## 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.

0040

2012

OMB Nos. 1210-0110

1210-0089

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	turn/report is for: X a single-employer plan a	multiple-employer pl	an (not multiemployer)		a one-particip	pant plan				
<b>B</b> This ret	turn/report is:	e final return/report								
	an amended return/report a	short plan year returr	n/report (less than 12 n	nonths	)					
C Check	box if filing under: Form 5558	utomatic extension			DFVC progra	am				
	special extension (enter description)				_					
Part II	Basic Plan Information—enter all requested information	on								
1a Name				1b	Three-digit					
MARK W. AF	RNOLD, D.D.S. 401(K) PLAN				plan number	004				
				10	(PN)	001				
				10	Effective date o	•				
2a Plan si	ponsor's name and address; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identi					
	RNOLD, D.D.S.	3	- 1 -7 - 1 7			46955				
				2c	Sponsor's telep	hone number				
15112 90TH					253-564	4-5044				
PUYALLUP,	, WA 98372-4441			2d		(see instructions)				
2		По 5:		21-	62121					
	dministrator's name and address Same as Plan Sponsor Nar		Sponsor Address	30	Administrator's 91-09	EIN 946955				
IARK W. ARI	NOLD, D.D.S. 15112 90TH ST. PUYALLUP, WA			3с	<b>3c</b> Administrator's telephone number					
					253-564	1-5044				
	name and/or EIN of the plan sponsor has changed since the las , EIN, and the plan number from the last return/report.	t return/report filed fo	r this plan, enter the	4b	EIN					
	or's name			4c	PN					
	number of participants at the beginning of the plan year			_		7				
<b>b</b> Total r	number of participants at the end of the plan year					0				
<b>C</b> Numb	er of participants with account balances as of the end of the pla	n year (defined bene	fit plans do not			-				
	lete this item)			. 5c		0				
	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 an 29 CFR 2520.104-46? (See instructions on waiver eligibility an					X Yes No				
	answered "No" to either line 6a or line 6b, the plan cannot									
Caution: A	A penalty for the late or incomplete filing of this return/report	rt will be assessed u	unless reasonable ca	use is	established.					
	alties of perjury and other penalties set forth in the instructions,					able, a Schedule				
	edule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	as the electronic vers	sion of this return/repo	rt, and	to the best of my	knowledge and				
Dellei, it is i	irue, correct, and complete.	_								
SIGN	Filed with authorized/valid electronic signature.	05/15/2013	MARK W. ARNOLD							
HERE	Signature of plan administrator	Date	Enter name of individ	dual si	gning as plan adn	ninistrator				
SIGN										
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	dual sid	anina as emplove	er or plan sponsor				
Preparer's	name (including firm name, if applicable) and address; include			_		number (optional)				

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Er	d of Y	ear		
a	Total plan assets	7a	53253				(,			0	
	Total plan liabilities	7b	89	)4						0	_
	Net plan assets (subtract line 7b from line 7a)	7c	53164				0			0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h	Total			_
	Contributions received or receivable from:		(u) Amount					Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	5545	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5545	1	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	58089	1							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	620	1							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							58709	2	
i	Net income (loss) (subtract line 8h from line 8c)	8i							53164	1	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	<u> </u>									
9a		feature co	des from the List of Plan Char	acteris	tic Co	des in	the inst	uction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Coc	les in t	he instru	ctions			
_											
Par							I				
10	During the plan year:				Yes	No		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					_
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					100000	)0
d	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 of	of the bene	efits under the plan? (See			X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
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			10i							
Par											
11	Is this a defined benefit plan subject to minimum funding requirem							T	Yes	Пи	lo.
11a	5500) and line 11a below)					 11a		L	168	IN	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding				ction :	302 of	ERISA?		Yes	X N	lo
	(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	ne date d	of the lo		ıling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					~ j					
	Enter the minimum required contribution for this plan year	•				12b					
											_

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С	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?	X	res 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		X Yes	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):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

## 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

The second second	Annual Report Identification							
For calend	ar plan year 2012 or fiscal plan year beg	ginning 01/03	1/2012	and ending		12/31/2012	2	
A This ref	turn/report is for:	oloyer plan 🔲 a m	ultiple-employer pl	an (not multiemployer)		a one-partici	pant plan	
B This ref	turn/report is:	n/report X the	final return/report					
	an amended	return/report a sh	ort plan year returr	n/report (less than 12 m	onths	)		
C Check	box if filing under: Form 5558			DFVC progra	am			
	special exter	nsion (enter description)				_		
Part II	Basic Plan Information—ente	r all requested information						
1a Name					1b	Three-digit		
MARK W	. ARNOLD, D.D.S. 401(K)	PLAN				plan number (PN)	001	
					1c	Effective date o	87-	
						01/01/2001		
	ponsor's name and address; include roo . ARNOLD, D.D.S.	om or suite number (emplo	yer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91 - 094		
15112	90TH ST. E.				2c	Sponsor's telep		
					2d		(see instructions)	
PUYALL		98372-4441				621210		
		ne as Plan Sponsor Name	Same as Plan	Sponsor Address	3b	Administrator's   91 - 094695!		
M ANAIM	. ARNOLD, D.D.S.				3с		telephone number	
15112	90TH ST. E.					253-564-50	044	
PUYALL	IID WA OO	272 4441						
		372-4441						
	name and/or EIN of the plan sponsor ha , EIN, and the plan number from the las		eturn/report filed fo	r this plan, enter the	4b EIN			
	or's name	rotarriroport.			4c	PN		
5a Total	number of participants at the beginning	of the plan year	necessary and the second		5a		7	
	namber of participante at the beginning	of the plan year						
	number of participants at the end of the				5b		0	
<b>b</b> Total <b>c</b> Numb	number of participants at the end of the er of participants with account balances	plan yearas of the plan	year (defined bene	fit plans do not				
b Total c Numb	number of participants at the end of the	plan yearas of the plan	year (defined bene	fit plans do not	5b 5c		0	
b Total c Numb comp 6a Were b Are ye	number of participants at the end of the er of participants with account balances lete this item)	plan yearas of the plan year invested in eligible as ination and report of an in	year (defined bene sets? (See instruct dependent qualifie	fit plans do not tions.)d public accountant (IQ	5b 5c		0 0 X Yes No	
b Total c Numb comp 6a Were b Are younder	number of participants at the end of the er of participants with account balances lete this item)	as of the end of the plan year invested in eligible as ination and report of an ins on waiver eligibility and o	year (defined bene sets? (See instruct dependent qualifie conditions.)	fit plans do not tions.)d public accountant (IQ	<b>5b 5c</b> PA)		0	
b Total c Numb comp 6a Were b Are younder If you	number of participants at the end of the er of participants with account balances lete this item)	plan yearas of the end of the plan year invested in eligible as ination and report of an ins on waiver eligibility and one 6b, the plan cannot us	year (defined bene sets? (See instruct dependent qualifie conditions.)se Form 5500-SF	fit plans do not tions.) d public accountant (IQ	5b 5c PA)	5500.	0 0 X Yes No	
b Total c Numb comp 6a Were b Are you under If you Caution: A	number of participants at the end of the er of participants with account balances lete this item)	plan year	year (defined bene sets? (See instruct dependent qualifie conditions.)se Form 5500-SF will be assessed to	fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau	5b 5c PA) Form	5500. established.	0  X Yes No  X Yes No	
b Total c Numb comp 6a Were b Are you under If you Caution: A Under pens SB or Sche	number of participants at the end of the er of participants with account balances lete this item)	plan year	year (defined bene sets? (See instruct dependent qualifie conditions.)se Form 5500-SF will be assessed u leclare that I have de	fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/rep	5b 5c PA) Formuse is	5500. established. ncluding, if applic	0  X Yes No  Yes No  S Yes Schedule	
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pens SB or Sche belief, it is	number of participants at the end of the er of participants with account balances lete this item).  all of the plan's assets during the plan ou claiming a waiver of the annual exam 29 CFR 2520.104-46? (See instruction answered "No" to either line 6a or line and the plants of perjury and other penalties set edule MB completed and signed by an element of participants.	plan year	year (defined bene sets? (See instruct dependent qualifie conditions.)se Form 5500-SF will be assessed u leclare that I have de	fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/rep	5b 5c PA) Form se is port, ir,	5500. established. ncluding, if applic	0  X Yes No  Yes No  S Yes Schedule	
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pens SB or Sche belief, it is	number of participants at the end of the er of participants with account balances lete this item).  all of the plan's assets during the plan ou claiming a waiver of the annual exam 29 CFR 2520.104-46? (See instruction answered "No" to either line 6a or line and the plants of perjury and other penalties set edule MB completed and signed by an element of participants.	plan year	year (defined bene sets? (See instruct dependent qualifie conditions.)se Form 5500-SF will be assessed u leclare that I have de	fit plans do not  tions.)  d public accountant (IQ  and must instead use unless reasonable cau examined this return/report	5b 5c PA) Form se is port, ir, and	5500.  established.  cluding, if applic to the best of my	O  V Yes No  V Yes No  able, a Schedule knowledge and	
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pens SB or Sche belief, it is	number of participants at the end of the er of participants with account balances lete this item)	plan year	year (defined bene sets? (See instruct dependent qualifie conditions.)se Form 5500-SF will be assessed to lectare that I have to the electronic vers	fit plans do not  tions.) d public accountant (IQ  and must instead use unless reasonable cau examined this return/report  MARK W. ARNOLI	5b 5c PA) Form se is port, ir, and	5500.  established.  cluding, if applic to the best of my	O  V Yes No  V Yes No  able, a Schedule knowledge and	
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	number of participants at the end of the er of participants with account balances lete this item)  all of the plan's assets during the plan you claiming a waiver of the annual exam 29 CFR 2520.104-46? (See instruction answered "No" to either line 6a or line appearance of perjury and other penalties set of edule MB completed and signed by an extrue, correct, and complete.  Signature of plan administrator  Signature of employer/plan sponsor	plan year	year (defined bene- sets? (See instruct dependent qualifie conditions.)see Form 5500-SF will be assessed u leclare that I have de the electronic vers  Date 2/16//3	fit plans do not  tions.) d public accountant (IQ  and must instead use unless reasonable cau examined this return/report  MARK W. ARNOLI Enter name of individu	5b 5c PA) Formuse is soort, ir, and	5500. established. ncluding, if applic to the best of my	O  No  Yes No  Yes No  able, a Schedule knowledge and	
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	number of participants at the end of the er of participants with account balances lete this item)  all of the plan's assets during the plan ou claiming a waiver of the annual exam 29 CFR 2520.104-46? (See instruction answered "No" to either line 6a or line answered "No" to either line	plan year	year (defined bene- sets? (See instruct dependent qualifie conditions.)see Form 5500-SF will be assessed u leclare that I have de the electronic vers  Date 2/16//3	fit plans do not  tions.) d public accountant (IQ  and must instead use unless reasonable cau examined this return/report  MARK W. ARNOLI Enter name of individu	5b 5c PA) Form se is ort, ir, and	5500. established. ncluding, if applic to the best of my	O  No  Yes No  Yes No  able, a Schedule knowledge and	
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	number of participants at the end of the er of participants with account balances lete this item)  all of the plan's assets during the plan you claiming a waiver of the annual exam 29 CFR 2520.104-46? (See instruction answered "No" to either line 6a or line appearance of perjury and other penalties set of edule MB completed and signed by an extrue, correct, and complete.  Signature of plan administrator  Signature of employer/plan sponsor	plan year	year (defined bene- sets? (See instruct dependent qualifie conditions.)see Form 5500-SF will be assessed u leclare that I have de the electronic vers  Date 2/16//3	fit plans do not  tions.) d public accountant (IQ  and must instead use unless reasonable cau examined this return/report  MARK W. ARNOLI Enter name of individu	5b 5c PA) Form se is ort, ir, and	5500. established. ncluding, if applic to the best of my	O  No  Yes No  Yes No  able, a Schedule knowledge and	
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	number of participants at the end of the er of participants with account balances lete this item)  all of the plan's assets during the plan you claiming a waiver of the annual exam 29 CFR 2520.104-46? (See instruction answered "No" to either line 6a or line appearance of perjury and other penalties set of edule MB completed and signed by an extrue, correct, and complete.  Signature of plan administrator  Signature of employer/plan sponsor	plan year	year (defined bene- sets? (See instruct dependent qualifie conditions.)see Form 5500-SF will be assessed u leclare that I have de the electronic vers  Date 2/16//3	fit plans do not  tions.) d public accountant (IQ  and must instead use unless reasonable cau examined this return/report  MARK W. ARNOLI Enter name of individu	5b 5c PA) Form se is ort, ir, and	5500. established. ncluding, if applic to the best of my	O  No  Yes No  Yes No  able, a Schedule knowledge and	
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	number of participants at the end of the er of participants with account balances lete this item)  all of the plan's assets during the plan you claiming a waiver of the annual exam 29 CFR 2520.104-46? (See instruction answered "No" to either line 6a or line appearance of perjury and other penalties set of edule MB completed and signed by an extrue, correct, and complete.  Signature of plan administrator  Signature of employer/plan sponsor	plan year	year (defined bene- sets? (See instruct dependent qualifie conditions.)see Form 5500-SF will be assessed u leclare that I have de the electronic vers  Date 2/16//3	fit plans do not  tions.) d public accountant (IQ  and must instead use unless reasonable cau examined this return/report  MARK W. ARNOLI Enter name of individu	5b 5c PA) Form se is ort, ir, and	5500. established. ncluding, if applic to the best of my	O  No  Yes No  Yes No  able, a Schedule knowledge and	

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
а	Total plan assets	7a		3253	5				0
	Total plan liabilities	7b		89	4				0
С	Net plan assets (subtract line 7b from line 7a)	7c	53	3164	1				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Γotal	
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)					100	12.84	
	(3) Others (including rollovers).	8a(3)							1.11
b	Other income (loss)	8b		5545	1		i Ei		107
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							55451
d	Benefits paid (including direct rollovers and insurance premiums		F	0.000					
-	to provide benefits)	8d		8089	1		-	-	
	Certain deemed and/or corrective distributions (see instructions)	8e							
<u></u>	Administrative service providers (salaries, fees, commissions)	8f		620	1				حديثت
	Other expenses	8g			_				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		_	-				587092
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			4				531641
	Transfers to (from) the plan (see instructions)	8j					200		
Pai 9a	t IV Plan Characteristics								
b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3B 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.								
10									
_	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correc	ction Program)	10a	Yes	No X		Amount	
	Was there a failure to transmit to the plan any participant contribu	ciary Correct: (Do not inc	ction Program)		Yes			Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct (2) (Do not inc	ction Program)clude transactions reported	10a	Yes	Х			.000000
b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct (Do not income	clion Program)	10a 10b		Х			
b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest 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 oth insurance service or other organization that provides some or all dinstructions.)	(Do not included in the control of the benefit	clion Program)	10a 10b 10c		х			
b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest 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 oth insurance service or other organization that provides some or all of the plan is the provides some or all of the plan is the provides some or all of the plan is the plan	(Do not included in the control of the benefit	clion Program)	10a 10b 10c		x x			
b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest 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 oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plantage of	fidelity bono ner persons of the benefi	clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d		x x x			
c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest 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 oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plant Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	fidelity bond fidelity bond finer persons of the benefit finer sof year en (See instruction)	ction Program)	10a 10b 10c 10d 10e 10f		x x x			
c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest 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 oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plantid the plan have any participant loans? (If "Yes," enter amount a	fidelity bond fidelity bond finer persons of the benefit finer sof year en- (See instruction of the required in the required i	ction Program)	10a 10b 10c 10d 10e 10f 10g		x x x x			
b c c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 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 oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 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	fidelity bond fidelity bond finer persons of the benefit finer sof year en- (See instruction of the required in the required i	ction Program)	10a 10b 10c 10d 10e 10f 10g		x x x x			
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e e f g h i Parri 11	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest 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 other insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 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  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	fidelity bond fidelity bond fidelity bond finer persons of the benefit finer persons f	clion Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X 111a		1 Ye	s   No
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c   d   e   e     f   g   h     11   11   11   12     a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 102.)  Were there any nonexempt transactions with any party-in-interest 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 off insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plath bid the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 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  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding (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 bein	fidelity bono fidelity bono fidelity bono fidelity bono finer persons of the benefit finer persons f	clude transactions reported  d, that was caused by fraud  by an insurance carrier, ts under the plan? (See  d.)  d.)  tions and 29 CFR  notice or one of the  es," see instructions and com  ats of section 412 of the Code  ole.)  d in this plan year, see instructions and com  Mon	10a 10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X X X IIIa	ERISA?	Ye Ye	s No
b   c   c   d   d   e   e   f   g   h   i     11a   12   a   if   f   f   c   f   f   f   f   f   f	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 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 oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 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  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding (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 beingranting the waiver.	fidelity bond fidelity bond fidelity bond finer persons of the benefit fin	clude transactions reported  It, that was caused by fraud  by an insurance carrier, ts under the plan? (See  d.)  tions and 29 CFR  motice or one of the  es," see instructions and com  ats of section 412 of the Code  ble.) d in this plan year, see instructions and skip to line 13.	10a 10b 10c 10d 10e 10f 10g 10h 10i plete Sections, th	X Sched	X X X X X X X X IIIa	ERISA?	Ye Ye	s No

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С	Enter the amount contributed by the employer to the plan for	for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12c negative amount)		12d		
е	Will the minimum funding amount reported on line 12d be r	met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Ass	sets			***************************************
13a	Has a resolution to terminate the plan been adopted in any plan	ın year?	X Y	es No	
	If "Yes," enter the amount of any plan assets that reverted	to the employer this year	13a		0
b	Were all the plan assets distributed to participants or benef				X Yes No
С	If during this plan year, any assets or liabilities were transferwhich assets or liabilities were transferred. (See instruction	ferred from this plan to another plan(s), identify the plan(s			
- 1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)
_	**************************************				11
Part	VIII Trust Information (optional)	·			
14a	Name of trust		14b Tr	ust's EIN	