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 ac	cordance with the monde	tions to the Form 550	JU-3F.			
P	art I	Annual Report	Identification Information						
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending	12/31/2	2012		
Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan	
В	This retu	urn/report is:	the first return/report	the final return/report					
			an amended return/report	a short plan year return	/report (less than 12 m	nonths)			
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m	
			special extension (enter descr	iption)					
Pa	art II	Basic Plan Info	rmation—enter all requested info	ormation		_			
1a	Name of	of plan				1b	Three-digit		
PADI	MARAJ '	V. ANGOLKAR, D.D.S	S., M.D.S., P.S. PROFIT SHARING	PLAN			plan number		
						<u> </u>	(PN)	001	
						1C	Effective date of 01/01/	•	
2a	Plan sp	oonsor's name and add	dress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b	Employer Identif		
PAD	MARAJ	V. ANGOLKAR, D.D.S	3., M.D.S., P.S.		. , ,		(EIN) 91-170		
						2c	Sponsor's telep		
		SET WAY WA 98027					206-246		
100/	iQOAII,	VVA 30027				2a	Business code (62121		
3a	Plan ad	dministrator's name an	nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's E		
			ш .	ш					
						3c	Administrator's t	elephone number	
						+			
4			e plan sponsor has changed since to mber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN			
а		or's name	inder from the last return/report.			4c PN			
5a	Total n	number of participants	at the beginning of the plan year			5a		14	
b	Total n	number of participants	at the end of the plan year			5b		14	
С			account balances as of the end of t	. , ,	•	_			
C -	•	•				. 5c		X Yes No	
oa b			s during the plan year invested in el					X Yes No	
D			? (See instructions on waiver eligibi					X Yes No	
			ther line 6a or line 6b, the plan c						
Cau	ıtion: A	penalty for the late of	or incomplete filing of this return	/report will be assessed u	ınless reasonable car	use is	established.		
			ner penalties set forth in the instruc	•				able. a Schedule	
SB	or Sche	dule MB completed ar	nd signed by an enrolled actuary, a	•			O, 11	,	
beli	ef, it is t	rue, correct, and comp	olete.						
SIG	N	Filed with authorized/v	valid electronic signature.	05/15/2013	PADMARAJ V. ANGO	OLKAR			
HE		Signature of plan administrator Date Enter name of individ				dual sig	ıning as plan adm	ninistrator	
SIG	:NI	O.g. action of plan definition action		Date	or name of marvia		imig as plan dan		
HERE						uning on amploya	r or plan anancar		
Pre	parer's		genplan sponsor ame, if applicable) and address; in	Date clude room or suite number	Enter name of individ			number (optional)	
	- 4. 5. 5 1	g mini	and address, in	oako mambol	(-F.::0.::0.)			(Spatial)	

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D-	A III Eta an abilla farmación				_			
	rt III Financial Information				1		# . .	
7	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year	
	Total plan assets	7a 	64676		-		798048	
	Total plan liabilities	7b	0.4076	0			0	
	Net plan assets (subtract line 7b from line 7a)	7c	64676	3			798048	
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	7162	71628				
	(2) Participants							
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	8485	55				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					156483	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f	519	8				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5198	
i	Net income (loss) (subtract line 8h from line 8c)	8i					151285	
j	Transfers to (from) the plan (see instructions)	8j		0				
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 3D 3F 2A 2E 2F	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 t	he instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)			10a		X	Amount	
b		? (Do not	include transactions reported	10b		X		
					Χ		50000	
				10c			50000	
	Did the plan have a loss, whether or not reimbursed by the plan's 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				10f		X		
						X		
g h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g		X		
i	2520.101-3.)	ne require	d notice or one of the	10h				
Danie	1 0 11	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		
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.)							
а	If a waiver of the minimum funding standard for a prior year is beir	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						
If	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					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 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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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		t Identification Information							
For calend	ar plan year 2012 or		01/01/2012	and ending	1	2/31/2012	2		
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	er) a one-participant plan				
B This re	B This return/report is:								
		an amended return/report	a short plan year return	n/report (less than 12 me	onths)				
C Check	box if filing under:	DFVC program							
Part II	Basic Plan Inf	ormation—enter all requested info	rmation						
1a Name of plan PADMARAJ V. ANGOLKAR, D.D.S., M.D.S., P.S. PROFIT SHARING PLAN							001		
				7	1c Effective date of plan				
2a Plana	nangaria nama and s	addroop, include some or exite much or	/avantaura if fan a siaula			1/01/2000			
PADMAR.	AJ V. ANGOLK	address; include room or suite number AR, D.D.S., M.D.S., P.S	(employer, it for a single- 5.	empioyer pian)	1	Employer Identi EIN) 91-176	fication Number 9282		
505 E.	SUNSET WAY				l .	Sponsor's telep 206-246 - 96			
ISSAQU.	АН	WA 98027			1	Business code (521210	(see instructions)		
3a Plan a	dministrator's name	and address XSame as Plan Sponso	r Name XSame as Plan	Sponsor Address	3b A	Administrator's	EIN		
					3c Administrator's telephone number				
					30 /	Administrator S	telephone number		
4 If the r	name and/or EIN of t	rthia nlan antartha	45 = 50						
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.						4b EIN			
	or's name				4c PN				
		ts at the beginning of the plan year		- 3	5a		14		
		ts at the end of the plan year			5b		14		
		n account balances as of the end of th			5c		14		
6a Were	all of the plan's asse	ets during the plan year invested in eli	gible assets? (See instruct	ions.)			X Yes No		
		of the annual examination and report					X Yes No		
		6? (See instructions on waiver eligibili either line 6a or line 6b, the plan ca					M 163 140		
		or incomplete filing of this return/							
Under pena	alties of perjury and	other penalties set forth in the instructi	ons, I declare that I have	examined this return/rep	ortinel	luding, if-applic	able, a Schedule		
SB or Sche belief, it is	edule MB completed true, correct, and cor	and signed by an enrolled actuary, as noiete.	well as the electronic vers	sion of this return/report	, and to	the best of my	knowledge and		
SIGN		/X/ ^V		PADMARAJ V. AN	NGOLK	AR			
HERE	Signature of plan	administrator	Date 5/13/13	Enter name of individu	ual signi	ing as plan adr	ninistrator		
SIGN									
HERE		loyer/plan sponsor	Date	Enter name of individu					
Preparer's	name (including firm	name, if applicable) and address; inc	lude room or suite number	(optional)	Prepai	rer's telephone	number (optional)		
					8117				

Pa	rt III Financial Information						
7	Plan Assets and Liabilities	0.30	(a) Beginning of Yea	ar	T		(b) End of Year
а	Total plan assets	7a		4676	53		798048
b	Total plan liabilities	7b			0		0
	Net plan assets (subtract line 7b from line 7a)	7c	6	4676	53		798048
8	Income, Expenses, and Transfers for this Plan Year	100	(a) Amount				(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		7162	28		
	(2) Participants	8a(2)			0	417/6	
	(3) Others (including rollovers)	8a(3)			0		
b	Other income (loss)	8b		8485	55	(dist	
С	C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						156483
d	Benefits paid (including direct rollovers and insurance premiums				0		Para Profesional School
_	to provide benefits)	8d			0	-0.00	
	Certain deemed and/or corrective distributions (see instructions)	8e			0		
_	Administrative service providers (salaries, fees, commissions)	8f		519	_	OF T	
7	Other expenses	8g			0		
<u>. n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5198
+	Net income (loss) (subtract line 8h from line 8c)	8i			_		151285
	Transfers to (from) the plan (see instructions)	8j			0	20-	
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 3D 3F 2A 2E 2F	feature code	es 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	ature codes	from the List of Plan Chara	ctorict	ic Cod	os in th	no instructions:
	water plant provided trendre benefits, ether the applicable wenter to	atare codes	TION THE LIST OF FIAM CHARA	Clensi	ic Cod	es III u	ile ilistractions.
Part	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	. Wildeli
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	clude transactions reported	10b		х	
С	Was the plan covered by a fidelity bond?	******		10c	х		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	, that was caused by fraud	10d		х	,
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	er persons l	by an insurance carrier, its under the plan? (See	10e		х	
f	Has the plan failed to provide any benefit when due under the plan			10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount a		the participants the most submission of the	10g		х	
	If this is an individual account plan, was there a blackout period?	See instruct	ions and 29 CFR			х	
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.	e required r	notice or one of the	10h			
D-4		1-3	***************************************	10i			
Part		1.0.46004					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
_	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 of I	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		Mon	ctions. th	and e	nter th Day	e date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedule				1	1	
b	Enter the minimum required contribution for this plan year				occ I	12b	

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С	Enter the amount contributed by the employer to the plan for this plan	n year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	ne result (enter a minus sign to the left of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the	e 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?				res X No		
	If "Yes," enter the amount of any plan assets that reverted to the emp	ployer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transfer PBGC?	er the co	ntrol		Yes X No		
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		130	(2) EI	N(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)					1	
			1	14b Trust's EIN			