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 section 6058(a) of the Internal Revenue Code (the Code).

2010

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

	art I		Identification Information						
Fo	r calend	ar plan year 2010 or fis	cal plan year beginning 07/01/201	0	and ending 0	6/30/2	2011		
Α	This ret	turn/report is for:	single-employer plan	mployer plan (not multiemployer)		one-participant plan			
		turn/report is for:	first return/report	final retur	n/report				
_	11113 161	turr/report is for.	an amended return/report		year return/report (less than 12 mor	otho)			
_			<u> </u>	•	, ,	11115)	П		
С	Check I	box if filing under:	Form 5558	automatio	extension		DFVC program		
			special extension (enter description	on)					
Р	art II	Basic Plan Infor	rmation—enter all requested information	ation					
	Name	•				1b	Three-digit		
DA۱	/ID A. C	OTANT, DDS, PS, 401	(K) PROFIT SHARING PLAN				plan number 002		
						4.	(PN) •		
						10	Effective date of plan 07/01/1976		
22	Dlong	noncor's name and add	dress (employer, if for single-employer	nlon)		2h	Employer Identification Number		
		OTANT, DDS, PS	dress (employer, ii for single-employer	piari)			(EIN) 91-0965485		
							Plan sponsor's telephone number		
		GEPORT WAY SW, ST D, WA 98499-2419	E. B				253-584-0858		
LA	CLVVOOL	J, WA 30433 2413				2d	Business code (see instructions) 621210		
2.	N Dian a	desiminate de la como esta	d address //f agree as Dlan arrange		. 11\	2h	Administrator's EIN		
DA	/ID A. C	OTANT, DDS, PS		EPORT W	AY SW, STE. B	30	91-0965485		
			LAKEWOOD	, WA 9849	9-2419	3c	Administrator's telephone number		
							253-584-0858		
4			plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
	name, i	EIN, and the plan numb	per from the last return/report. Sponso	rs name		4c PN			
5a	Total	number of participants	at the beginning of the plan year			5a	9		
			at the end of the plan year			5b	9		
			with account balances as of the end of			0.0			
					` .	5c	9		
6a	Were	all of the plan's assets		Yes No					
k			the annual examination and report of a						
			(See instructions on waiver eligibility a		•		Yes No		
	If you art III	Financial Inforn	ther 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.			
			ilation						
7	Plan A	Assets and Liabilities			(a) Beginning of Year 1311431		(b) End of Year 1541244		
a		•			1311431		1341244		
k	Total	plan liabilities		. 7b					
С	Net pl	an assets (subtract line	e 7b from line 7a)	7c	1311431		1541244		
8	Incom	e, Expenses, and Tran	sfers for this Plan Year		(a) Amount		(b) Total		
а		butions received or rec		0-41	57924				
		• •		, ,	40939	_			
	` ,	·		8a(2)	40938				
		, <u> </u>	rs)		420050	_			
k					130950)	000040		
C		, , ,), 8a(2), 8a(3), and 8b)	. 8c			229813		
C		1 \	t rollovers and insurance premiums	. 8d					
_	•	,	ctive distributions (see instructions)						
£			,			-			
ſ		·	ers (salaries, fees, commissions)			-			
Ç		·					0		
r		·	, 8e, 8f, and 8g)				229813		
ĺ		` , `	ne 8h from line 8c)				229813		
j	Trans	fers to (from) the plan (see instructions)	8j					

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		•	
Part IV	Plan	(`hara	cteristics
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- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	V Compliance Questions		Yes	No		A	
10	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in		162			Amount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				250000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	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.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Ye	s X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ye	s X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver						
lf v	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day.		rear	
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year		1	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		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 during the plan year or any prior year?					Ye	s 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 of the PBGC?	under	the co	ontrol		☐ Ye	s 🛚 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)			1			
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3) PN(s)
-							
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	ole cau	ıse is	establ	ished.		

SIGN	Filed with authorized/valid electronic signature.	09/13/2011	DAVID A COTANT
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/13/2011	DAVID A COTANT
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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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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2010

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OMB Nos. 1210-0110

1210-0089

Internal Revenue Code (the Code).

	Pension Benefit Guaranty Corporation		•	rdance	e with	the instructions to the Form 550	0-SF.					
Р	art I Annual Report I	lde	entification Information									
For	the calendar plan year 2010 o	r fi	scal plan year beginning	0	7/01	/2010 and ending	0	6/30/2011				
Α	This return/report is for:	eport is for: x single-employer plan multiple-employer plan (not multiemployer							one-participant plan			
В	This return/report is for:	ī	first return/report	final r	return/r	report		_				
	·	Ħ	an amended return/report] short	t nlan v	ear return/report (less than 12 month	s)					
_	Oh I. h : if fills I	H	Form 5558	╡		xtension	0)	□ DEVC progra	m			
C	Check box if filing under:	끔	L		manc e	KIETISIOTI	DFVC program					
		<u> </u>	special extension (enter descriptio	<u> </u>								
		rm	ation enter all requested info	rmation	١.				T			
1a	Name of plan						1b	Three-digit plan number				
	David A. Cotant, DDS	3,	PS, 401(k) Profit Shar	ing P	Plan			(PN) ►	002			
							1c	Effective date of	plan			
								07/01/1976				
2a			(employer, if for single-employer p	lan)			2b	Employer Identif				
	David A. Cotant, DDS	s,	PS				20	(EIN) 91-09	elephone number			
	9101 Bridgeport Way	SW	, Ste. B					(253) 584-	•			
***	Lakewood		WA 09400 2410				2d	Business code (see instructions)			
		240	WA 98499-2419 dress (If same as plan employer, el	tor "Sar	me")		3h	621210 Administrator's I	=INI			
ou	Same	auc	arcos (ii sarrie as piair employer, ei	itei oai	iiic)			Administrator 3 i	-114			
							20					
							30	Administrator's t	elephone number			
4			sponsor has changed since the la			filed for this plan, enter the	4b	EIN				
	name, Ein and the plan numbe	31 11	om the last return/report. Sponsor	s name	;		4c	PN				
52	Total number of participants at	the	beginning of the plan year				5a		9			
Ju	Total number of participants at the beginning of the plan yearTotal number of participants at the end of the plan year											
b		the	end of the plan year				5b		9			
b	Total number of participants at Total number of participants wit	th a	account balances as of the end of t	ne plan y	 year (d	lefined benefit plans do not						
b c	Total number of participants at Total number of participants wit complete this item)	th a	ccount balances as of the end of t	ne plan y	vear (d	lefined benefit plans do not	5c		9			
6a	Total number of participants at Total number of participants wit complete this item)	th a	account balances as of the end of the control of the control of the plan year invested in eligible	ne plan y • • • assets?	year (d	lefined benefit plans do not	5c					
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b c 6a b	Total number of participants at Total number of participants wit complete this item)	th a uring e au See er 6	g the plan year invested in eligible nnual examination and report of an instructions on waiver eligibility ar a or 6b, the plan cannot use Fo	ne plan y assets? indeper	year (d (See indent quitions.)	lefined benefit plans do not	5c		9 X Yes No			
b c 6a b	Total number of participants at Total number of participants wit complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (SIf you answered "No" to either	th a uring e au See er 6	g the plan year invested in eligible nnual examination and report of an instructions on waiver eligibility ar a or 6b, the plan cannot use Fo	ne plan y assets? indeper	year (d (See indent quitions.)	lefined benefit plans do not	5c		9 X Yes No X Yes No			
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6a b Pa 7 a b c c d e f	Total number of participants at Total number of participants wit complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (Sif you answered "No" to either Total Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transfe Contributions received or received (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income(add lines 8a(1), 8 Benefits paid (including direct reto provide benefits) Certain deemed and/or correctice Administrative service providers	th a uring e an See er (nat rb fr ers vab	g the plan year invested in eligible innual examination and report of an instructions on waiver eligibility are as or 6b, the plan cannot use Footion Tom line 7a) Tor this Plan Year lee from: To this Plan Year lee from:	ne plan y assets? indeper id conditr 5500 . 77 . 77 . 77 . 8a . 8a . 8a . 8a . 88 . 88 . 88 . 88	year (d year (lefined benefit plans do not	5c	(b) End	9 X Yes No X Yes No of Year 1,541,244 1,541,244 Total 229,813			
bc 6ab Pa 7 ab c 8 a b cd e f g .	Total number of participants at Total number of participants wit complete this item)	th a th a uring e an See er 6 nat rb fr ers vab	g the plan year invested in eligible innual examination and report of an instructions on waiver eligibility are as or 6b, the plan cannot use Footion Tom line 7a) Tor this Plan Year lee from: To this Plan Year lee from:	ne plan y assets? indeper ind condit rm 5500 . 7 . 7 . 7 . 8a . 8a . 8a . 8 . 8 . 8 . 8 . 8 . 8 . 8 . 8	year (d ' (See in ndent q itions.) 0-SF ar 7a 7b 7c a(1) a(2) a(3) 8b 8c 8d 8e 8f 8g	lefined benefit plans do not	5c	(b) End	9 X Yes No X Yes No of Year 1,541,244 1,541,244 Total			

	Form 5500-SF 2010	Pag	_{je} 2-		_				
Par	IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension featur	re codes from the List of	Plan Characteris	stic Co	des in ti	ne inst	ructions:		
	2E 3D 2J 2K If the plan provides welfare benefits, enter the applicable welfare feature	coder from the list of	Plan Charactariei	ic Cod	ae in thi	n inctr	uctions:	•	
D	ir the plan provides wellare benefits, effer the applicable wellare reature	codes from the last of t	- yair Onaraokensi	((e nisu	uctions.		
Par	tV Compliance Questions				"				
10	During the plan year:				Yes	No	Am	ount	
a	Was there a failure to transmit to the plan any participant contribution	within the time period de	escribed in	10a		x			
ь	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? (D	y Correction Program) to not include transaction	ns reported	100					
	on line 10a.)	10b		x					
c	Was the plan covered by a fidelity bond?			10c	x			250,0	000
d	the state of the s	lity bond, that was cause	ed by fraud			×			
	or dishonesty?			10d	-				
е	Were any fees or commissions paid to any brokers, agents, or other pe	ersons by an insurance o	carrier,		1				
	Insurance services or other organization that provides some or all of ti instructions.)	tie peticilis diloet tie be		10e		X			
f	Has the plan falled to provide any benefit when due under the plan?			10f	il	х			
ç	and the second of the second o	year end.)		10g		х	}		
Ì	If this is an individual account plan, was there a blackout period? (Sec	e Instructions and 29 CF	R			x		THE COURT	
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the re		the	10h	 	-			M 307-1
Ĩ	oxceptions to providing the notice applied under 29 CFR 2520.101-3	edated uprice of one of		. 101			Wash No.		9.7
Pa	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement	ts? (If "Yes," see instruc	tions and comple	te Sch	edule S	В (Ро	m	☐Yes 🛣 N	ło
12	5500)) Is this a defined contribution plan subject to the minimum funding rec	uirements of section 41	2 of the Code or	section	302 of	ERIS	A?	☐Yes 区N	
14	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								
4	If a weiver of the minimum funding standard for a prior year is being a	emortized in this plan ye	ar, see instructio	ns, and	d enter (he dai	e of the letter	ruling	
	granting the waiver you completed line 12s, complete lines 3, 9, and 10 of Schedule N		kio to line 13.	onth		Day	Ye	88r	-
					. [12b			
						12c			
;	Subtract the amount in line 12c from the amount in line 12b. Enter the	ne result (enter a minus			ļ	12d		•	
	negative amount)			• •	٠ ـ		Yes	No N	/A
	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .	<u> </u>	·	<u></u>	•			
Pa	t VII Plan Terminations and Transfers of Assets							Yes X	 No
13	Has a resolution to terminate the plan been adopted during the plan y if "Yes," enter the amount of any plan assets that reverted to the emp	year or any prior year?			. .	13a			
						130			
2)	Were all the plan assets distributed to participants or beneficiaries, to the PBGC?							Yes X	10
:	If during this plan year, any assets or liabilities were transferred from	this plan to another pla	n(s), identify the p	olan(s)	to				
_	which assets or liabilities were transferred. (See Instructions.)			<u>- </u>	130	(2) EI	N(s)	13c(3) PN(s)	
_	13c(1) Name of plan(s):					· \//			
_									
. —								<u>l</u>	
<u>Ca</u>	ition: A penalty for the late or incomplete filing of this return/repo	rt will be assessed uni	ess reasonable	cause	is esta	blishe	d.	hodulo	
∵ Un ∈ SB	ter penalties of perjury and other penalties set forth in the instructions, I our penalties of perjury and other penalties set forth in the instructions, I our penalties of perjury as well as	peciare that I have exam s the electronic version o	of this return/repor	eport, ir t, and f	o the be	, irapı əstofi	olicable, a oci ny knowledge	nequie e and	
bel	ef, it is true, correct, and complete.								
	EN Man I stand for	9/13/304	David A Co	tant					
	ERE Signature of plen admin/strator	Date /	Enter name of in	ıdividus	l signin	g as g	lan administra	ator	
	on Due of H Colant Ors	9/13/3cl/ Date	David A. Co						
	Signature of employer/plan sponsor	Enter name of in	ndividual signing as employer or plan aponaor						