Form 5500-SF		Short Form Annual Re	yee	OMB Nos. 1210-011 1210-008			
	partment of the Treasury ternal Revenue Service	This form is required to be filed	e	2012	_		
· · ·	Department of Labor e Benefits Security Administration	Retirement Income Security Act of 1 the Internal		This Form is Open to Public Inspection	_		
-	Benefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	tions to the Form 550	0-SF.	inspection	_
Part I	Annual Report Id	Ientification Information al plan year beginning 01/01/2013		and ending 0	9/16/2	2012	
					9/10/2		
	return/report is for:			an (not multiemployer)		a one-participant plan	
<b>B</b> This	return/report is:		the final return/report	ronart (loss than 12 m	ontha		
		=		n/report (less than 12 mo	Jinns	DFVC program	
	k box if filing under:	룩	automatic extension				
Dort II	Basia Blan Inform	special extension (enter description	,				
Part II	ne of plan	mation—enter all requested information	tion		1h	Three-digit	
	•	S DEFINED BENEFIT PLAN				plan number	
						(PN) ▶ 002	
					1c	Effective date of plan 01/01/2007	
	sponsor's name and address. MARING, MD, DMD, PS	ess; include room or suite number (en S	nployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1806117	
	E WAY, SUITE 550				2c	Sponsor's telephone number 206-343-7500	
SEATTLE	, WA 98101-1736				2d	Business code (see instructions) 621111	
<b>3a</b> Plan	administrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's EIN	
					30	Administrator's telephone number	
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
	ne, EIN, and the plan numb nsor's name	per from the last return/report.			4c	PN	
		t the beginning of the plan year			5a		1
-		the end of the plan year			5b		0
		count balances as of the end of the pl			0.0		<u> </u>
con	nplete this item)			•	5c		
<b>b</b> Are und	you claiming a waiver of the ler 29 CFR 2520.104-46? (	during the plan year invested in eligible ne annual examination and report of a See instructions on waiver eligibility a ner line 6a or line 6b, the plan canno	n independent qualifie nd conditions.)	d public accountant (IQI	PA)	X Yes 🗌 N	
		incomplete filing of this return/repo					
Under pe SB or Sc	enalties of perjury and othe	r penalties set forth in the instructions signed by an enrolled actuary, as wel	, I declare that I have	examined this return/rep	oort, ir	ncluding, if applicable, a Schedule	
SIGN	Filed with authorized/va	lid electronic signature.	10/11/2013	THOMAS MARING			
HERE	Signature of plan adm	ninistrator	lual signing as plan administrator				
SIGN							
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sid	ning as employer or plan sponsor	
JODI CAL RANDALL 601 W. R	's name (including firm nar	ne, if applicable) and address; include	room or suite number			barer's telephone number (optional) 509-838-5500	

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	. 7a	6977				0
<b>b</b> Total plan liabilities	. 7b					
<b>C</b> Net plan assets (subtract line 7b from line 7a)	. 7c	6977	0			0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	. 8a(1)			_		
(2) Participants	. 8a(2)					
(3) Others (including rollovers)	. 8a(3)					
<b>b</b> Other income (loss)	. 8b			_		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					0
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	6977	0			
e 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					69770
Net income (loss) (subtract line 8h from line 8c)	. 8i					-69770
j Transfers to (from) the plan (see instructions)	. 8j					
Part IV Plan Characteristics						
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 1A 3D	feature code	s from the List of Plan Chara	acteris	stic Co	des in t	the instructions:
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Coc	les in th	ne instructions:
Part V Compliance Questions						
<b>10</b> During the plan year:				Yes	No	Amount
<b>a</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			10a		x	
<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		x	
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		50000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
insurance service or other organization that provides some or all of	<ul> <li>Were any fees or commissions 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.)</li> </ul>				x	
f Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	J.)	10g		Х	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instructi	ions and 29 CFR	10g		x	
i If 10h was answered "Yes," check the box if you either provided the 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	
<b>12</b> Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code	e or se	ection :	302 of E	ERISA? Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.			-			
<b>a</b> If a waiver of the minimum funding standard for a prior year is bein			ctions	, and e	enter the	e date of the letter ruling
granting the waiver.			th		Day _	Year
		Mon	th		Day_	Year

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	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 t of the PBGC?	e control		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

For	m 5500-SF	Short Form Annual F	-	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan	and 4065 of the Employe	e	2012			
Employee B	epartment of Labor enefits Security Administration	Retirement Income Security Act o		ctions 6057(b) and 6058		This Form is Open to Public Inspection			
	enefit Guaranty Corporation	Complete all entries in accor	dance with the instru	ctions to the Form 550	0-SF.				
Part I	Annual Report Id	entification Information	1/01/2013	and ending		09/16/2013			
_									
				lan (not multiemployer)		a one-participant plan			
B This ret	urn/report is:	the first return/report	the final return/report						
-		an amended return/report		n/report (less than 12 m	onths)				
C Check I	box if filing under:	Form 5558	automatic extension			DFVC program			
		special extension (enter description							
Part II		nation—enter all requested inform	ation		46	<del></del>			
<b>1a</b> Name Thomas	•	DMD, PS Defined Bene	efit Plan		10	Three-digit plan number (PN) • 002			
						Effective date of plan 01/01/2007			
	consor's name and addre S. Maring, MD,	ess; include room or suite number (e	employer, if for a single	-employer plan)	2b	Employer Identification Number			
					2c	(EIN) 91-1806117 Sponsor's telephone number			
509 OT:	ive Way, Suite	550				206-343-7500			
Seattle		WA 98101-1736				Business code (see instructions) 621111			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor I	Name XSame as Plai	n Sponsor Address	3b	Administrator's EIN			
name,	EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	last return/report filed for	or this plan, enter the	4b				
a Sponse 5a Total r		the beginning of the plan year			4c				
		the end of the plan year			5a	1			
		count balances as of the end of the			5b	0			
					5c				
6a Were	all of the plan's assets d	uring the plan year invested in eligit	le assets? (See instruc	ctions.)		X Yes No			
under	29 CFR 2520.104-46? (	e annual examination and report of See instructions on waiver eligibility er line 6a or line 6b, the plan can	and conditions.)						
Caution: A	penalty for the late or	incomplete filing of this return/re	port will be assessed	unless reasonable cau	use is (	established.			
SB or Sche		<ul> <li>penalties set forth in the instructior signed by an enrolled actuary, as w te.</li> </ul>							
SIGN	Vinner 121		10/1/2013	Thomas Maring					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	dual signing as plan administrator				
SIGN						÷ ·			
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sin	ning as employer or plan sponsor			
Preparer's		ne, if applicable) and address; include				arer's telephone number (optional)			
Jodi Ca					509-838-5500				
Randall & Hurley, Inc.						202 000 2000			
БUI W.	Riverside Ave,	Sulte 1600							
Spokane	2	WA 99201							
<b>F D</b>		and OMB Control Numbers, see the ins	Anna fan Carne FEOD	0F		Form 5500-SE (2012)			

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

Form 5500-SF (2012) v. 120126

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ar	
а	Total plan assets	7a			70		(0) End	01 10		0
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		697	70					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal		
а	Contributions received or receivable from:		(4) /				(~)	otui		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)							-	
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	All and a second se							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								0
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		697	70					
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	William Control of Con							
<u> </u>	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								59770
<u>    i     </u>	Net income (loss) (subtract line 8h from line 8c)	8i							- 6	59770
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Plan Chara	acteri	stic Co	odes in	the instruc	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruct	ions:		
			and the second se							
Par	: V Compliance Questions									
10	During the plan year:									
	Dunny me plan year.				Yes	No		Amo	unt	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	Yes	No X		Amo	unt	
	Was there a failure to transmit to the plan any participant contribut	iciary Corr ? (Do not i	ection Program) nclude transactions reported	10a 10b	Yes			Amo	unt	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Corr ? (Do not i	ection Program) nclude transactions reported	10b	Yes	X		Amo		50000
b	Was there a failure to transmit to the plan any participant contribut 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	iciary Corr ? (Do not i fidelity bor	ection Program) nclude transactions reported	10b 10c		X		Amo		50000
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b c d e f g	<ul> <li>Was there a failure to transmit to the plan any participant contribut 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did 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 c instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If</li> </ul>	iciary Corr ? (Do not i fidelity bor of the bene of the bene of year e See instru	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR	10b 10c 10d 10e 10f 10g		X X X X		Amo		50000
b c d e f g	<ul> <li>Was there a failure to transmit to the plan any participant contribut 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did 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 or instructions.)</li> <li>Has the plan have any participant loans? (If "Yes," enter amount as 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 the</li> </ul>	iciary Corr ? (Do not i fidelity bor der persons of the bene n? s of year e See instru	ection Program) nclude transactions reported add, that was caused by fraud as by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR	10b 10c 10d 10e 10f 10g 10h		X X X X X X X		Amo		50000
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b c d f g h	Was there a failure to transmit to the plan any participant contribut         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?         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 as         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 requirement	riciary Corr (Do not i fidelity bor er persons of the bene n? s of year e See instru ne required 1-3 ents? (If ")	ection Program) nclude transactions reported ind, that was caused by fraud is by an insurance carrier, fits under the plan? (See ind.) ctions and 29 CFR notice or one of the res," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X		Amo	<u>c</u>	
b c d e f g h i Part	<ul> <li>Was there a failure to transmit to the plan any participant contribut 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did 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 c instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>VI Pension Funding Compliance</li> </ul>	riciary Corr (Do not i fidelity bor er persons of the bene n? s of year e See instru e required 1-3 ents? (If "\	ection Program) nclude transactions reported ad, that was caused by fraud s by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the /es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X		Amo		
b c d e f g h i Part	<ul> <li>Was there a failure to transmit to the plan any participant contribut 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did 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 c instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 th exceptions to providing the notice applied under 29 CFR 2520.107</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> </ul>	iciary Corr ? (Do not i fidelity bor er persons of the bene n? s of year e (See instru ne required 1-3 ents? (If ")	ection Program) nclude transactions reported ad, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the /es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	Scher	X X X X X X X Iule SE			<u>c</u>	X No
b c d f g h i 11 11a	<ul> <li>Was there a failure to transmit to the plan any participant contribut 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.)</li> <li>Was the plan covered by a fidelity bond?</li></ul>	iciary Corr ? (Do not i fidelity bor er persons of the bene n? s of year e See instru ie required 1-3 	ection Program) nclude transactions reported add, that was caused by fraud s by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the res," see instructions and com res," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	Scher	X X X X X X X Iule SE			Yes	X No
b c d e f g h i Part 11 11a 12	<ul> <li>Was there a failure to transmit to the plan any participant contribut 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did 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 c instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 1f 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 the exceptions to providing the notice applied under 29 CFR 2520.107</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, If a waiver of the minimum funding standard for a prior year is bein</li> </ul>	iciary Corr ? (Do not i fidelity bor er persons of the bene n? s of year e See instru ie required 1-3 	ection Program) nclude transactions reported add, that was caused by fraud as by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the ces," see instructions and com rest of section 412 of the Code able.) ed in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i e or se	Schee	X X X X X X X X Iule SE	ERISA?		Yes Yes I	X No
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