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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation Complete all entri	ies in accord	dance with	the instructions to the Form 550	0-SF.				
Pa	art I Annual Report Identification Inform	nation							
For	calendar plan year 2010 or fiscal plan year beginning	01/01/2010)	and ending 1	2/31/2	2010			
A	This return/report is for: Single-employer plan		multiple-e	mployer plan (not multiemployer)		one-particip	ant plan		
В	This return/report is for: first return/report	П	final retur	n/report		_			
	an amended return/re	port	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	automatic	extension		DFVC progr	am			
	special extension (en	⊔ ter descrintio							
Do	<u></u>	•							
	Int II Basic Plan Information—enter all requi	estea informa	ation		1h	Three-digit			
	Name of plan IARD C. DOWNING, D.D.S., P.S. 401(K) SAFE HARBO	R PLAN			10	plan number	004		
						(PN) •	001		
					1c	Effective date			
						01/01/	1998		
	Plan sponsor's name and address (employer, if for sing	gle-employer	plan)		2b	Employer Ident		umber	
RICE	IARD C. DOWNING, D.D.S., P.S.				20	(EIN) 20-260 Plan sponsor's		numbor	
	OX 1248				20	360-42	26-4712	Humber	
SHE	_TON, WA 98584				2d	Business code	(see instru	uctions)	
						62121			
3a RICH	Plan administrator's name and address (if same as Pla IARD C. DOWNING, D.D.S., P.S.	n sponsor, er PO BOX 124		")	36	Administrator's			
		SHELTON, W			3c	3c Administrator's telephone number			
					•		26-4712	- I GITIDOI	
	f the name and/or EIN of the plan sponsor has changed			port filed for this plan, enter the	4b	4b EIN			
- 1	name, EIN, and the plan number from the last return/rep	ort. Sponso	r's name		10	PN			
5a	Total number of participants at the beginning of the pla	ın vear			5a	TIN		10	
	Total number of participants at the end of the plan year		a						
			5b			9			
С	Total number of participants with account balances as complete this item)			•	5с			8	
6a	Were all of the plan's assets during the plan year inve						X Ye	s No	
	Are you claiming a waiver of the annual examination a	Ū		'			<u>□</u>		
	under 29 CFR 2520.104-46? (See instructions on waiv			•			^ Ye	s No	
D-	If you answered "No" to either 6a or 6b, the plan ca	annot use Fo	orm 5500-	SF and must instead use Form 55	00.				
	rt III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year 448213	•	(b) End	d of Year	469927	
	Total plan assets		. 7a	440213	,			409921	
b	Total plan liabilities		. 7b	448213	•			469927	
<u>C</u>	Net plan assets (subtract line 7b from line 7a)		7c		•			409927	
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b)	Total		
а	Contributions received or receivable from: (1) Employers		8a(1)	17746	3				
	(2) Participants		8a(2)	42057	7				
	(3) Others (including rollovers)								
b	Other income (loss)		8b	25555	5				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c					85358	
d	Benefits paid (including direct rollovers and insurance)		. 00						
-	to provide benefits)		8d	63644					
е	Certain deemed and/or corrective distributions (see ins	structions)	8e						
f	Administrative service providers (salaries, fees, commi	ssions)	8f						
g	Other expenses		. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h					63644	
i	Net income (loss) (subtract line 8h from line 8c)		. 8i					21714	
j	Transfers to (from) the plan (see instructions)		8i						

	F	Form 5500-SF 2010 Page 2-							
Dor	t IV	Plan Characteristics							
		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instru	ctions:		
		2R 2E 2J 2K 3D							
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char-	acteris	tic Cod	des in t	the instruc	ctions:		
art	: V	Compliance Questions							
0	Duri	ing the plan year:		Yes	No		Amo	unt	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c	X					50000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	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.)				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.)	10q		X				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h	X					
i		The was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i	X					
art	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con					. П	Yes	X No
2	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?		Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru iting the waiver							
lf :		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		rour		
	Enter the minimum required contribution for this plan year								
		er 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 of a negative amount)								
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	o	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?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes X

Yes X No

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.

SIGN	Filed with authorized/valid electronic signature.	10/13/2011	RICHARD DOWNING					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	10/13/2011	RICHARD DOWNING					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

Form 5500-SF

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OMB Nos. 1210-0110 1210-0089

2010

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	Pension Benefit Guaranty Corporation	► Complete all entries in acc	ordance with	h the instructions to the Form 5500)-SF.	mapuction				
P	art I Annual Repor	t Identification Information			***************************************					
For	the calendar plan year 2010	or fiscal plan year beginning	01/0	1/2010 and ending	12	/31/2010				
A	This return/report is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)	Γ	one-participant plan				
В	This return/report is for:	first return/report	final return	n/report	344	,				
		an amended return/report	片	vear return/report (less than 12 month	ie)					
^	Check box if filing under:	▼ Form 5558	automatic	•	DFVC program					
•	Check box it titing under.		<u></u>	CALCUSCUT	U Drve program					
		special extension (enter description)	····							
	art III Basic Plan Info	ormation — enter all requested in	formation.		41.					
ıa	Name of plan					Three-digit plan number				
	RICHARD C. DOWNING,	D.D.S., P.S. 401(K) SAFE	HARBOR P	LAN		(PN) ▶ 001				
						Effective date of plan				
2a	Plan sponsor's name and ad	dress (employer, if for single-employer	r nlan)		01/01/1998 2b Employer Identification Number					
	RICHARD C. DOWNING,		pian		2.0	(EIN) 20-2603856				
					2c	Plan sponsor's telephone number				
	PO BOX 1248					(360) 426-4712				
US	SHEL/TON	WA 98584				Business code (see instructions) 621210				
За		nd address (If same as plan employer,	enter *Same'	7)		Administrator's EIN				
	Same									
					3c /	Administrator's telephone number				
4		plan sponsor has changed since the l		ort filed for this plan, enter the	4b EIN					
	name, EIN and the plan num	ber from the last return/report. Sponso	or's Name		4c PN					
5a	Total number of participants	at the beginning of the plan year			5a	10				
b		at the end of the plan year			5b	9				
C	Total number of participants	with account balances as of the end of	f the plan yea	r (defined benefit plans do not						
60		4			<u>5c</u>	8				
b		during the plan year invested in eligible the annual examination and report of a			• •	Yes No				
_		(See instructions on waiver eligibility a				XYes No				
		her 6a or 6b, the plan cannot use Fo	rm 5500-SF	and must instead use Form 5500.						
Pa	irt III Financial Infor	mation								
7	Plan Assets and Liabilities		40	(a) Beginning of Year		(b) End of Year				
а	Total plan assets		. 7a	448,213	1	469,927				
þ	Total plan liabilities		. 7b							
C	Net plan assets (subtract line	7b from line 7a)	. 7c	448,213	_	469,927				
8	Income, Expenses, and Tran	sfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or rec	eivable from:	0-(4)	17,746	AVE S					
	(1) Employers	• • • • • • • • • • • • •	. 8a(1)	42,057	180					
	(2) Participants (3) Others (including rollover		- 8a(2) - 8a(3)	12,007	1					
b	Other income (loss)	9,	. 8b	25,555						
C	Total income(add lines 8a(1),	8a/2) 8a/3) and 8h)	. 8c		CHOISE	OF SEC				
ď		t rollovers and insurance premiums	1 00		1932	85,358 T				
	to provide benefits)		. <u>8d</u>	63,644	門製					
е	Certain deemed and/or corre	ctive distributions (see instructions) .	. <u>8е</u>		35					
f	Administrative service provide	ers (salaries, fees, commissions)	. 8f							
g	Other expenses		· 8g		35					
h	Total expenses (add lines 8d	, 8e, 8f, and 8g)	. 8h	THE RESERVE OF THE PARTY OF THE	1	63,644				
i	Net income (loss) (subtract lin	ne 8h from line 8c)	. 81			21,714				
i	Transfers to (from) the plan (s	see instructions)	. 8i		Sea of	"一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个				

	Form 5500-SF 2010		Page 2-						
Par	IV Plan Characteristics								
9a	f the plan provides pension benefits, enter the applicable pension fea	iture codes from the L	ist of Plan Character	ristic	Codes	in the	instructions		
b	2F 2R 2E 2J 2K 3D f the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the Li	st of Plan Characteris	stin C	odes i	n the i	nstructione		
	, , , , , , , , , , , , , , , , , , ,	33435 HOM BIG EN	or or i lair Orial actors	30C C	0069 1	11 416 1	naudcions.		
Par	Compliance Questions								
10	During the plan year:				Yes	No	Δ.	mount	
a	Was there a failure to transmit to the plan any participant contribution	on within the time peri	od described in			х			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest?	try Correction Program	n)	10a	 	 			
	on line 10a.)			105		х			
C	Was the pian covered by a fidelity bond?			10c	x				50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fic	delity bond, that was d	aused by fraud				 	···	
	or dishonesty?	10d		x			45		
е	Were any fees or commissions paid to any brokers, agents, or other	persons by an insura	nce carrier,						
	insurance services or other organization that provides some or all or instructions.)	the benefits under th	e plan? (See	10e		ж			
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		х			
h	If this is an individual account plan, was there a blackout period? (S	ee instructions and 29	CFR				Contact of the		
	2520.101-3.)			10h	х		· 便關於 · 例		
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or on	e of the	101	x		Page 1		
Par	VI Pension Funding Compliance						Late and Adaptive of the	20 20 20 20	
11	Is this a defined benefit plan subject to minimum funding requirement	nts? (If *Yes,* see ins	ructions and comple	te Sc	hedule	SB (Form		Fails:
12	5500))								X No
	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical		412 Of the Code of s	secuc	NI 302	OIEM	IDA!	Lies	[V] IAO
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this plan	vear, see instruction	ns, ar	id ente	er the	date of the le	tter rulina	
16 .	granting the waiver		Mont	h		Day	΄Υ	ear	
b	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M		-		Г	12b			
C	Enter the minimum required contribution for this plan year				-	120 120	····		
d	Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter the				·	12.0	***************************************	····	······································
	negative amount)		* * * * * * * *	•	. L	12d			
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?		٠	• •	*	Yes [No	□N/A
Part	The second will realize of second	·				***************************************			
13a	Has a resolution to terminate the plan been adopted during the plan				٠,٠	٠.,	* * * *	Yes	x No
	If "Yes," enter the amount of any plan assets that reverted to the em			• •		13a			
b	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	ransferred to another	plan, or brought unde	er the	contr	ol		□Voc	X No
C	If during this plan year, any assets or liabilities were transferred from	this plan to another p	lan(s), identify the pl	an(s)	to	* *	• • • •		IX.INO
	which assets or liabilities were transferred. (See instructions.)							·	······································
	13c(1) Name of plan(s):				130	(2) E	N(s)	13c(3)	PN(s)
								 	
Cautio	n: A penalty for the late or incomplete filing of this return/report	will be assessed unl	ess reasonable cau	se is	estat	lishe	d.		
Jnder	penalties of perjury and other penalties set forth in the instructions, I c	declare that I have ex	amined this return/rep	port,	ncludi	ng, if a	applicable, a	Schedule	
belief,	Schedule MB completed and signed by an enrolled actuary, as well at t is true, correct, and complete	s the electronic versio	n of this return/report	t, and	to the	best	of my knowle	odge and	
SIGI									
HER						lan artminiet	rator		
SIGI			RICHARD DOWNI		2.3.11	9 40 }	wommist		
HER								or	
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