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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	Complete all entries in	accordance with the instru	ctions to the Form 5500	-SF.	
Part I	Annual Report Identification Information	on			
For calend	ar plan year 2012 or fiscal plan year beginning 01/	01/2012	and ending 12	2/31/2012	
	turn/report is for: a single-employer plan		lan (not multiemployer)	a one-pa	articipant plan
B This ref	turn/report is: the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 mo	nths)	
C Check	box if filing under: X Form 5558	automatic extension		DFVC p	rogram
	special extension (enter de				
Part II	Basic Plan Information—enter all requested	information			
1a Name				1b Three-digit	
EDWARD W	/ILLIAMS, M.D., INC., P.S. 401(K) PROFIT SHARING	PLAN		plan numb	er 001
				(PN) •	L
				1c Effective d	ate of plan 01/01/1989
2a Plan s	ponsor's name and address; include room or suite nur	mber (employer, if for a single-	employer plan)	2b Employer l	dentification Number
FOOC OFNIT	ED CT CUITE D			2c Sponsor's	telephone number 3-581-2934
TACOMA, V	ER ST SUITE R VA 98499		-	2d Business c	ode (see instructions)
3a Plan a	dministrator's name and address XSame as Plan Sp	onsor Name Same as Plar	n Sponsor Address	3b Administrat	
		Ц		0	
				3C Administrat	tor's telephone number
4 If the	name and/or EIN of the plan sponsor has changed sin-	ce the last return/report filed for	or this plan, enter the	4b EIN	
	, EIN, and the plan number from the last return/report.	·			
a Spons	or's name			4c PN	
5a Total	number of participants at the beginning of the plan yea	ar		5a	9
b Total	number of participants at the end of the plan year			5b	10
	er of participants with account balances as of the end lete this item)		•	5c	9
6a Were	all of the plan's assets during the plan year invested i	n eligible assets? (See instruc	tions.)		X Yes No
_	ou claiming a waiver of the annual examination and re				
	29 CFR 2520.104-46? (See instructions on waiver eli				X Yes No
lf you	ı answered "No" to either line 6a or line 6b, the pla	n cannot use Form 5500-SF	and must instead use F	Form 5500.	
Caution: A	A penalty for the late or incomplete filing of this ret	urn/report will be assessed	unless reasonable caus	se is established	d
SB or Sche	alties of perjury and other penalties set forth in the insteadule MB completed and signed by an enrolled actuary true, correct, and complete.				
SIGN	Filed with authorized/valid electronic signature.	10/15/2013	EDWARD WILLIAMS		
HERE	Signature of plan administrator	Date	Enter name of individua	al signing as plai	n administrator
SIGN					
HERE	Signature of employer/plan sponsor	Date	Enter name of individua	al signing as emi	nlover or plan sponsor
Preparer's	name (including firm name, if applicable) and address				hone number (optional)
1 2 2 3 3 0	and database	,	(- 1, ,		(000000)

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	d of Y	ear		
a	Total plan assets	7a	34037				(2) =:		36706	2	_
	Total plan liabilities	7b							00.00		
	Net plan assets (subtract line 7b from line 7a)	7c	34037	' 6					36706	2	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total	301 00		
	Contributions received or receivable from:		(a) Amount				(I)	Total			
	(1) Employers	8a(1)	855	0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	5062	29							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							59179)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2494	6							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	749	0							
g	Other expenses	8g	5	7							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3249	3	
	Net income (loss) (subtract line 8h from line 8c)	8i							2668	6	
	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	3:		
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 instru	ctions:			
Dawl	W Commission of Overstions										
Part	•				V	NI.					
10	During the plan year:	C	and the Caraman Sand day and the	ı	Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					400	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	4.0		X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					96	44
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		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)								Yes	X	No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding				ction		ERISA?		Yes	χN	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
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 Day	ne date d	of the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
b	Enter the minimum required contribution for this plan year					12b					

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	l3c(2) ⊟	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			1
	Name of trust	14b ⊺	rust's EIN	

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**

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OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

_		1	Complete all entries in accord					
	art I		dentification Information	1 /01 /0010				
For	calend	ar plan year 2012 or fis	_	1/01/2012	and ending	12	/31/2012	_
A 1	This ret	turn/report is for:	a single-employer plan	a multiple-employer _l	olan (not multiemployer)	a	on e participant plan	
B 1	This ret	turn/report is:	the first return/report	the final return/report	:			
			an amended return/report	a short plan year retu	m/report (less than 12 m	nonths)		
C	Check I	box if filing under:	X Form 5558	automatic extension		Пр	FVC program	
			special extension (enter description	1)				
Pa	rt II	Basic Plan Infor	mation enter all requested informa	tion				
1a	Name	of plan				1b Thre	e-digit	_
		•	I.D., INC., P.S. 401(K)	PROFIT			number	
		ING PLAN	,,,			(PN)	▶ 001	
							tive date of plan	
22	Olon or	noncor's name and add					01/1989	
			ress; include room or suite number (en	nployer, it for a single	-employer plan)		loyer Identification Numb	ber
-	JD***11	no middinio, ii	.b., inc., i.b.				20-8204757	
							n <mark>sor's telephone numbe</mark> 3) 581-2934	r
	5006	CENTER ST SUI	TE R				ness code (see instruction	one)
7	racon	MA		WÄ	98499	621		7110)
			l address XSame as Plan Sponsor Na		n Sponsor Address	3b Admi	nistrator's EIN	
			_					
						3C Admi	nistrator's telephone nu	mber
4	If the n	ame and/or EIN of the	olan sponsor has changed since the la	st return/report filed f	or this plan, enter the	4h FIN		
4	If the n	ame and/or EIN of the EIN, and the plan num	plan sponsor has changed since the lab ber from the last return/report.	st return/report filed f	or this plan, enter the	4b EIN		
as	name, Sponso	EIN, and the plan num or's name	ber from the last return/report.			4b EIN 4c PN		
as	name, Sponso	EIN, and the plan num or's name	plan sponsor has changed since the laber from the last return/report.					
a 9	name, Sponso Total n	EIN, and the plan num or's name number of participants a	ber from the last return/report.			4c PN		9
a : 5a : b :	name, Sponso Total n Total n Numbe	EIN, and the plan number's name number of participants a number of participants are of participants with acceptance of partici	t the beginning of the plan year	an year (defined bene	efit plans do not	4c PN 5a 5b		10
5a 5	name, Sponso Total n Total n Numbe comple	EIN, and the plan number's name number of participants a number of participants are of participants with acte this item)	ber from the last return/report. It the beginning of the plan year It the end of the plan year Count balances as of the end of the plan	an year (defined bene	əfit plans do not	4c PN 5a 5b 5c		
a 5 5a 5 b c	name, Sponso Total n Total n Numbe comple Were a	EIN, and the plan number's name number of participants a number of participants are of participants with acete this item)	ber from the last return/report. It the beginning of the plan year It the end of the plan year Count balances as of the end of the plan year invested in eligible	an year (defined bene	əfit plans do not	4c PN 5a 5b		10
5a 5 c 6a b	name, Sponso Total n Total n Numbe comple Were : Are yo	EIN, and the plan number's name number of participants a number of participants are of participants with acete this item)	ber from the last return/report. It the beginning of the plan year It the end of the plan year Count balances as of the end of the plan year invested in eligible the annual examination and report of ar	an year (defined bene assets? (See instruc	efit plans do not	4c PN 5a 5b 5c		9 No
a 5 5a b c 6 6a b	name, Sponso Total n Total n Numbe comple Were a Are yo under to	EIN, and the plan number's name number of participants a number of participants are of participants with acete this item)	ber from the last return/report. It the beginning of the plan year It the end of the plan year Count balances as of the end of the plan year invested in eligible the annual examination and report of ar (See instructions on waiver eligibility ar	an year (defined bene assets? (See instruc n independent qualifie nd conditions.)	efit plans do not stions.)d public accountant (IQ	4c PN 5a 5b 5c PA)	🗓 Yes [9 No
5a 5b 6a b	name, Sponso Total n Total n Numbe comple Were a Are you under t	EIN, and the plan number's name number of participants a number of participants are of participants with act this item)	the beginning of the plan year	an year (defined bene assets? (See instruc independent qualifier and conditions.) t use Form 5500-SF	efit plans do not stions.)ed public accountant (IQ and must instead use	4c PN 5a 5b 5c PA)	X Yes [9 No
a s 5a b c 6a b	name, Sponso Total n Total n Numbe comple Were a Are you under to If you	EIN, and the plan number's name number of participants a number of participants are of participants with acete this item)	the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualifier and conditions.) t use Form 5500-SF art will be assessed	efit plans do not stions.)	4c PN 5a 5b 5c PA) Form 5500. Ise is establ	X Yes [10 9 No No
a S 5a b c 6a b Cauti	name, Sponso Total n Total n Numbe comple Were: Are you under: If you: ion: A	EIN, and the plan number's name number of participants a number of participants a pumber of participants are of participants with action of the plan's assets of unclaiming a waiver of the 29 CFR 2520.104-46? (answered "No" to eith penalty for the late or littles of perjury and other dule MB completed and	ber from the last return/report. It the beginning of the plan year It the end of the plan year Count balances as of the end of the plan year invested in eligible the annual examination and report of ar (See instructions on waiver eligibility ar the line 6a or line 6b, the plan cannot incomplete filing of this return/report penalties set forth in the instructions, I signed by an enrolled actuary, as well	an year (defined bene assets? (See instruct independent qualifier and conditions.) t use Form 5500-SF ort will be assessed	efit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/rec	4c PN 5a 5b 5c PA) Form 5500. se is estable port, including	X Yes	10 9 No No
a S 5a b c 6a b Cauti	name, Sponso Total n Total n Numbe comple Were: Are you under: If you: ion: A	EIN, and the plan number's name number of participants a number of participants are of participants with act this item)	ber from the last return/report. It the beginning of the plan year It the end of the plan year Count balances as of the end of the plan year invested in eligible the annual examination and report of ar (See instructions on waiver eligibility ar the line 6a or line 6b, the plan cannot incomplete filing of this return/report penalties set forth in the instructions, I signed by an enrolled actuary, as well	an year (defined bene assets? (See instruct independent qualifier and conditions.) t use Form 5500-SF ort will be assessed	efit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/rec	4c PN 5a 5b 5c PA) Form 5500. se is estable port, including	X Yes	10 9 No No
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a S 5a b c 6a b Cauti	name, Sponso Total n Total n Numbe comple Were: Are you under: If you ion: A er pena r Schee f, it is tr	EIN, and the plan number's name number of participants a number of participants a participants are of participants with acte this item)	the beginning of the plan year	an year (defined bene assets? (See instruct independent qualified and conditions.) tuse Form 5500-SF ort will be assessed I declare that I have as the electronic ver	and must instead use unless reasonable cau examined this return/report.	4c PN 5a 5b 5c PA) Form 5500. use is establicort, including, and to the b	lished. g, if applicable, a Schedbest of my knowledge at	10 9 No No
5a b c c 6a b Cauti Under SB oi belief	name, Sponso Total n Total n Numbe comple Were: Are you under: If you ion: A er pena r Schee f, it is tr	EIN, and the plan number's name number of participants a number of participants a per of participants with acete this item)	the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier and conditions.) t use Form 5500-SF ort will be assessed	efit plans do not etions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/rep sion of this return/report EDWARD WILLIAM Enter name of individu	4c PN 5a 5b 5c PA) Form 5500. Ise is estable port, including, and to the including and to the including and signing a	lished. g, if applicable, a Schedbest of my knowledge at	10 9 No No
a s 5a b c 6a b Cauti Unde SB or belief SIGN HERT	name, Sponso Total n Total n Number comple Were: Are you under: If you ion: A r Scheet, it is tr	EIN, and the plan number's name number of participants a number of participants are of participants with acte this item)	the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier and conditions.) t use Form 5500-SF ort will be assessed I declare that I have as the electronic ver	and must instead use unless reasonable cau examined this return/report.	4c PN 5a 5b 5c PA) Form 5500. Ise is estable port, including, and to the including and to the including and signing a	lished. g, if applicable, a Schedbest of my knowledge at	10 9 No No
5a b c c 6a b Cauti Unde SB or belief SIGN HERE	name, Sponso Total n Total n Numbe comple Were: Are you under: If you ion: A er pena r Schee f, it is tr	EIN, and the plan number's name number of participants a number of participants are of participants with acet this item)	the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier nd conditions.) t use Form 5500-SF ort will be assessed I declare that I have as the electronic ver	efit plans do not etions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/report sion of this return/report EDWARD WILLIAM Enter name of individu	4C PN 5a 5b 5c PA) Form 5500. Ise is estable port, including, and to the base is estable port.	lished. g, if applicable, a Schedoest of my knowledge and splan administrator s employer or plan spon	10 9 No No Jule
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5a 5b c 6a b Cauti Unde SB oi belief SIGN HERI	name, Sponso Total n Total n Numbe comple Were: Are you under: If you ion: A er pena r Schee f, it is tr	EIN, and the plan number's name number of participants a number of participants are of participants with acet this item)	the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier nd conditions.) t use Form 5500-SF ort will be assessed I declare that I have as the electronic ver	efit plans do not etions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/report sion of this return/report EDWARD WILLIAM Enter name of individu	4C PN 5a 5b 5c PA) Form 5500. Ise is estable port, including, and to the base is estable port.	lished. g, if applicable, a Schedoest of my knowledge and splan administrator s employer or plan spon	10 9 No No Jule
5a 5b c 6a b Cauti Unde SB oi belief SIGN HERI	name, Sponso Total n Total n Numbe comple Were: Are you under: If you ion: A er pena r Schee f, it is tr	EIN, and the plan number's name number of participants a number of participants are of participants with acet this item)	the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier nd conditions.) t use Form 5500-SF ort will be assessed I declare that I have as the electronic ver	efit plans do not etions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/report sion of this return/report EDWARD WILLIAM Enter name of individu	4C PN 5a 5b 5c PA) Form 5500. Ise is estable port, including, and to the base is estable port.	lished. g, if applicable, a Schedoest of my knowledge and splan administrator s employer or plan spon	10 9 No No Jule
5a 5b c 6a b Cauti Unde SB oi belief SIGN HERI	name, Sponso Total n Total n Numbe comple Were: Are you under: If you ion: A er pena r Schee f, it is tr	EIN, and the plan number's name number of participants a number of participants are of participants with acet this item)	the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier nd conditions.) t use Form 5500-SF ort will be assessed I declare that I have as the electronic ver	efit plans do not etions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/report sion of this return/report EDWARD WILLIAM Enter name of individu	4C PN 5a 5b 5c PA) Form 5500. Ise is estable port, including, and to the base is estable port.	lished. g, if applicable, a Schedoest of my knowledge and splan administrator s employer or plan spon	10 9 No No Jule

Pa	rt III Financial Information	 -					
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar ar			(b) End of Year
a	Total plan assets	7a		0,3	76		367,062
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	34	0,3	76		367,062
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	-	8,5	50		
	(2) Participants	8a(2)			Ť		****
	(3) Others (including rollovers)	8a(3)	•				
b	Other income (loss)	8b	5	0,6	29		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					59,179
	Benefits paid (including direct rollovers and insurance premiums			4 6			
	to provide benefits)	8d	2	4,9	46		
	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>_f</u>	Administrative service providers (salaries, fees, commissions)	8f		7,49			
g	Other expenses	8g			57		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					32,493
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	8i					26,686
<u>j</u>	Transfers to (from) the plan (see instructions)	8j					
Pai	t IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare fe			_			
Pari	V Compliance Questions						· · · · · · · · · · · · · · · · · · ·
10	During the plan year:				Yes	No	Amount
а	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		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
C	Was the plan covered by a fidelity bond?			10c	Х		25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
е		er persons b	y an insurance carrier, s under the plan? (See	10e		Х	
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 vear end)	10g	х		9,644
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required no	otice or one of the	10ii			
Part		•		101			<u> </u>
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Yes	s," see instructions and com	plete	Sched	lule SE	3 (Form Yes No
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 se	ction 3	302 of	ERISA? Yes X No
	(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 ranting the waiver.		Mon		and e	nter th Day	ne date of the letter ruling Year
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500), and skip to line 13.				
<u>b</u>	Enter the minimum required contribution for this plan year				<u> </u>	12b	

Gpsr	n !6611.TG3123!	Qbhf !4!.		
d Fourstu	f!bn pvoudpousjovufe!cz!uif!fn qmpzfs!up!uif qmbo!gos!uijt!qmbo!zft	os////////////////////////////////////	//////// 23d	
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