Fo	OMB Nos. 1210-0110 1210-0089								
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe						2012			
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 609 Employee Benefits Security Administration the Internal Revenue Code (the Code).						This Form is Open to Public Inspection			
	Inspection								
Part I		lentification Information		and and an 4	0/04/	2010			
	dar plan year 2012 or fisca				2/31/2				
	eturn/report is for:			an (not multiemployer)	r) a one-participant plan				
B This re	eturn/report is:		he final return/report						
•			short plan year return automatic extension	/report (less than 12 mo	, 				
C Check	box if filing under:			DFVC program					
Dent II	Decis Dian Inform	special extension (enter description	,						
Part II		nation—enter all requested informat	ion		1h	Three digit			
1a Name	e of plan AUSTIN, D.D.S., P.S. RE	TIREMENT PLAN			a	Three-digit plan number			
	,,					(PN) ▶ 001			
			1c	Effective date of plan 01/01/1996					
	sponsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identification Number			
or the orth.	, COTIN, D.D.O., F.O.				2c	Sponsor's telephone number			
	TORIA BLVD. S.E., SUITE E, WA 98006	A			2d	425-643-5778 Business code (see instructions)			
0			<u> </u>			621210			
3a Plan	administrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b Administrator's EIN				
					3c	Administrator's telephone number			
4 If the	name and/or EIN of the p	lan sponsor has changed since the la	st return/report filed fo	r this plan, enter the	4b EIN				
nam	e, EIN, and the plan numb	per from the last return/report.							
<u> </u>	sor's name	the beginning of the plan year			4c PN				
_		the beginning of the plan year			- 5a				
		the end of the plan year count balances as of the end of the pla			5b	0			
					5c	0			
6a Wer	e all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruct	ions.)		X Yes No			
		e annual examination and report of ar							
	,	See instructions on waiver eligibility ar er line 6a or line 6b, the plan canno	,						
		incomplete filing of this return/report r penalties set forth in the instructions,							
SB or Sch		signed by an enrolled actuary, as well							
SIGN	Filed with authorized/va	lid electronic signature.	08/02/2013	JAMES M. AUSTIN					
HERE Signature of plan administrator Date Enter name of individ						ning as plan administrator			
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	vidual signing as employer or plan sponsor				
Preparer's		ne, if applicable) and address; include	room or suite number			barer's telephone number (optional)			

 Plan Assets and Liabilities a Total plan assets b Total plan liabilities 									
•		(a) Beginning of Yea	ır			(b) End of Year			
b Total plan liabilities	7a	34961	3			0			
	es								
C Net plan assets (subtract line 7b from line 7a)	t plan assets (subtract line 7b from line 7a) 7c 349613				0				
Income, Expenses, and Transfers for this Plan Year	ncome, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total			
a Contributions received or receivable from:									
(1) Employers									
(2) Participants	` <i>`</i>			_					
(3) Others (including rollovers)		0054	-						
b Other income (loss)		2651	5						
 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premium) 				-		26515			
to provide benefits)		37612	8						
e Certain deemed and/or corrective distributions (see instructions	s) 8e								
f Administrative service providers (salaries, fees, commissions).	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					376128			
i Net income (loss) (subtract line 8h from line 8c)	8i					-349613			
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
 b If the plan provides pension benefits, enter the applicable pension 2C 2G 2R 2T 3D b If the plan provides welfare benefits, enter the applicable welfare 									
Part V Compliance Questions 0 During the plan year:				Yes	No	• •			
0 During the plan year:a Was there a failure to transmit to the plan any participant cont	tributions within th	ne time period described in		Tes	NO	Amount			
29 CFR 2510.3-102? (See instructions and DOL's Voluntary	Fiduciary Correct	tion Program)	10a		Х				
b Were there any nonexempt transactions with any party-in-inte on line 10a.)	,	•	10b		Х				
C Was the plan covered by a fidelity bond?			10c	Х		15000			
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		x				
e Were any fees or commissions paid to any brokers, agents, o insurance service or other organization that provides some or instructions.)	r all of the benefits	s under the plan? (See	10e		x				
f Has the plan failed to provide any benefit when due under the	e plan?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amou	unt as of year end	.)	10q		Х				
h If this is an individual account plan, was there a blackout perio 2520.101-3.)			10h		x				
i If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 2520	•		10i						
art VI Pension Funding Compliance									
1 Is this a defined benefit plan subject to minimum funding requ 5500) and line 11a below)									
					11a				
1a Enter the amount from Schedule SB line 39						RISA?			
1a Enter the amount from Schedule SB line 39	ding requirements	s of section 412 of the Code	eorse						
1a Enter the amount from Schedule SB line 392 Is this a defined contribution plan subject to the minimum func-			e or se		02 01 L				
1a Enter the amount from Schedule SB line 39	elow, as applicable being amortized	e.) in this plan year, see instruc	ctions,						
 1a Enter the amount from Schedule SB line 39 2 Is this a defined contribution plan subject to the minimum function (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e been a If a waiver of the minimum funding standard for a prior year is 	elow, as applicable being amortized	e.) in this plan year, see instruc Mon	ctions,		enter the	e date of the letter ruling			

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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes 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 beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
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		_				
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)				
Part	t VIII Trust Information (optional)							

14a Name of trust	14b Trust's EIN

	n 5500-SF	f Small Employ	/ee		OMB Nos. 1210-0110 1210-0089					
Interna	nent of the Treasury I Revenue Service	This form is required to be filed un Retirement Income Security Act of 197	nefit Plan der sections 104 an	d 4065 of the Employee	9	2	012			
Employee Ben	artment of Labor efits Security Administration	ode).	(a) of	This Form is	s Open to Public					
	efit Guaranty Corporation	tions to the Form 5500)-SF.	Ins	pection					
For calendar	pian year 2012 or tisca				2/31/2	2012				
	rn/report is for: t	Tex ave a second Tex.		in (not multiemployer)		a one-particip	oant plan			
B This retu	rn/report is: [닉 · 원	final return/report							
	_			/report (less than 12 mc						
C Check box if filing under: X Form 5558						DFVC program				
		special extension (enter description)								
		nation—enter all requested informatio	n							
1a Name o					1b	Three-digit				
JAMES M. A	JSTIN, D.D.S., P.S. RE	TREMENT PLAN				plan number (PN)	001			
					1c	Effective date of	í plan			
		and a second to the second of the second sec				01/01/1	996			
JAMES M. AL	onsor's name and addr JSTIN, D.D.S., P.S.	ess; include room or suite number (empl	oyer, if for a single-e	employer plan)	2b	Employer Identif (EIN) 91-162				
					2c	Sponsor's telepi (425) 643				
4100 FACTO	RIA BLVD. S.E., SUITI	E A			2d	Business code (ar and window of the			
BELLEVUE						621210	1			
3a Plan ad	ministrator's name and	address XSame as Plan Sponsor Nam	e Same as Plan	Sponsor Address	3b	Administrator's E	EIN			
					30	Administrator's I	elephone number			
						Administrator 5 t	eleptione number			
	20210	1) (1934-1403) - 1417 - Jane Barrison, 1940-1940 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970								
		plan sponsor has changed since the last per from the last return/report.	return/report filed fo	r this plan, enter the	4b EIN					
a Sponso	Report and the second statement of the constraint of the	ber nom me last returnineport.			4c PN					
5a Total n	umber of participants a	t the beginning of the plan year			5a		5			
b Total n	umber of participants a	t the end of the plan year			5b		0			
		count balances as of the end of the plar								
					5c	1	0			
		during the plan year invested in eligible a he annual examination and report of an				••••••	X Yes 🛛 No			
under 2	29 CFR 2520.104-46?	(See instructions on waiver eligibility and	conditions.)			****	X Yes 🗌 No			
If you a	answered "No" to eith	ner line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.				
		incomplete filing of this return/repor								
Under penal	llies of perjury and othe	er penalties set forth in the instructions, I	declare that I have	examined this return/rep	port, ir	cluding, if applica	able, a Schedule			
belief, it is tr	ue, correct, and completed	i signed by an enrolled actuary, as well a	is the electronic vers	sion of this return/report	, and	to the best of my	knowledge and			
r		<u> </u>	1 1 10							
SIGN X pun mt 7/28/13 James M. Austin										
	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator			
SIGN HERE										
	Signature of employ	er/plan sponsor me, if applicable) and address; include r	Dale	Enter name of individu	ual sig	ning as employe	r or plan sponsor			
Flepalers	allie (including init na	me, il applicable) and address, include (oom of solle humber	(opuonai)	Prep	arer's telephone	number (optional)			
	rk Reduction Act Notice	and OMB Control Numbers, see the instru	ctions for Form 5500-	SF	64	1	Form 5500-SF (2012) v. 120126			

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Part	III Financial Information	di					-			
7 P	lan Assels and Liabilities		(a) Beginning of Yea	r			(b) End	of Vaa		
ат	otal plan assets								0	-
Second School	otal plan liabilities	7b								-
C N	et plan assets (subtract line 7b from line 7a)	7c	34961	3					0	
20	come, Expenses, and Transfers for this Plan Year		(a) Amount	1000			(b) ·	Fotal		_
	onlribulions received or receivable from:) Employers	8a(1)					(5)			
	2) Participants	8a(2)		1152	The Circle					
0110-10-20-	Others (including rollovers)	8a(3)								
1.4000 1000	Iher income (loss)	8b	2651	5	-					a d i
ст	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-		20	3515	
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d	37612					2(0010	
	ertain deemed and/or corrective distributions (see instructions)	8e		0						
	dministrative service providers (salaries, fees, commissions)	8f		-	- 3		Sec. 1			
11	Nher expenses	8g					<u></u>	THE DEEP		
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h								_
	let income (loss) (subtract line 8h from line 8c)	8i		0.000				85.20	6128	-
	ransfers to (from) the plan (see instructions)	8j		1000	-		otatice	-34	9613	
Part		0	e e en	327.5						
	f the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions:		
bi	2C 2G 2R 2T 3D f the plan provides welfare benefits, enter the applicable welfare for	anturn and	en franz iba biat af Dias Oliver							
	The plan provides werare benefits, enter the applicable werare in	eature cou	es from the List of Plan Chara	clerist	ic Cod	les in t	he instruc	lions:		
Part	V Compliance Questions			•				7107		
1000	During the plan year:			1	Yes	No		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	itions within	n the time period described in					Amou		
b	Were there any nonexempt transactions with any party-in-interest	l? (Do not i	include transactions reported	10a		X			•	-
<u></u>	on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	х				1500	90
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x				<u> </u>
e	Were any fees or commissions paid to any brokers, agents, or oll	her person	s by an insurance carrier.			10.00				-
	insurance service or other organization that provides some or all	of the bene	fils under the plan? (See				-2			
	instructions.)			10e		Х				_
	Has the plan failed to provide any benefit when due under the pla			10f		Х				
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x		3		
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			401						
Part				10i						
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nenls? (If "	Yes," see instructions and con	plete	Sched	iule SE	B (Form	Гп	Yes 🗌 N	lo
	Enter the amount from Schedule SB line 39				<u> </u>	1022101	<u></u>			i.u
12	Is this a defined contribution plan subject to the minimum funding			0.000		<u>11a</u>				
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			or se	CLION	302 of	ERISA?		Yes X N	10
а	If a waiver of the minimum funding standard for a prior year is bei	ng amortiz	ed in this plan year, see instru	ctions,	, and e		ne date of		er ruling	
	granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedu					Day		Year		
11-21	Enter the minimum required contribution for this plan year			Settointh		12b		- 10 Marca		
	Line and minimum reading control the fill the piet YGI			121122112		1.04.0				

Form 5500-SF 2012

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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			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [No	N/A
Part					11/14
13a	Has a resolution to terminate the plan been adopted in any plan year?	XY	es No		
13	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 beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	 Π Νο
C	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.)	lo			
•	3c(1) Name of plan(s):	3c(2) Ell	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
		14b Trust's EIN			