING TO THE TOTAL PROPERTY OF THE TOTAL	feature co	des from the List of Plan Char	acteris	slic Co	des in	the instructions:		
Part V   Compliance Questions  10		2E 2G 2J 2K 2T 3D								
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	If the plan provides welfare benefits, enter the applicable welfare f	ealure cod	les from the List of Plan Charac	cterist	ic Cod	es in th	ne instructions:		
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	Pari	V Compliance Questions	irate			- 1115				
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  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X  c Was the plan covered by a fidelity bond? 10c X 25000  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  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) 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  b this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 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 requirements of section 412 of the Code or section 302 of ERISA?		1 000				Yes	No	Amount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	-	Was there a failure to transmit to the plan any participant contribu			322			Amount		
C Was the plan covered by a fidelity bond?	b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported								
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			1? (Do not	include transactions reported	2-5-1					
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.)		on line 10a.)	t? (Do not	include transactions reported	10b	х		05000		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's	1? (Do not	include transactions reported	10b 10c	х	X	25000		
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	d	on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all	1? (Do not	and, that was caused by fraud	10b 10c 10d	х	x	25000		
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  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).  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.	d	on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	1? (Do not s fidelity bo her person of the ben	include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c 10d	х	x x	25000		
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	d 	on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plantage of the pla	1? (Do not s fidelity bo her person of the ben	include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f	х	x x x	25000		
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Form 5500-SF 2012	Page <b>3</b> - 1	_		
Enter the amount contributed by the employer to the plan for this p	olan vear	12c		
Subtract the amount in line 12c from the amount in line 12b. Enter	the result (enter a minus sign to the left of a	404		
			Yes	No □ N/A
ar resta				
Has a resolution to terminate the plan been adopted in any plan year? .		П у	es X No	
Were all the plan assets distributed to participants or beneficiaries,	, transferred to another plan, or brought under th	e control		☐ Yes X No
13c(1) Name of plan(s):		13c(2) El	N(s)	13c(3) PN(s)
VIII Trust Information (optional)				
		14b Ti	ust's EIN	
1	Enter the amount contributed by the employer to the plan for this p Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)  Will the minimum funding amount reported on line 12d be met by t 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 e Were all the plan assets distributed to participants or beneficiaries of the PBGC?	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 of a 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 under the of the PBGC?  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.)  13c(1) Name of plan(s):	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

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