Foi	rm 5500-SF	Short Form Annual Ret		f Small Employ	yee		OMB Nos. 12 12	10-0110 10-0089
	rtment of the Treasury mal Revenue Service		enefit Plan	d 1005 of the Employe	~		2012	
	epartment of Labor lenefits Security Administration	This form is required to be filed un Retirement Income Security Act of 19 the Internal R		tions 6057(b) and 6058		This Form i	s Open to F	ublic
Pension Be	enefit Guaranty Corporation	Complete all entries in accordant	nce with the instruc	tions to the Form 550	0-SF.	Ins	pection	
Part I		entification Information			0/04/	2040		
For calend	ar plan year 2012 or fisca				2/31/2			
A This ret	turn/report is for:			an (not multiemployer)		a one-partici	oant plan	
B This ret	turn/report is:		e final return/report					
		an amended return/report a s	short plan year return	/report (less than 12 mo	onths)		
C Check	box if filing under:	K Form 5558	tomatic extension			DFVC progra	ım	
		special extension (enter description)						
Part II	Basic Plan Inform	nation—enter all requested information	on					
1a Name	of plan				1b	Three-digit		
DENNIS M.	O'CONNELL M.D., P.C.	401(K) PLAN				plan number	004	
					4.	(PN)	001	
					IC	Effective date o 05/29	•	
	ponsor's name and addre	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identi		ıber
					2c	Sponsor's telep	hone numbe	ər
	6TH ST STE A3 PMB 55 ER, WA 98662				2d	Business code (see instructi	ions)
					26	62111		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	30	Administrator's	EIN	
					3c	Administrator's	telephone nu	umber
4 If the	name and/or EIN of the p	lan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN		
		er from the last return/report.		•				
	or's name				4c	PN		
		the beginning of the plan year			5a			2
		the end of the plan year			5b			2
		count balances as of the end of the plar			5c			2
		uring the plan year invested in eligible a					X Yes	No No
		ie annual examination and report of an i	•	,			A 103	
		See instructions on waiver eligibility and					X Yes	No
		er line 6a or line 6b, the plan cannot						_
Caution: A	A penalty for the late or	incomplete filing of this return/report	t will be assessed u	unless reasonable cau	se is	established.		
		r penalties set forth in the instructions, I					able, a Sche	dule
		signed by an enrolled actuary, as well a	as the electronic vers	sion of this return/report	, and	to the best of my	knowledge	and
Deller, it is	true, correct, and comple	te.						
SIGN	Filed with authorized/va	lid electronic signature.	10/05/2013	DENNIS M. O'CONNE	LL			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator	
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	ning as employe	r or plan spo	onsor
Preparer's		ne, if applicable) and address; include re				arer's telephone		
	-							

	(a) Beginning of Yea	ır			(b) End of Year
7a	16682	7			235752
7b					
7c	16682	7			235752
	(a) Amount				(b) Total
	2250	0			
	1342	5	_		
			_		68925
, 8d					
) 8e					
8f					
8g					
8h					
8i					68925
····· 8j					
e feature codes	from the List of Plan Charac	cterist	ic Cod	es in the	instructions:
	he time period described in		res	No	Amount
	he time period described in tion Program)	10a	Tes	X	Amount
Fiduciary Correc		10a 10b	Tes		Amount
Fiduciary Correc rest? (Do not inc	tion Program)		×	х	
Fiduciary Correc rest? (Do not inc n's fidelity bond	tion Program) lude transactions reported	10b		х	Amount 2000
Fiduciary Correc rest? (Do not inc n's fidelity bond other persons b all of the benefit	tion Program) Iude transactions reported	10b 10c		X X	
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С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

2012 Form 5500-SF e-file Signature Authorization

Dennis M. O'Connell, MD, PC Dennis M. O'Connell M.D., P.C. 401(k) Plan 001 11500 NE 76th St Ste A3 PMB 55 Vancouver, WA 98662

Employer Identification Number: 43-2019394

Client Identification Number: P504

You, as plan administrator, are authorizing that Barene DenAdel electronically file the 2012 Form 5500-SF for Dennis M. O'Connell M.D., P.C. 401(k) Plan as an EFAST2 Service Provider.

Authorization

As plan administrator for Dennis M. O'Connell M.D., P.C. 401(k) Plan, I authorize Barene DenAdel to electronically file Form 5500-SF for the tax year 2012. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization _ Dennis M. O'Consell, MO. Pc

Date: 10/14/13

P504 10/04/2013 4:38 PM

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Form 5500-SF Department of the Treasury	Short Form Annual F	Return/Report Benefit Plan	t of Small Employe	e	OMB Nos.	1210-011 1210-008
internal Revenue Service	This form is required to be f	filed under sections 104	and 4065 of the Employee		2012	
Department of Labor	Retirement Income Security Act	of 1974 (ERISA), and s	sections 6057(b) and 6058(a) of			
Employee Benefits Security Administration	_ the Inter	nal Revenue Code (the	Code).	This Fo	orm is Open	to Publi
Pension Benefit Guaranty Corporation			American to the Earn (EOO)		Inspection	
	Complete all entries in accord	rdance with the ins	Injuctions to the Form bound	<u>هجر</u>		
	Identification Information					
or calendar plan year 2012 or fisc			nd ending		participant pl	
This return/report is for.			plan (not multiemployer)		haurehaur he	-
This return/report is:	the first return/report	the final return/repo		ha)		
	an amended return/report	automatic extension	tum/report (less than 12 mont		program	
Check box if filing under:	4 · • • • • • • • • • • • • • • • • • •		1		program	
Part It Bacic Plan Info	special extension (enter description rmation—enter all requested info					
	Thator criter an requested mat			1b	Three-digit plan	1
a Name of plan	ELL M.D., P.C. 401(K)	PLAN			number (PN) 🕨	
DEMMIS M. O COMM				1c	Effective da	
					05/29/2	
a Plan sponsor's name and ad	Idress; include room or suite numbe	r (employer if for a	single-employer plan)	2b	Employer Identi	
DENNIS M. O'CONNEL			erigio ciripioto pieri,		(EN) 43-2	
	,,			2c	Sponsor's telepi	none numbe
11500 NE 76TH ST S	STE A3 PMB 55				360-580	-4794
				2d	Business code ((see instri)
VANCOUVER	WA 98662					
VANCOUVER	WA 98662				621111	
	WA 98662 nd address X Same as Plan Spor	nsor Name 🔝 Sa	me as Plan Sponsor Address	3b 3c	621111 Administrat Administrat telephone	or's
		nsor Name 🔝 Sa	me as Plan Sponsor Address		Administrat Administrat	or's
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