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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) **B** This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) automatic extension Form 5558 DFVC program **C** Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan Three-digit plan number THOMAS S. MARING, MD, DMD, PS DEFINED BENEFIT PLAN 002 (PN) • 1c Effective date of plan 01/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number THOMAS S. MARING, MD, DMD, PS 91-1806117 (EIN) Sponsor's telephone number 206-343-7500 509 OLIVE WAY, SUITE 550 SEATTLE, WA 98101-1736 Business code (see instructions) 621111 **3a** Plan administrator's name and address | Same as Plan Sponsor Name 3b Administrator's EIN Same as Plan Sponsor Address 91-1806117 509 OLIVE WAY, SUITE 550 THOMAS S. MARING, MD, DMD, PS SEATTLE, WA 98101-1736 **3c** Administrator's telephone number 206-343-7500 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PΝ Total number of participants at the beginning of the plan year 5a 8 **b** Total number of participants at the end of the plan year..... 5_b Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause 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. Filed with authorized/valid electronic signature. 10/11/2013 THOMAS MARING SIGN **HERE** Signature of plan administrator Enter name of individual signing as plan administrator Date SIGN **HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) JODI CAI HOUN 509-838-5500 RANDALL & HURLEY, INC. 601 W. RIVERSIDE AVE, SUITE 1600 SPOKANE, WA 99201

Form 5500-SF 2012 Page **2**

Por	+ III Eingneich Information						
	t III Financial Information		(a) Deminute of Ver		1		/h) Fud of Voca
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End of Year
	Total plan assets	7a	88961	10	-		69770
	Total plan liabilities	7b	00004	10	-		00770
	Net plan assets (subtract line 7b from line 7a)	7c	88961	10	-		69770
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
а	(1) Employers	8a(1)	6977	0			
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-20104	19			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-131279
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	68856	51			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					688561
i	Net income (loss) (subtract line 8h from line 8c)	8i					-819840
	Transfers to (from) the plan (see instructions)	8i					
Par	t IV Plan Characteristics	, ,	l		·		
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amaunt
a				10a	100	X	Amount
b		? (Do not	include transactions reported	10b		X	
С					X		
				10c			50000
d	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 cinstructions.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the pla					Х	
	· · · · · · · · · · · · · · · · · · ·			10f		Χ	
g h		(See instru	uctions and 29 CFR	10g		X	
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the	10h			
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part 11	Is this a defined benefit plan subject to minimum funding requirem						
	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	Yes No
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•		2, 50	5		
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 of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					zay	1001
	Enter the minimum required contribution for this plan year	•				12b	
	= and minimum required dentitionation for tills plan year						ļ

	Form 5500-SF 2012	Page 3 - 1						
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 negative amount)	_ ·		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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	Yes	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, transfer of the PBGC?	red to another plan, or brought und	er the c	ontro	I		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the p	olan(s) t	0				
1	3c(1) Name of plan(s):		1;	3c(2) l	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)							
14a 1	Name of trust			14b	Trust	's EIN		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For	calendar	plan year 20°	12 or fiscal plan	year beginning	01/01/201	12				and end	ing 12	2/31/2	012			
•	Round of	ff amounts to	nearest dollar	=												
•	Caution:	A penalty of S	1,000 will be as	sessed for late fili	ing of this rep	oort u	ınless reaso	nable ca	ause is	establish	ed.					
A١	lame of p	lan							В	Three-di	git				002	
THC	DMAS S.	MARING, MD	, DMD, PS DEF	INED BENEFIT P	'LAN					plan num	nber (Pl	1)	•	\	J02	
CF	lan spon	sor's name as	shown on line 2	2a of Form 5500 c	or 5500-SF				D E	mployer	Identific	ation	Number	· (EIN)		
THO	MAS S.	MARING, MD	, DMD, PS						91-1	1806117						
Ет	ype of pla	n: X Single	Multiple-A	Multiple-B		F P	rior year pla	n size: >	100 0	or fewer	101	-500	More	than 500	1	
Pa	rt I	Basic Info	mation													
1	Enter th	e valuation da	ate:	Month 01	Day <u>0</u>	1	Year 2	2012	_							
2	Assets:										_					
	_										2a	-				887593
											2b					887593
3			pant count brea			Ī		(1) N	lumber	of partici	ipants		(2) Funding	Target	
				iaries receiving pa	•	F	3a					0				0
							3b					1				26941
		ctive participa				Ī	0 - (4)									
						ŀ	3c(1)									5098
	(2)					f	3c(2)					_				1181909
	(3)					ŀ	3c(3)					7				1187007
						l l	3d					8			1	213948
4				e box and comple												
	_	0 0	0 0.	bed at-risk assum	•						4a					
				sumptions, but dis consecutive years							4b					
5	Effective	e interest rate									5				5	5.58 %
6	Target r	normal cost									6					0
		y Enrolled Ac	•													
á	ccordance v	with applicable law	and regulations. In n	ed in this schedule and a ny opinion, each other a operience under the plan	ssumption is reas											
S	IGN															
Н	ERE								_				09/12	/2013		
			Sign	ature of actuary									Date			
DEN	IELLE M.	. WILLIAMS							_				11-0	7606		
			Type or p	rint name of actua	ary						Mos	t rece	nt enrolli	ment num	nber	
RAN	DALL & I	HURLEY, INC							_				509-8	338-5500		
601	\// RI\/F	RSIDE AVE.,	SUITE 1600	Firm name						Т	elephor	e nur	nber (inc	luding ar	ea code)	
		VA 99201	23.72 1000													
			Ado	dress of the firm					_							
If the	actuary h	nas not fully re	eflected any regi	ılation or ruling pr	omulgated u	nder	the statute	in comple	etina th	is schedi	ule, che	ck the	box and	d see	ſ	1
	ctions			g pi	gatoa di			55mpic	9	5511541			on and		L	

Page 2	-	
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Schedule SB (Form 5500) 2012

Pa	rt II	Begin	ning of Year	Carryov	er Prefu	nding Bala	anc	es									
	•								(a)	Carryover balance		(b)	Prefundir	ng balai	псе		
		Ū	nning of prior year		•	•					0				0		
8			or use to offset pr								0				0		
9	Amount	t remainii	ng (line 7 minus li	ne 8)							0				0		
10	Interest	t on line 9	using prior year's	s actual ret	urn of	<u>-1.04</u> %					0				0		
11	Prior ye	ear's exce	ess contributions t	o be added	d to prefund	ding balance:											
	a Prese	ent value	of excess contrib	utions (line	38a from	prior year)						0					
			using prior year's provided (see ins												0		
	C Total	available	at beginning of cu	rent plan ye	ear to add t	o prefunding b	aland	e							0		
	d Porti	on of (c)	to be added to pre	efunding ba	alance								0				
12 Other reductions in balances due to elections or deemed elections									0				0				
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)								0				0					
Pa	art III	Fun	ding Percent	ages													
14	Funding	g target a	ttainment percent	age									14	7	3.12 %		
15	Adjuste	ed funding	g target attainmen	t percentaç	ge								15	7	3.12 %		
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement) 	16	7	9.42 %					
17	If the cu	urrent val	ue of the assets o	f the plan i	s less than	70 percent o	f the	funding targe	et, enter	such percentage			17		%		
Pá	art IV	Con	tributions an	d Liquid	ity Shor	tfalls											
18	Contrib	utions ma	ade to the plan for	the plan y	ear by emp	oloyer(s) and	empl	oyees:									
(M	(a) Dat M-DD-Y		(b) Amount p employer			ount paid by nployees		(a) Dat (MM-DD-Y		(b) Amount pa employer((c) Amount paid by employees					
09	/13/2013	3		69770			0										
									1.00			421					
								Totals ►	18(b)		69770	18(c)			0		
19			-							the beginning of the آ							
			allocated toward	•	•					•	19a				0		
					•						19b				0		
20						oution for curre	ent ye	ear adjusted to	o valuatio	on date	19c				61900		
20		•	outions and liquidit	-		ar?					L		Ī	Yes	□ No		
			_														
									ı a ullı e ly	/ manner?	Γ		·····L	Yes	No No		
	C II IINE	e ∠∪a IS "	Yes," see instructi	ons and co		y shortfall as			of this ol	an vear							
		(1) 19	st			2nd	J. 011	or quartor t	(3)	3rd			(4) 4th				

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Target	et Normal Cost									
21	Discou	unt rate:												
	a Seg	gment rates:	1st segment: 1.99%	2nd segment: 5.12%	3rd segment: 6.24 %		N/A, full yield	l curve	used					
	b App	licable month (enter code)			21b			1					
22	Weigh	ted average ref	tirement age			. 22			62					
23		ity table(s) (se			escribed - separate	Substitut	e							
Da	rt VI	Miscellane	oue Itome		<u> </u>									
				tuarial assumptions for the current	nlon voor? If "Voo." ooo	inatruationa	rogarding required	.						
24		-		tuariai assumptions for the current				Yes	X No					
25	Has a	method change	e been made for the current of	an year? If "Yes," see instructions	s regarding required attac	chment		Yes	X No					
26			•	Participants? If "Yes," see instruc	3 3 .		<u> </u>	Yes	X No					
27				ter applicable code and see instru				103	<u> </u>					
21		-	•			27								
Pa	rt VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years	'								
28				years		. 28			0					
29				d unpaid minimum required contrib										
						29			0					
30	Remai	ining amount of	funpaid minimum required cor	ntributions (line 28 minus line 29).		. 30			0					
Pa	rt VIII	Minimum	Required Contribution	For Current Year										
31	Targe	-	nd excess assets (see instruc											
			,			31a			0					
	b Excess assets, if applicable, but not greater than line 31a													
32		ization installme												
			zation installment	326355			61870							
						0			0					
33				iter the date of the ruling letter gra										
) and the waived amount	0	33								
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	. 34			61870					
				Carryover balance	Prefunding bala	nce	Total bal	ance						
35	Baland	res elected for	use to offset funding	-										
									0					
36	Additio	onal cash requi	rement (line 34 minus line 35)			36			61870					
37	Contril	butions allocate	ed toward minimum required c	ontribution for current year adjuste	ed to valuation date	37								
	(line 1	9c)				. 01			61900					
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)		1								
	a Tota	I (excess, if any	y, of line 37 over line 36)			. 38a			30					
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard of	carryover balances	. 38b			0					
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39			0					
40	Unpaid	d minimum requ	uired contributions for all years	3		40			0					
Pa	rt IX	Pension I	Funding Relief Under I	Pension Relief Act of 2010) (See Instructions)								
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:										
	a Sche	edule elected				П	2 plus 7 years	15 y	ears/					
	b Eligi	ble plan year(s) for which the election in line	41a was made					2011					
42			*			42								
			celeration amount to be carrie			43								

Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Economic Assumptions

	January 1, 2011	January 1, 2012
Interest rates:		
1st Segmented Interest Rate (0-5 years)	3.14%	1.99%
2nd Segmented Interest Rate (5-20 years)	5.90%	5.12%
3rd Segmented Interest Rate (20+ years)	6.45%	6.24%
Effective Interest Rate	6.20%	5.58%
Traditional funding	6.50%	6.50%
FAS 35 liability	6.50%	6.50%
Salary scale:		
ERISA funding	0.00%	0.00%
Maximum compensation limit	\$245,000	\$250,000
Maximum benefit limit	\$195,000	\$200,000
Expenses	\$0	\$0

Actuarial Methods

Minimum and maximum contributions

Actuarial value of assets
Plan Year
Measurement date

Traditional funding methods

Normal cost and accrued liability

Market value of assets January 1 to December 31

January 1

Individual Aggregate Cost Method

Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Demographic Assumptions

Mortality - Funding (Post PPA)

Post-retirement 2012 Optional Small Plans Male/Female

Pre-retirement None

Mortality - 417(e) (Post PPA)

Post-retirement 2012 Applicable Mortality Table

Pre-retirement None

Mortality - Traditional (Pre PPA)

Post-retirement 1994 Group Annuity Reserving Table

Pre-retirement None

Probability of Lump Sum 95%

Termination None

Disability

Retirement Age None

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 I Annual Report Identification Information												
For calend	ar plan year 2012 or fiscal plan yea	ar beginning 01/	01/2012	and ending	12/31/2012							
A This ret	urn/report is for:	e-employer plan a	multiple-employer pl	an (not multiemployer)	a one-participant plan							
B This ret	urn/report is: the first	return/report [] th	e final return/report									
	an ame	nded return/report as	short plan year returr	n/report (less than 12 m	nonths)							
C Check I	box if filing under: \overline{X} Form 5	558 a	utomatic extension		DFVC program							
	special	extension (enter description)										
Part II	Basic Plan Information—	enter all requested information	on									
1a Name	of plan				1b Three-digit							
THOMAS	S. MARING, MD, DMD,	PS DEFINED BENEF	IT PLAN		plan number 002							
					(PN) 1002							
					01/01/2007							
2a Plan s	oonsor's name and address; includ	le room or suite number (emp	oloyer, if for a single-	employer plan)	2b Employer Identification Number							
THOMAS	S. MARING, MD, DMD,	PS			(EIN) 91-1806117							
509 OLIVE WAY, SUITE 550 2c Sponsor's telephone number 206-343-7500												
206-343-7500 2d Business code (see instructions)												
SEATTLI	SEATTLE WA 98101-1736 621111											
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN												
THOMAS S. MARING, MD, DMD, PS Same as Plan Sponsor Name Same as Plan Sponsor Address Sam												
					3c Administrator's telephone numbe							
509 OL:	IVE WAY, SUITE 550				206-343-7500							
SEATTL	E WA	98101-1736										
	name and/or EIN of the plan spons		return/report filed fo	r this plan, enter the	4b EIN							
name, a Spons	EIN, and the plan number from the	e last return/report.			4c PN							
	number of participants at the begin	ning of the plan year										
	number of participants at the end o				5b							
	er of participants with account bala	, ,			30							
	ete this item)	•	,	•	5c							
	all of the plan's assets during the p											
	ou claiming a waiver of the annual of 29 CFR 2520.104-46? (See instru											
	answered "No" to either line 6a		· ·									
	penalty for the late or incomple			"								
Under pena	alties of perjury and other penalties	set forth in the instructions, I	declare that I have e	examined this return/rep	port, including, if applicable, a Schedule							
SB or Sche	dule MB completed and signed by rue, correct, and complete.	an enrolled actuary, as well	as the electronic vers	sion of this return/report	t, and to the best of my knowledge and							
Delici, it is t	Tue, correct, and complete.		, , , , , , , , , , , , , , , , , , , ,									
SIGN	Maril 1/2		10/1/2017	Thomas Maring								
HERE Signature of plan agministrator Date Enter name of individual signing as plan administrator												
SIGN												
HERE	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor											
	name (including firm name, if appli	cable) and address; include r	oom or suite number	(optional)	Preparer's telephone number (optiona							
Jodi Ca					509-838-5500							
	l & Hurley, Inc. Riverside Ave, Suite	1600										
JUL 11.	TITTOIDIGE AVE, DUICE	, 										

99201

WA

Spokane

Pa	rt III Financial Information														
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year								
а	Total plan assets	. 7a	8	8961	-0		69770								
b	Total plan liabilities	. 7b													
С	Net plan assets (subtract line 7b from line 7a)	7c	8	8961	L 0		69770								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total								
а	Contributions received or receivable from: (1) Employers	. 8a(1)		6977	70										
	(2) Participants	8a(2)													
	(3) Others (including rollovers)	8a(3)													
b	Other income (loss)	8b	-2	0104	9										
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-131279								
d	Benefits paid (including direct rollovers and insurance premiums		6	0056											
	to provide benefits)	8d	р	8856	, 1										
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e 8f													
	Administrative service providers (salaries, fees, commissions)														
<u>g</u>	Other expenses	. 8g													
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					688561								
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					-819840								
	Transfers to (from) the plan (see instructions)	8j													
	rt IV Plan Characteristics														
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:														
b	 1A 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 														
~	The plant provided Wallard Scholler, effect the applicable Wallard Teather Countries and Train Charles Countries Countries.														
Par	t V Compliance Questions			Part V Compliance Questions											
10	During the plan year:				Yes	No	Amount								
10 a	Was there a failure to transmit to the plan any participant contribu			10a	Yes	No X	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 Were there any nonexempt transactions with any party-in-interest	uciary Corr ? (Do not i	ection Program)include transactions reported		Yes		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 Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corr ? (Do not	rection Program)include transactions reported	10a	Yes	Х	Amount 50000								
b	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.)	uciary Corr	rection Program)include transactions reported	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?	uciary Corr ? (Do not i	rection Program)include transactions reported	10a 10b 10c		х									
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a b c d e f g h i Part	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10 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 to It is a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding	fidelity borner person of the benefits of year experience (See instruments? (If """)	rection Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Adule SE	3 (Form X Yes No 0								
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a b 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 Fiduly 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 constructions.) 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 to the string the motice applied under 29 CFR 2520.10 to this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 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 being granting the waiver.	fidelity both fidelity fideli	ection Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i ctions th	Schec	X X X X X X Authorized SE	3 (Form X Yes No 0 No ERISA? Yes X No								
a b c d d e f g h 11 11a 12 a If	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10 CFR 2510.3-102? (See instructions 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 constructions.) 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 to VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 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 both fidelity fid	ection Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i nplete	Scheo	X X X X X X August Section 11a 302 of	3 (Form X Yes No O ERISA? Yes X No ne date of the letter ruling								

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

0040

2012

OMB No. 1210-0110

This Form is Open to Public Inspection

		n attachme	nt to Form	5500 or	5500-SF.				
For calendar plan year 2012 or fiscal pl	an year beginning	01/01/2	2012		aı	nd ending		12/31/2	2012
Round off amounts to nearest do									
Caution: A penalty of \$1,000 will be	assessed for late filing of	this report u	nless reaso	nable ca	use is es	tablished.			
A Name of plan	DMD DO DURING		יאיר זרו יודי			ree-digit		,	000
THOMAS S. MARING, MD,	DMD, PS DEFINED	BENEFT.	I PLAN		pl	an numbe	r (PN)	<u> </u>	002
C Plan sponsor's name as shown on li	ne 2a of Form 5500 or 550	0-SF			D Em	plover Ide	ntificatio	n Number (EIN)
•									,
THOMAS S. MARING, MD,	DMD, PS				91-18	306117			
E Type of plan: X Single Multiple	e-A Multiple-B	F P	rior year pla	ın size: 🏻 🗓	100 or	fewer [101-500) [] More t	han 500
Part I Basic Information									
1 Enter the valuation date:	Month01 D	ay 01	Year_	2012		******			WITH ADMINI
2 Assets:									
a Market value		••••					2a		887593
b Actuarial value						<u></u>	2b		887593
3 Funding target/participant count b	reakdown:			(1) N	umber of	f participa	nts	(2)	Funding Target
a For retired participants and ben	eficiaries receiving paymer	nt	3a				0		0
b For terminated vested participal	nts		3b				1		26941
c For active participants:									
(1) Non-vested benefits			3c(1)						5098
(2) Vested benefits			3c(2)						1181909
(3) Total active			3c(3)				7		1187007
d Total			3d				8	· · · · · · · · · · · · · · · · · · ·	1213948
4 If the plan is in at-risk status, chec	k the box and complete lir	nes (a) and (l	b)						
a Funding target disregarding pre	scribed at-risk assumption	s					4a		
b Funding target reflecting at-risk at-risk status for fewer than f							4b		
5 Effective interest rate							5		5.58%
6 Target normal cost	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						6		0
Statement by Enrolled Actuary									
To the best of my knowledge, the information su accordance with applicable law and regulations, combination, offer my best estimate of anticipate	In my opinion, each other assump	panying schedule tion is reasonabl	es, statements e (taking into a	and attachm ccount the e	ents, if any, experience o	is complete of the plan and	and accura I reasonab	te. Each prescri le expectations)	bed assumption was applied in and such other assumptions, in
SIGN HERE Denielle M. Wil	liams (N)							09/12/2	013
S	ignature of actuary							Date	
Denielle M. Williams								11076	06
Туре	or print name of actuary						Most re	cent enrollm	ent number
Randall & Hurley, Inc.					_		5	09-838-	5500
	Firm name					Tele	phone n	umber (incl	uding area code)
601 W. Riverside Ave., S	uite 1600								
	9201				_				
	Address of the firm								
If the actuary has not fully reflected any	egulation or ruling promul	gated under	the statute	in comple	eting this	schedule,	check t	he box and	see

Page	2	_

Pa	ırt II	Begin	ning of Year	Carryov	er Prefunding Baland	ces	3							
								(a)	Carryover balanc	е	(b)	Prefund	ing balar	nce
		v	0 . ,		cable adjustments (line 13 f					0				0
8			•	•	unding requirement (line 35					0				0
9	Amour	nt remainir	ng (line 7 minus li	ne 8)						0				0
10	Interes	t on line 9	using prior year'	s actual ret	urn of <u>-1.04</u> %					0				0
11	Prior y	ear's exce	ess contributions t	o be added	d to prefunding balance:									
	a Pres	ent value	of excess contrib	utions (line	38a from prior year)					Γ				0
					interest rate of 6.20%									0
	C Total	available	at beginning of cu	rent plan ye	ear to add to prefunding balan	ice .								0
	d Port	ion of (c) t	to be added to pre	efunding ba	alance									0
12	Other r	eductions	in balances due	to election	s or deemed elections					0				0
13	Balanc	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12)			•	0				0
Р	art III	Fun	ding Percenta	ages										
		_	-									14	73	.12%
			target attainmen									15		.12%
	Prior y	ear's fund	ing percentage fo	r purposes	of determining whether car	ryov	ver/prefun	iding bala	ances may be use		е	16		.42%
17					is less than 70 percent of the							17		%
P	art IV	Con	tributions an	d liquidi	ty shortfalls			<u> </u>						
		-1			rear by employer(s) and emp	าไดงเ	rees:							
	(a) Da		(b) Amount p		(c) Amount paid by		(a) Da	ate	(b) Amount	aid by		c) Amou	ınt paid	бу
(N	IM-ĎD-Y	YYY)	employer		employees	Ľ	(MM-DD-	YYYY)	employe	r(s)			oyees	
0.9	9/13/:	2013		69770	0									
					******	_								
								····						
						_								
						<u> </u>		46"		C075	0 40:			
			1 4.1				otals ▶	18(b	<u></u>		0 18(c)			0
19		•	•		tructions for small plan with				•					
				•	imum required contributions					19a				0
					djusted to valuation date					19b				0
				·	uired contribution for current y	/ear	adjusted t	to valuati	on date	. 19c				61900
20		· ·	utions and liquidi	=									<u> </u>	
		•	•		the prior year?								Yes	∐ No
			•	· ·	tallments for the current yea			timely ma	anner?			[Yes	X No
	C If 20	a is "Yes,	" see instructions	and compl	ete the following table as ap									
		(4) 4			Liquidity shortfall as of e	nd c	of quarter	<u>.</u>				(4) ::	La.	
		(1) 1s	ST.		(2) 2nd	-		(3)	3rd			(4) 4t	<u> </u>	

Pa	Part V Assumptions Used to Determine Funding Target and Target Normal Cost							
21	Discount rate:							
	a Segment rates:	1 Segment rates: 1st segment: 2nd segment: 3rd segment 1 . 99% 5 . 12% 6 . 24				N/A, full yield curve used		
	b Applicable month	(enter code)		21b	1			
22	Weighted average	retirement age			22	62		
23	Mortality table(s) (s	see instructions) X Pr	escribed - combined Pre	scribed - separate	Substitut	te		
Pa	rt VI Miscellan	eous Items						
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment							
25	Has a method chan	ige been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment	Yes X No		
26	Is the plan required	to provide a Schedule of Active	e Participants? If "Yes," see instruc	tions regarding required	attachment	Yes 🗓 No		
27								
Pa	rt VII Reconci	liation of Unpaid Minim	um Required Contribution	s For Prior Years				
28	Unpaid minimum re	equired contributions for all prior	years		28	0		
29			d unpaid minimum required contrib		29	0		
30	Remaining amount	of unpaid minimum required co	ntributions (line 28 minus line 29)		30	0		
Pa	rt VIII Minimun	n Required Contribution	n For Current Year					
31	Target normal cost	and excess assets (see instruc	tions):					
	a Target normal cos	st (line 6)			31a	0		
	b Excess assets, if	applicable, but not greater than	line 31a	······	31b	' 0		
32	Amortization install	ments:		Outstanding Bala		Installment		
	a Net shortfall amo	rtization installment			326355	61870		
					0	0		
33 	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount				33			
34	Total funding requir	rement before reflecting carryov	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	61870		
		•	Carryover balance	Prefunding balar	nce	Total balance		
35		or use to offset funding				0		
36	Additional cash req	uirement (line 34 minus line 35)			36	61870		
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)					61900		
38	38 Present value of excess contributions for current year (see instructions)							
	a Total (excess, if a	any, of line 37 over line 36)	38a	30				
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances					0		
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39	0		
40	Unpaid minimum required contributions for all years					0		
Pa	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)							
41	41 If an election was made to use PRA 2010 funding relief for this plan:							
	a Schedule elected							
	b Eligible plan year(s) for which the election in line 41a was made					8 2009 2010 2011		
42	Amount of acceleration adjustment							
43	Excess installment acceleration amount to be carried over to future plan years							

Plan Number: 002

Schedule SB, Line 19 – Discounted Employer Contributions

Effective Int. Rate, Current Year: 5.58%
Quarterly Interest Penalty: 5.00%
Quarterly Contribution Amount: 10,050.00

Data		1	0/40/0040
Date			9/13/2013
Total Contribution	Total		69,770.00
4/15/2012 Quarterly_			
Amount Applied	10,050.00		10,050.00
Interest Adjusted Contribution	8,583.24		8,583.24
7/15/2012 Quarterly			
Amount Applied	10,050.00		10,050.00
Interest Adjusted Contribution	8,682.91		8,682.91
•	·		
10/15/2012 Quarterly			
Amount Applied	10,050.00		10,050.00
Interest Adjusted Contribution	8 <i>,</i> 784.45		8,784.45
•			
1/15/2013 Quarterly			
Amount Applied	10,050.00		10,050.00
Interest Adjusted Contribution	8,887.53		8,887.53
•			
Remaining			
Amount Applied	29,570.00		29,570.00
Interest Adjusted Contribution	26,961.93		26,961.93
	_0,002.00		_ 5,5 5 2.5 5
Total Amount Applied	69,770.00		69,770.00
Interest Adjusted Contribution	61,900.06		61,900.06

Plan Number: 002

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Age Rate of Retirement

62 100%

The weighted average retirement age is the Normal Retirement Age as specified by the Plan.

Plan Number: 002

Schedule SB, Part V - Summary of Plan Provisions

Effective Date January 1, 2007

Latest Amendment Date October 15, 2010

Plan Year January 1 to December 31

Definitions

Eligibility Service Each Plan year in which 1,000 hours are completed

while an employee.

Benefit Service Each Plan year in which 1,000 hours are completed

while a participant in the plan.

Vesting Service Each Plan year in which 1,000 hours are completed

while a participant in the plan.

Average Monthly Compensation The highest average compensation based on 3

consecutive Plan years.

Normal Retirement Age First day of month coincident with or following age 62

and 5 Years of Participation.

Eligibility

Eligibility for Participation All employees become eligible to participate in the Plan

on the January 1st or July 1st following the completion of one year of Eligibility Service and the attainment of

age 21.

Plan Number: 002

Schedule SB, Part V – Summary of Plan Provisions

Benefits							
Normal Retirement	8.34% of Average Monthly Compensation for each year of Benefit Service, limited to a maximum of 25 years of Benefit Service. Effective October 15, 2010 all future benefit accruals are frozen.						
Death, Disability, and Termination	Actuarial equivalent of the Normal Retirement benefit accrued to date.						
Normal Form of Benefit	Single Life Annuity						
Vesting Percent	Years of Vesting Service Less than 5 5	Vested Percentage 0% 100%					
Top Heavy Vesting Percent	Years of Vesting Service Less than 3 3	Vested Percentage 0% 100%					
Plan Provision Changes							
Changes in Plan Provisions	Effective October 15, 2010 all future benefit accruals are frozen.						
Plan Provisions Effective After Valuation Date	No Plan provisions effective after the valuation date were recognized in the actuarial valuation.						
Plan Trustee(s)							

Thomas S. Maring, MD, DMD

Plan Trustee(s)

Plan Number: 002

Schedule SB, Line 32 – Schedule of Amortization Bases

Shortfall Amortization

Valuation Year	Years Left	Original Base	Intallment Amount	Present Value at 1/1/2012
2012	7	137,143	21,670	137,143
2011	6	173,231	28,102	157,026
2010	5	(6,372)	(1,067)	(5,131)
2009	4	(8,898)	(1,496)	(5,811)
2008	3	87,681	14,662	43,133
2007	2	0	0	0
2006	1	0	0	0
			61,871	326,360