## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part		Annual Report Iden		on					
For cal	lendar p	olan year 2012 or fiscal pla		/01/2012		and ending	12/31/	2012	
<b>A</b> Thi	is returr	/report is for:	single-employer plan	am	ultiple-employer p	lan (not multiemployer)		a one-partici	oant plan
<b>B</b> Thi	is returr	/report is: the	e first return/report	the	final return/report				
		a	n amended return/report	a sh	ort plan year retur	n/report (less than 12 m	onths	)	
C Ch	eck box	if filing under:	orm 5558	auto	matic extension			DFVC progra	ım
			pecial extension (enter de	escription)				ш .	
Part	II F	Basic Plan Informat	,	• •					
	ame of		ion enter an requested	a illioilliation			1h	Three-digit	
		LANCICH, D.D.S., P.S., I	NC. 401(K) PLAN					plan number	
								(PN) <b>•</b>	001
							1c	Effective date o	f plan
								01/01	
		sor's name and address; PLANCICH, D.D.S., INC.,		mber (emplo	yer, if for a single	-employer plan)	2b	Employer Identi (EIN) 91-16	fication Number 69050
							2c	Sponsor's telep	
2312 NO	ORTH 3	0TH STREET, SUITE 20 98403-3356	1					253-27	
TACOM	IA, VVA	96403-3336					2d	Business code (62121	see instructions)
<b>3a</b> Pla	an adm	inistrator's name and add	ress XSame as Plan Sp	onsor Name	Same as Plai	n Sponsor Address	3b	Administrator's	EIN
							3c	Administrator's	telephone number
								,	
		ne and/or EIN of the plan			eturn/report filed f	or this plan, enter the	4b	EIN	
	ame, ⊏i oonsor's	N, and the plan number for name	om the last return/report				4c	PN	
		nber of participants at the	beginning of the plan ye	ar			5a		9
<b>b</b> To	otal nun	hber of participants at the	end of the plan year				5b		10
C N	lumber (	of participants with accour	nt balances as of the end	of the plan	vear (defined bene	efit plans do not			
		this item)					5c		10
<b>6a</b> v	Vere all	of the plan's assets durin	g the plan year invested	in eligible as	sets? (See instruc	ctions.)			X Yes No
		claiming a waiver of the a							X Yes □ No
		CFR 2520.104-46? (See							X Yes   No
		swered "No" to either li							
		enalty for the late or income							able a Cabadula
		es of perjury and other pe le MB completed and sign							
		e, correct, and complete.		,,			,	,	3
CION	Fi	ed with authorized/valid e	lectronic signature		07/15/2013	GREGORY J. PLANC	ICH		
SIGN HERE		ignature of plan admini						rning on plan adr	ninintrator
		ignature of plan admini	strator		Date	Enter name of individ	uai siç	jning as pian aur	ninistrator
SIGN HERE									
	S	ignature of employer/pl			Date	Enter name of individ		<del>, , , ,</del>	
⊬repar	rers nai	ne (including firm name, i	applicable) and address	s, include roo	or suite numbe	er (optional)	Prep	parer s telephone	number (optional)
							L		

Form 5500-SF 2012 Page **2** 

Pal	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End (	of Vo			
<u>,</u>	Total plan assets	7a	(a) Beginning of Tea			(b) End of Year 1471942					
	Total plan liabilities	7a 7b	121401	0				141	1342		
	Net plan assets (subtract line 7b from line 7a)	76 7c	127407	1274970			1471942				
8	<u> </u>	70					/b\ T.		1942		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otai			
	(1) Employers	8a(1)	4427	4							
	(2) Participants	8a(2)	3993	33							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	11281	5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						19	7022		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	5	0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							50	)	
i	Net income (loss) (subtract line 8h from line 8c)	8i						19	96972		
j	Transfers to (from) the plan (see instructions)	8j		0							
Pai	rt IV Plan Characteristics				•						
9a											
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	c Cod	des in t	he instruction	ons:			
Par	t V Compliance Questions										
10					Yes	No	Ī	A			
a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions withir	the time period described in	I	103	140		Amo	ли		
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					1750	100
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				1730	100
e	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service or other organization that provides some or all of										
	instructions.)					~					
	·			10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10e 10f		X					
f		n?									
	Did the plan have any participant loans? (If "Yes," enter amount a	n?s of year e	nd.)ctions and 29 CFR	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period?	n?s of year e (See instru	nd.)ctions and 29 CFR	10f 10g		X					
g h	Did the plan have any participant loans? (If "Yes," enter amount a  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	n?s of year e (See instru	nd.)ctions and 29 CFR	10f 10g 10h		X					
g h	Did the plan have any participant loans? (If "Yes," enter amount a  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	s of year e (See instrumer required	nd.)  ctions and 29 CFR  I notice or one of the  /es," see instructions and com	10f 10g 10h 10i		X X X			Yes		No
g h i Part	Did the plan have any participant loans? (If "Yes," enter amount a  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)	n?s of year e (See instrue required 1-3ents? (If ")	nd.) ctions and 29 CFR Inotice or one of the	10f 10g 10h 10i		X X X			Yes		No
g h i Part 11	Did the plan have any participant loans? (If "Yes," enter amount a  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  If 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	s of year e (See instru ne required 1-3	nd.) ctions and 29 CFR  I notice or one of the  /es," see instructions and com	10f 10g 10h 10i		X X X dule SE					
g h i Part	Did the plan have any participant loans? (If "Yes," enter amount a  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  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If 10h was answered "Yes," check the box if you either provided the exceptions to provide the exception the exception to provide the	s of year e (See instru ne required 1-3ents? (If ")	nd.) ctions and 29 CFR I notice or one of the  /es," see instructions and com	10f 10g 10h 10i		X X X dule SE			Yes		No No
9 h i Part 11 11a 12	Did the plan have any participant loans? (If "Yes," enter amount a  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  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If 10h was answered "Yes," check the box if you either provided the exceptions to provided th	s of year e (See instru ne required 1-3 ents? (If ") requireme as applica	nd.)  ctions and 29 CFR  I notice or one of the  /es," see instructions and com  nts of section 412 of the Code able.)  ed in this plan year, see instructions	10f 10g 10h 10i nplete	ction	X X X dule SE 11a 302 of	ERISA?	ne lett	Yes er ruli	X	
9 h i Part 11 11a 12 a	Did the plan have any participant loans? (If "Yes," enter amount a  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  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If 10h was answered "Yes," check the box if you either provided the exceptions to provide the exception to provide the exceptions to provide the exception to p	s of year e (See instru ne required 1-3 ents? (If ") requireme as applica	nd.)  ctions and 29 CFR  I notice or one of the  /es," see instructions and com  nts of section 412 of the Code able.)  ed in this plan year, see instru-	10f 10g 10h 10i nplete	ction	X X X dule SE	ERISA?		Yes er ruli	X	
9 h i Part 11 11a 12 a	Did the plan have any participant loans? (If "Yes," enter amount a  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  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If 10h was answered "Yes," check the box if you either provided the exceptions to provided th	s of year e (See instru ne required 1-3 ents? (If ") requireme as applica ng amortize e MB (Fori	nd.)	10f 10g 10h 10i nplete	ction and	X X X dule SE 11a 302 of	ERISA?	ne lett	Yes er ruli	X	

	Form 5500-SF 2012 Page <b>3</b> - 1			
	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 Benefil Guaranty Corporation

Part I

**Annual Report Identification Information** 

## 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

A This rot	i piair year 2012 or nac	al plan year beginning	01/01/2012	and ending	12/31/2	012				
A mis rett	urn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)	a one-pa	rticipant plan				
B 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 mg	onths)					
C Check b	oox if filing under:	Form 5558	automatic extension		☐ DFVC pr	ogram				
	j	special extension (enter descr	ription)		_					
Part II	Basic Plan Infor	mation—enter all requested inf	formation							
1a Name o					1b Three-digit					
GREGORY	Y J. PLANCICH,	D.D.S., P.S., INC.	401(K) PLAN		plan numbe	er 001				
					(PN)					
					1c Effective da 01/01/1					
		ess; include room or suite numbe	er (employer, if for a single-	employer plan)	2b Employer lo	dentification Number				
GREGORY	J. PLANCICH,	D.D.S., INC., P.S.			(EIN) 91-1	1669050				
0040						elephone number				
2312 NO	ORTH 30TH STRE	ET, SUITE 201			253-272					
TACOMA		WA 98403-335	6		621210	ode (see instructions)				
	dministrator's name and	address X Same as Plan Spons		Sponsor Address	3b Administrate	or's EIN				
				,	20 0 1 1 1 1 1 1					
					3C Administrate	or's telephone number				
		olan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN					
name, a Sponso	·	ber from the last return/report.			4c PN					
a apoliso					70 111					
		t the beginning of the plan year			52	9				
<b>5a</b> Total n	number of participants a	t the beginning of the plan year,,			5a 5h	9				
<b>5a</b> Total n <b>b</b> Total n	number of participants a number of participants a	t the end of the plan year			5a 5b	9				
5a Total n b Total n c Numbe	number of participants a number of participants a er of participants with ac		the plan year (defined bene	fit plans do not		10				
5a Total n b Total n c Number complete 6a Were	number of participants a number of participants a er of participants with a ete this item)all of the plan's assets	t the end of the plan yearcount balances as of the end of	the plan year (defined bene	fit plans do not	5b 5c	10				
5a Total n b Total n c Number complete 6a Were s b Are yo	number of participants a number of participants a er of participants with ac ete this item)	t the end of the plan year	the plan year (defined bene eligible assets? (See instruc rt of an independent qualifie	fit plans do not ions.)	5b 5c	10 10 X Yes No				
<ul> <li>5a Total n</li> <li>b Total n</li> <li>c Number complete</li> <li>6a Were so under so under so</li> </ul>	number of participants a number of participants a er of participants with acete this item)	t the end of the plan year	the plan year (defined bene eligible assets? (See instruc rt of an independent qualifie bility and conditions.)	fit plans do not ions.) d public accountant (IQ	5b 5c	10 10 X Yes No				
5a Total n b Total n c Numbe comple 6a Were a b Are younder a If you	number of participants a number of participants a er of participants with acete this item)	t the end of the plan year	the plan year (defined bene eligible assets? (See instruc- rt of an independent qualifie ility and conditions.)	fit plans do not ions.) d public accountant (IQ	5b 5c PA) Form 5500.	10 10 X Yes No X Yes No				
5a Total n b Total n c Number complete 6a Were a b Are younder a If you Caution: A	number of participants a number of participants are of participants with acete this item)	t the end of the plan year	the plan year (defined beneeligible assets? (See instructed of an independent qualified points)	fit plans do not ions.) d public accountant (IQ and must instead use unless reasonable cau	5b 5c PA) Form 5500. use is established	10 10 X Yes No X Yes No				
5a Total n b Total n c Number complete 6a Were a b Are younder a If you Caution: A Under pena SB or Scheen	number of participants a number of participants are of participants with acete this item)	t the end of the plan year	the plan year (defined bene eligible assets? (See instruc- rt of an independent qualifie bility and conditions.)	fit plans do not  ions.)  d public accountant (IQ  and must instead use  unless reasonable cau  examined this return/re	5b 5c PA) Form 5500. use is established port, including, if a	10 10 X Yes No X Yes No				
5a Total n b Total n c Number complete 6a Were a b Are younder a If you Caution: A Under pena SB or Scheen	number of participants a number of participants are of participants with acete this item)	t the end of the plan year	the plan year (defined bene eligible assets? (See instruc- rt of an independent qualifie bility and conditions.)	fit plans do not  ions.)  d public accountant (IQ  and must instead use  unless reasonable cau  examined this return/re	5b 5c PA) Form 5500. use is established port, including, if a	10 10 X Yes No X Yes No Description				
5a Total n b Total n C Number complete 6a Were a b Are you under a lif you Caution: A Under pena SB or Schebellef, it is to	number of participants a number of participants are of participants with acete this item)	t the end of the plan year	the plan year (defined bene eligible assets? (See instruc- rt of an independent qualifie bility and conditions.)	fit plans do not  ions.)  d public accountant (IQ  and must instead use  unless reasonable cau  examined this return/re	5b 5c PA) Form 5500. use is established port, including, if and, and to the best of	10 10 X Yes No X Yes No Description				
5a Total n b Total n c Number complete 6a Were a b Are younder a lif you Caution: A Under pena SB or Scheibelief, it is to	number of participants a number of participants are of participants with acete this item)	t the end of the plan year	the plan year (defined bene eligible assets? (See instruc- rt of an independent qualifie bility and conditions.)	fit plans do not  ions.)  d public accountant (IQ  and must instead use unless reasonable cau examined this return/report	5b 5c PA) Form 5500. Ise is established port, including, if all to the best of the port of	10 10 X Yes No X Yes No Description  I.  In policable, a Schedule of my knowledge and				
5a Total n b Total n c Number complete 6a Were a b Are you under a lif you Caution: A Under pena SB or Schebellef, it is to	number of participants a number of participants a er of participants with acete this item)	t the end of the plan year	the plan year (defined bene eligible assets? (See instruc- rt of an independent qualifie bility and conditions.)	fit plans do not  ions.) d public accountant (IQ  and must instead use unless reasonable cau examined this return/report gregory J. PLA	5b 5c PA) Form 5500. Ise is established port, including, if all to the best of the port of	10 10 X Yes No X Yes No Description  I.  In policable, a Schedule of my knowledge and				
5a Total n b Total n C Number complete 6a Were a b Are you under a lif you Caution: A Under pena SB or Schebellef, it is to	number of participants a number of participants are of participants with acte this item)	t the end of the plan year	the plan year (defined bene eligible assets? (See instruc- rt of an independent qualifie bility and conditions.)	fit plans do not  ions.) d public accountant (IQ  and must instead use unless reasonable cau examined this return/report gregory J. PLA  Enter name of individ	5b 5c PA) Form 5500. Ise is established port, including, if all, and to the best of ANCICH ual signing as plan	10 10 X Yes No X Yes No No A. Poplicable, a Schedule of my knowledge and				
5a Total n b Total n c Number complete b Are you under to the second of	number of participants a number of participants are of participants with acete this item)	t the end of the plan year	the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualifie- bility and conditions.)	fit plans do not  ions.) d public accountant (IQ  and must instead use unless reasonable cau examined this return/report gregory J. PLA Enter name of individ	5b 5c PA) Form 5500. Ise is established port, including, if all to the best of the control of th	10 10 X Yes No X Yes No X Yes Ano				
5a Total n b Total n c Number complete b Are you under to the second of	number of participants a number of participants are of participants with acete this item)	t the end of the plan year	the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualifie- bility and conditions.)	fit plans do not  ions.) d public accountant (IQ  and must instead use unless reasonable cau examined this return/report gregory J. PLA Enter name of individ	5b 5c PA) Form 5500. Ise is established port, including, if all to the best of the control of th	10 10 X Yes No X Yes No X Yes Ano An administrator				
5a Total n b Total n c Number complete b Are you under to the second of	number of participants a number of participants are of participants with acete this item)	t the end of the plan year	the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualifie- bility and conditions.)	fit plans do not  ions.) d public accountant (IQ  and must instead use unless reasonable cau examined this return/report gregory J. PLA Enter name of individ	5b 5c PA) Form 5500. Ise is established port, including, if all to the best of the control of th	10 10 X Yes No X Yes No X Yes Ano An administrator				
5a Total n b Total n c Number complete b Are you under to the second of	number of participants a number of participants are of participants with acete this item)	t the end of the plan year	the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualifie- bility and conditions.)	fit plans do not  ions.) d public accountant (IQ  and must instead use unless reasonable cau examined this return/report gregory J. PLA Enter name of individ	5b 5c PA) Form 5500. Ise is established port, including, if all to the best of the control of th	10 10 X Yes No X Yes No X Yes Ano An administrator				

Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a	127	7497	0		1471942
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	127	7497	0		1471942
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:			1427	4		
	(1) Employers	8a(1)		3993	_		
	(2) Participants	8a(2)		3993	3		
	(3) Others (including rollovers)	8a(3)	1.	1281	5	7 16	
	Other income (loss)	8b		1201		- 20	197022
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			9	12.00	197022
	to provide benefits)	8d			0		
е	Certain deemed and/or corrective distributions (see instructions)	8e			100	auri	
f	Administrative service providers (salaries, fees, commissions)	8f		5	0		
g	Other expenses	8g				146	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			9		50
ī	Net income (loss) (subtract line 8h from line 8c)	8i		Type .			196972
T	Transfers to (from) the plan (see instructions)	- 8j			0		
Par	t IV Plan Characteristics						
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2R 3D 2J 2K  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu	itions within	the time period described in		103		Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Х		175000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	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 instructions.)	of the benef	its under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	`		10h		Х	
I	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 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	requiremen	nts of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						- W - C
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.		Mor	ith	, and e	enter th Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Forn	n 5500), and skip to line 13.			name I	
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?	Г	es 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 to 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 which assets or liabilities were transferred. (See instructions.)	(s) to			
-	3c(1) Name of plan(s):	13c(2) El	N(s)	13c(3	PN(s)
Part	VIII Trust Information (optional)				
THE OWNER OF THE	Name of trust	14b Ti	ust's EIN		