For	m 5500-SF					OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).			е	2012		
	partment of Labor enefits Security Administration				58(a) of This Form is Open t			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.						ins	spection	
Part I Annual Report Identification Information								
For calenda	ar plan year 2012 or fisca			and ending 0	3/05/	2013		
A This return/report is for:						a one-particip	oant plan	
B This ret	urn/report is:	the first return/report X the	e final return/report					
		an amended return/report 🛛 🗙 a s	hort plan year returr	n/report (less than 12 mo	onths	)		
C Check box if filing under:					DFVC program			
		special extension (enter description)						
Part II	Basic Plan Inform	nation—enter all requested information	n					
1a Name	•				1b	Three-digit		
DAVID A. CO	DTANT, DDS, PS, 401(K	) PROFIT SHARING PLAN				plan number (PN) ▶	002	
					1c	Effective date o		
					10	07/01	•	
	oonsor's name and addre	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b		fication Number 65485	
9101 BRIDGEPORT WAY SW, STE, B				2c	Sponsor's telep 253-584	hone number 4-0858		
	, WA 98499-2419	-			2d	Business code ( 62121	,	
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address			Sponsor Address	3b	Administrator's	EIN		
a Sponso		er from the last return/report.			4c	PN		
5a Total r	number of participants at	the beginning of the plan year			5a		9	
<b>b</b> Total r	number of participants at	the end of the plan year			5b		0	
		count balances as of the end of the plar			_			
_					5c			
<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>								
Caution: A	penalty for the late or	incomplete filing of this return/report	t will be assessed	unless reasonable cau	se is	established.		
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.								
SIGN	Filed with authorized/va	lid electronic signature.	10/08/2013	DAVID A COTANT				
HERE	ERE         Signature of plan administrator         Date         Enter name of individual signing as plan administrator					ninistrator		
SIGN	Filed with authorized/va	lid electronic signature.	10/08/2013	2013 DAVID A COTANT				
HERE	Signature of employe		Date	Enter name of individu				
Preparer's	name (including firm nan	ne, if applicable) and address; include r	oom or suite numbei	r (optional)	Prep	parer's telephone	number (optional)	

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Y	(ear
a Total plan assets	. 7a	164736	6				0
<b>b</b> Total plan liabilities			0				0
<b>C</b> Net plan assets (subtract line 7b from line 7a)		164736	1647366		(		0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	I
a Contributions received or receivable from:	<b>a</b> (1)		0				
(1) Employers	. 8a(1)		0				
(2) Participants	. 8a(2)		0	_			
(3) Others (including rollovers)	. 8a(3)	0005	0				
<b>b</b> Other income (loss)	. 8b	8635	2				
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	. 8c			-			86352
to provide benefits)	. 8d	173371	8				
e Certain deemed and/or corrective distributions (see instructions)	. 8e						
f Administrative service providers (salaries, fees, commissions)	. 8f		0				
g Other expenses	. <b>8g</b>		0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)						1	733718
i Net income (loss) (subtract line 8h from line 8c)	. 8i					-1	647366
j Transfers to (from) the plan (see instructions)	. 8j						
Part IV Plan Characteristics							
b If the plan provides welfare benefits, enter the applicable welfare f Part V Compliance Questions							-
				Yes	No	Am	ount
· ·	utions within t uciary Correc	he time period described in tion Program)	10a	Yes	No X	Am	nount
<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>	uciary Correc t? (Do not inc	ction Program)	10a 10b	Yes		Am	nount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	uciary Correc t? (Do not inc	xtion Program) clude transactions reported		Yes	х	Am	
<ul> <li>During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>	uciary Correc t? (Do not inc fidelity bond	ction Program) clude transactions reported 	10b		х	Am	2500
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	t? (Do not inc t? (Do not inc fidelity bond her persons b of the benefit	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See	10b 10c		X X	Am	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or otl insurance service or other organization that provides some or all</li> </ul>	uciary Correc t? (Do not inc fidelity bond her persons b of the benefit	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d		X X X	Am	
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	t? (Do not inc t? (Do not inc fidelity bond her persons b of the benefit	ction Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See	10b 10c 10d 10e 10f		x x x x x	Am	
<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>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?</li> </ul>	in?	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e		x x x x x x x	Am	
<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount a</li> </ul>	uciary Correc t? (Do not inc fidelity bond her persons b of the benefit an? (See instruct he required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See cl.)	10b 10c 10d 10e 10f 10g		x x x x x x x x	Am	
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<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li></ul>	uciary Correct t? (Do not income inco	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X ule SB	(Form	25000
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li></ul>	uciary Correc t? (Do not inc if idelity bond her persons t of the benefit as of year end (See instruct he required n 1-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X X ule SB	(Form	25000
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li></ul>	uciary Correct t? (Do not inconstruction in fidelity bond her persons b of the benefit an? (See instruct he required n 1-3	tion Program) clude transactions reported that was caused by fraud by an insurance carrier, is under the plan? (See characteristic or one of the the instructions and com the instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X X ule SB	(Form	25000
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>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? 2520.101-3.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	uciary Correc t? (Do not inc fidelity bond her persons b of the benefit as of year end (See instruct he required n 1-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0plete	Schec	X X X X X X X X Ule SB 111a 802 of E	(Form	2500( Yes X N Yes X N etter ruling
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li></ul>	uciary Correc t? (Do not inc fidelity bond her persons b of the benefit as of year end (See instruct he required n 1-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0plete	Schec	X X X X X X X X X Ule SB Ule SB	(Form	2500( Yes X N Yes X N etter ruling
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below</li> <li>If a waiver of the minimum funding standard for a prior year is bei granting the waiver.</li> </ul>	uciary Correct t? (Do not inc if delity bond her persons b of the benefit as of year end (See instruct he required n 1-3 hents? (If "Ye g requirement a applicab ng amortized <b>BMB (Form</b>	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 	X Schec	X X X X X X X X X Ule SB Ule SB	(Form	2500( Yes X N Yes X N etter 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	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part	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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				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 which assets or liabilities were transferred. (See instructions.)	s) to		_			
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	<b>13c(3)</b> PN(s)			
Part	t VIII Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Form 5500-SF         Short Form Annual Return/Report of Small Employee         OMB No           Department of the Treasury         Benefit Plan         OMB No					OMB Nos. 1210-0111 1210-0081	
Internal Revenue Service This form is required to be filed under sections 104 and 4085 of the Employed			d 4065 of the Employee	58(a) of This Form is Open to Put		012
Department of Labor Employee Benefits Security Administration	Imployee Benefits Security Administration the Internal Revenue Code (the Code).					•
Pension Benefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.					
	dentification Information				- /	
For calendar plan year 2012 or fiscal		07/01/2012	and ending	<b></b>	5/2013	
· ·	z a single-employer plan 🛛 a	multiple-employer pla	n (not multiemployer)	[] a	a one-participa	ant plan
B This return/report is:	the first return/report	ne final return/report				
Ľ	an amended return/report	short plan year return	/report (less than 12 mo	·		
C Check box if filing under.					n	
	special extension (enter description)					
	mation enter all requested informa	ntion				
1a Name of plan				1b Thr	ree-digit n number	
David A. Cotant, DD	S, PS, 401(k) Profit Shar	ing Plan			N) ►	002
					ective date of	plan
2a Plan sponsor's name and addre	ess; include room or suite number (emplo	war if for a cingle am	nlovor nlon)		/01/1976	and in a blow has
David A. Cotant, DD		iyer, in tor a single-enti	pioyer piany		n N) 91-09	cation Number
				-		
9101 Bridgeport Way	SW. Sto B			2C Sponsor's telephone number (253) 584-0858		
stor prindeborc way	54, 564. 5			2d Business code (see instructions)		
US Lakewood	WA 98499-2419				1210	
3a Plan administrator's name and	address X Same as Plan Sponsor N	lame 🔲 Same as P	lan Sponsor Address	3b Adı	ministrator's E	EIN
						elephone number
4 If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the last i er from the last return/report.	return/report filed for th	nis plan, enter the	4b EIN	N	<u></u>
a Sponsor's name				4C PN	1	
5a Total number of participants at		••••••	***************************************	5a 5b		9
<ul> <li>b Total number of participants at</li> <li>c Number of participants with act</li> </ul>	the end of the plan year	war (defined benefit r	lane do pot	30		0
				<u>5c</u>		0
	uring the plan year invested in eligible as					XYes No
	e annual examination and report of an in See Instructions on waiver eligibility and	conditions )	ublic accountant (IQPA)		****	XYes No
If you answered "No" to eith	er line 6a or line 6b, the plan cannot (	use Form 6500-SF ar	nd must instead use Fo	orm 6500.		
Caution: A penalty for the late o	r incomplete filing of this return/repo	rt will be assessed u	nless reasonable caus	e is estab	lished.	
	er penalties set forth in the instructions, I I signed by an enrolled actuary, as well a ete.					
	A b-A	T	David A Cotant			
HERE Signature of plan admi	nistrator	Date A R 2013	Enter name of individua	al signing a	s nian admini	sirator
Ka of	1 to t	2000	David A Cotant	ະ. ອາຊາະນາ <b>ມ ຕ</b>	o piùn domin	
SIGN - Paralla - Collan-						nian snoneor
	me, if applicable) and address; include re	Date /0/5/13				number (optional)
	······				•	
			<u></u>			
Concernation of the description And M	latice and OMB Control Numbers see	Al	-			Form 5500-SE (201

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

Form 5500-SF 2012

Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assets ..... а 7a 1,647,366 0 b Total plan liabilities ..... 7b 0 0 С Net plan assets (subtract line 7b from line 7a) ...... 7c 1,647,366 0 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total а Contributions received or receivable from: (1) Employers ..... 8a(1) 0 0 (2) Participants ..... 8a(2) (3) Others (including rollovers) ..... 8a(3) b Other income (loss) ..... 8b 86,352 С Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 86,352 d Benefits paid (including direct rollovers and insurance premiums 1,733,718 to provide benefits) ..... 8d е Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 0 Other expenses ..... 0 g 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 1,733,718 8h ..... Net income (loss) (subtract line 8h from line 8c) (1,647,366) i 8i Transfers to (from) the plan (see instructions) 8j ..... Part IV | Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 2J 2K b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V **Compliance Questions** 10 During the plan year: Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in а x 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a ..... b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) ..... 10b х С Was the plan covered by a fidelity bond? 10c x 250,000 -----d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud х or dishonesty? ..... 10d e Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) ..... х 10e f Has the plan failed to provide any benefit when due under the plan? 10f х g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g x h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) ..... 10h x i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes X No 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 requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver ..... Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year 12b

Page 2

Form 5500-SF 2012	Page <b>3-</b>	
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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 Y	es 🗌 No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0		
b				es 🗌 No		
c						
1	<b>3c(1)</b> Name of plan(s): 13	c(2) EIN(	(s) 13	c(3) PN(s)		
Part	VIII Trust Information (optional)					

14a Name of trust	14b Trust's EIN