For	m 5500-SF	Short Form Annual R	•	of Small Employ	/ee	OMB Nos. 1210-011 1210-008			
Department of the Treasury Internal Revenue Service Benefit Plan Department of Labor Employee Benefits Security Administration This form is required to be filed under sections 104 and 4065 of the Employ Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code).						2012	-		
						This Form is Open to Public			
Pension Be	nefit Guaranty Corporation	Complete all entries in accord	lance with the instrue	ctions to the Form 5500)-SF.	Inspection			
Part I		entification Information					_		
For calenda	ar plan year 2012 or fisca				2/31/2				
A This ret	urn/report is for:		a multiple-employer p	lan (not multiemployer)		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 retur	n/report (less than 12 mo	onths)				
C Check b	box if filing under:	Form 5558	automatic extension			DFVC program			
		special extension (enter descriptio							
Part II		nation—enter all requested informa	ation		41				
1a Name	•	1(K) PROFIT SHARING PLAN			1b	Three-digit plan number			
DONALD J. I	WATER, D.D.S., P.S. 40	I(K) FROFIT SHARING FLAN				(PN) ▶ 001			
					1c	Effective date of plan			
						01/01/1987			
	oonsor's name and addre MAYER, D.D.S., P.S.	ess; include room or suite number (er	nployer, if for a single-	-employer plan)	2b	Employer Identification Number (EIN) 91-1175524			
300 PELLY A	AVENUE NORTH				2c	Sponsor's telephone number 425-235-1660			
RENTON, W	'A 98055				2d	Business code (see instructions) 621210			
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor N	ame Same as Plar	n Sponsor Address	3b	Administrator's EIN			
					3c	Administrator's telephone number			
		lan sponsor has changed since the la er from the last return/report.	ast return/report filed fo	or this plan, enter the	4b	EIN			
a Sponso					4c	PN			
5a Total r	number of participants at	the beginning of the plan year			5a		5		
b Total r	number of participants at	the end of the plan year			5b		5		
	· ·	count balances as of the end of the p		•	Fa		F		
					5c		5		
b Are yo	ou claiming a waiver of th	uring the plan year invested in eligibl e annual examination and report of a See instructions on waiver eligibility a	an independent qualifie	ed public accountant (IQI	PA)				
	,	er line 6a or line 6b, the plan canno	,						
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	se is	established.			
SB or Sche	1 3 3	r penalties set forth in the instructions signed by an enrolled actuary, as we te.	,		,	0, 11			
SIGN	Filed with authorized/va	lid electronic signature.	06/21/2013	DONALD J. MAYER					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator			
SIGN									
HERE Signature of employer/plan sponsor Date Enter name of individu						lual signing as employer or plan sponsor			
Preparer's	name (including firm nan	ne, if applicable) and address; include	e room or suite numbe	er (optional)	Prep	parer's telephone number (optional)			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

7 Plan Assets and Liabilities	(a) Beginning of Ye		r		(b) End of Year		
a Total plan assets	. 7a	74973	0			860154	
b Total plan liabilities	. 7b	6	0			730	
C Net plan assets (subtract line 7b from line 7a)	7c	74967	0			859424	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:							
(1) Employers	8a(1)	1000					
(2) Participants	8a(2)	1019	0				
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b	9604	0				
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c					116230	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f	647	6				
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					6476	
i Net income (loss) (subtract line 8h from line 8c)	8i					109754	
j Transfers to (from) the plan (see instructions)	- 8j						
Part IV Plan Characteristics	U,						
	ealure coues	from the List of Plan Charac	Jiensi	ic cou	62 111 1116	e instructions:	
Part V Compliance Questions		from the List of Plan Charac	Jensi			e instructions:	
			ciensi	Yes	No	Amount	
	itions within th	ne time period described in	10a				
During the plan year:a Was there a failure to transmit to the plan any participant contribution	itions within th uciary Correct ?? (Do not incl	ne time period described in tion Program) lude transactions reported			No		
 During the plan year: 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 	tions within th uciary Correct ? (Do not incl	ne time period described in tion Program) lude transactions reported	10a		No X		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	tions within th uciary Correct ? (Do not inc fidelity bond,	he time period described in tion Program) lude transactions reported that was caused by fraud	10a 10b	Yes	No X	Amount	
 During the plan year: 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 	tions within th uciary Correct ? (Do not inc fidelity bond, her persons b of the benefits	he time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c	Yes	No X X	Amount	
 During the plan year: 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 	tions within th uciary Correct ? (Do not inc fidelity bond, ner persons b of the benefits	the time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes	No X X	Amount	
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 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all 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 a h If this is an individual account plan, was there a blackout period? 	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? us of year end (See instruction he required not	he time period described in tion Program)	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X X X X X X X X X X	Amount	
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С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)			

14a Name of trust	14b Trust's EIN

For calendar plan year 2012 o A This return/report is for: B This return/report is: C Check box if filing under: Part II Basic Plan In 1a Name of plan DONALD J. MAYER, I 2a Plan sponsor's name and DONALD J. MAYER, I 300 PELLY AVENUE N RENTON	Complete all entries in according to the first return/report in an amended return/report in special extension (enter descrip) Form 5558 in special extension (enter descrip) formation—enter all requested information—enter all requested information.D.S., P.S. 401(K) PROF	of 1974 (ERISA), and sect nal Revenue Code (the Co ordance with the instruct 01/01/2012] a multiple-employer pla] the final return/report] a short plan year return/] automatic extension tion) mation TIT SHARING PLAN (employer, if for a single-e	ions 6057(b) and 6058(ide). ions to the Form 5500 and ending in (not multiemployer) report (less than 12 mo	(a) of SF. 1 SF. 1 SF. 	2012 This Form is Open to Public Inspection 1/2012 2/31/2012 a one-participant plan DFVC program DFVC program 001 Effective date of plan 1/01/1987 Employer Identification Number EIN) 91-1175524 Sponsor's telephone number 25-235-1660 Business code (see instructions) 521210
Employee Benefits Security Administration Pension Benefit Guaranty Corporation For calendar plan year 2012 of A This return/report is for: B This return/report is: C Check box if filing under: Part II Basic Plan In 1a Name of plan DONALD J. MAYER, I 300 PELLY AVENUE N RENTON	Retirement Income Security Act the Intern • Complete all entries in according the Internet in	of 1974 (ERISA), and sect nal Revenue Code (the Co ordance with the instruct 01/01/2012] a multiple-employer pla] the final return/report] a short plan year return/] automatic extension tion) mation TIT SHARING PLAN (employer, if for a single-e	ions 6057(b) and 6058(ide). ions to the Form 5500 and ending in (not multiemployer) freport (less than 12 mo	(a) of SF. 1 SF. 1 SF. 	Inspection 2/31/2012 a one-participant plan DFVC program Three-digit plan number PN) 001 Effective date of plan 1/01/1987 Employer Identification Number EIN) 91-1175524 Sponsor's telephone number 425-235-1660 Business code (see instructions) 521210
Pension Benefil Guaranty Corporatio Part I Annual Repo For calendar plan year 2012 o A This return/report is for: B This return/report is: C Check box if filing under: Part II Basic Plan In 1a Name of plan DONALD J. MAYER, I 300 PELLY AVENUE N RENTON	Complete all entries in accorsected according to the first return/report in an amended return/report in the first return/report is special extension (enter description formation—enter all requested information—enter all requested information.p.c.s., P.S. 401(K) PROFINE (D.D.S., P.S.)	a multiple-employer pla the final return/report a short plan year return/ automatic extension tion) mation	and ending and ending in (not multiemployer) freport (less than 12 mo	1 onths) 1b 1 F (1c E 0 2b E (2c S 4 2d E 6	2/31/2012 a one-participant plan DFVC program DFVC program 001 Effective date of plan $1/01/1987$ Employer Identification Number EIN) 91-1175524 Sponsor's telephone number $25-235-1660$ Business code (see instructions) 521210
For calendar plan year 2012 o A This return/report is for: B This return/report is: C Check box if filing under: Part II Basic Plan In 1a Name of plan DONALD J. MAYER, I 2a Plan sponsor's name and DONALD J. MAYER, I 300 PELLY AVENUE N RENTON	rt Identification Information fiscal plan year beginning 0 I fiscal plan year beginning 0 I a single-employer plan [I the first return/report [I an amended return/report [Form 5558 [I special extension (enter descrip formation—enter all requested inform D. D. S., P.S. 401 (K) PROF address; include room or suite number D. D. S., P.S. IORTH WA 98055)1/01/2012] a multiple-employer pla] the final return/report] a short plan year return/] automatic extension tion) mation 'IT SHARING PLAN (employer, if for a single-e	and ending In (not multiemployer) (report (less than 12 mo	1 onths) 1b 1 F (1c E 0 2b E (2c S 4 2d E 6	a one-participant plan a one-participant plan DFVC program DFVC program 0 0 1 Effective date of plan 1 / 0 1 / 1987 Employer Identification Number EIN) 91 - 1175524 Sponsor's telephone number 25 - 235 - 1660 Business code (see instructions) 521210
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DONALD J. MAYER, I 2a Plan sponsor's name and DONALD J. MAYER, I 300 PELLY AVENUE N RENTON	address; include room or suite number).D.S., P.S. IORTH WA 98055	(employer, if for a single-e	employer plan)	2b E (1c E 0 2b E (1 2c S 4 2c S 4 2d E 6	Data number 001 Effective date of plan 1/01/1987 Employer Identification Number EIN) 91-1175524 Sponsor's telephone number 25-235-1660 Business code (see instructions) 521210
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DONALD J. MAYER, I 300 PELLY AVENUE N RENTON).D.S., P.S. IORTH WA 98055			(2c S 4 2d E 6	EIN) 91-1175524 Sponsor's telephone number 25-235-1660 Business code (see instructions) 521210
300 PELLY AVENUE N	WA 98055	r Name XSame as Plan	Sponsor Address	2c 8 4 2d E	Sponsor's telephone number 25-235-1660 Business code (see instructions) 521210
RENTON	WA 98055	r Name XSame as Plan	Sponsor Address	2d E	25-235-1660 Business code (see instructions) 521210
RENTON	WA 98055	r Name XSame as Plan	Sponsor Address	2d E	Business code (see instructions)
		r Name XSame as Plan	Sponsor Address	e	521210
3a Plan administrator's name	and address XSame as Plan Sponsor	r Name XSame as Plan	Sponsor Address	3b /	
					Administrator's EIN
4 If the name and/or EIN of	the plan sponsor has changed since the	e last return/report filed fo	r this plan enter the	4b 1	=1N
	number from the last return/report.	e last returnineport nied for	this plan, enter the	4c	
5a Total number of participa	nts at the beginning of the plan year			5a	5
b Total number of participa	nts at the end of the plan year			5b	5
	th account balances as of the end of the			5c	5
	sets during the plan year invested in elig				
b Are you claiming a waive under 29 CFR 2520.104-	r of the annual examination and report of 46? (See instructions on waiver eligibilit b either line 6a or line 6b, the plan ca	of an independent qualified ty and conditions.)	d public accountant (IQI	PA)	X Yes [] No
	te or incomplete filing of this return/r				
Under penalties of periury and	other penalties set forth in the instruction of and signed by an enrolled actuary, as	ons, I declare that I have e	examined this return/rep	oort, inc	luding, if applicable, a Schedule
SIGN I I III	IF Mare	6/14/2013	DONALD J. MAYH	ER	
HERE Signature of pla		idual signing as plan administrator			
SIGN		Date		an orgi	
HERE	ployer/plan sponsor	Date	Enter name of individu	ual sign	ning as employer or plan sponsor
	n name, if applicable) and address; incl	lude room or suite number			arer's telephone number (optional)
For Paperwork Reduction Act N	otice and OMB Control Numbers, see the i	instructions for Form 5500-	SF.		Form 5500-SF (2012) v. 120126

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7 Plan Assets and Liabilities			(a) Beginning of Year	-		(b)	End of Ye	ar
a Total plan assets			74	9730				86015
b Total plan liabilities				60				73
C Net plan assets (subtract line 7b			74	9670				85942
B Income, Expenses, and Transfer			(a) Amount				(b) Total	
a Contributions received or receiva	ble from:		1					
(1) Employers				.0000		_		
(2) Participants			1	0190				
(3) Others (including rollovers)						_		-
b Other income (loss)			9	6040				_
C Total income (add lines 8a(1), 8a		8c				_		11623
d Benefits paid (including direct rol to provide benefits)								
e Certain deemed and/or corrective								
f Administrative service providers				6476				
g Other expenses								
h Total expenses (add lines 8d, 8e						_		647
				_				10975
i Net income (loss) (subtract line 8 j Transfers to (from) the plan (see								10515
Part IV Plan Characterist	· · · · · · · · · · · · · · · · · · ·	···· 8j						_
b If the plan provides welfare bene	fits, enter the applicable welfare	e feature codes	from the List of Plan Charac	teristic	Codes	in the ir	structions:	
Part V Compliance Questic	NDS							
	ons				/es I	lo	Amo	unt
10 During the plan year: a Was there a failure to transmit t	to the plan any participant contril			10a		lo X	Amo	unt
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		40	-	
C	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 XI	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?			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.)			011
1	3c(1) Name of plan(s):	3c(2) ⊟	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b ⊺	rust's EIN	