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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P		lance witl	n the instructions to the Form 5500	SF.		•		
Pä	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/20	011			
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)	Γ	a one-particip	ant plan		
			eturn/report	_				
			•	ntha)				
			in year return/report (less than 12 mo	ontns)	7			
С	Check box if filing under:	automatic	extension		DFVC progra	m		
	special extension (enter description	n)						
Pa	art II Basic Plan Information—enter all requested informa	ation						
	Name of plan			1b	Three-digit			
	NIS W. GRAHAM, D.D.S., P.S. PROFIT SHARING PLAN				plan number			
					(PN) ▶	001		
				1c	Effective date of	•		
					01/01/	/2002		
2a	Plan sponsor's name and address; include room or suite number (en NIS W. GRAHAM, D.D.S., P.S.	nployer, if	for a single-employer plan)		Employer Identif		ber	
DEIN	NIS W. GRAHAIN, D.D.S., F.S.				(EIN) 91-13			
				2c	Sponsor's telep		r	
	SOUTHEAST 97TH AVENUE				360-699			
VAN	COUVER, WA 98664			2d	Business code (ons)	
					62121			
	Plan administrator's name and address (if same as plan sponsor, ent NIS W. GRAHAM, D.D.S., P.S. 1812 SOUTHE			3D /	Administrator's E 91-13	∃IN 61272		
DEI	VANCOUVER			30	Administrator's t		mher	
				00 /	360-699		IIIDCI	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b EIN				
	name, EIN, and the plan number from the last return/report.		·					
а	Sponsor's name			4c				
5a	Total number of participants at the beginning of the plan year			5a				
b	Total number of participants at the end of the plan year			5b				
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not					
	complete this item)			5c				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No	
b	3			,		□ v l	п	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		· ·			X Yes	No	
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550	0.				
	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End			
а	Total plan assets	7a	456354				0	
b	Total plan liabilities	7b	4093				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	452261				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:		4000					
	(1) Employers	8a(1)	4093	_				
	(2) Participants	8a(2)	14000					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	8b	-4894					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				1319	99	
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d	465460					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0					
f	Administrative service providers (salaries, fees, commissions)	8f	0					
g	Other expenses	8g	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				46546	60	
- ;						-45226		
;	Net income (loss) (subtract line 8h from line 8c)	8i	0			70220		
J	Transfers to (from) the plan (see instructions)	8j	0					

Form	5500-	SF	201

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Part IV	Plan Characteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

 2A 2E 2F 2K 3E 2J
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:		Yes	No	ļ	Mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 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			
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		Χ			
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		Χ			
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		Χ			
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 comp 5500))	•			•	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	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 instruc						
If '	granting the waiver	LT1		Day .		ear	
_ '	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	of a		12d			
_	negative amount)				Yes	No [N/A
	VII Plan Terminations and Transfers of Assets				163	NO	IN/A
art	Has a resolution to terminate the plan been adopted in any plan year?			V	es No		
ısa			- 1	^ 1	62 110		0
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year			ntral			-
D	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	unaer 	tne co	ntroi		X Yes	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.)	ne plar	n(s) to			_	_
1	13c(1) Name of plan(s):			(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 reasonable						a dula
unde	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	ıın/rep	οστ, in	ciuain	y, ir applicat	ie, a sch	edule

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.	04/23/2012	DENNIS W. GRAHAM
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	04/23/2012	DENNIS W. GRAHAM
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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This Form is Open to Public

2011

OMB Nos. 1210-0110

1210-0089

Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For the calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011 a single-employer plan a multiple-employer plan (not multiemployer) A This return/report is for: a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number DENNIS W. GRAHAM, D.D.S., P.S. PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2002 Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) 2b Employer Identification Number DENNIS W. GRAHAM, D.D.S., P.S. (EIN) 91-1361272 2c Plan sponsor's telephone number (360) 699-2458 1812 SOUTHEAST 97TH AVENUE 2d Business code (see instructions) 621210 VANCOUVER 98664 3a Plan administrator's name and address (If same as plan sponsor, enter "Same") 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's Name Total number of participants at the beginning of the plan year 5a h Total number of participants at the end of the plan year <u>5b</u> 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assets . . 7a 456,354 0 Total plan liabilities 7b 4,093 0 Net plan assets (subtract line 7b from line 7a) 7c 452,261 0 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 4,093 8a(1) 14,000 (2) Participants . . 8a(2) (3) Others (including rollovers). . 8a(3) 0 Other income (loss) 8h (4,894)Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 13,199 Benefits paid (including direct rollovers and insurance premiums 465,460 8d Certain deemed and/or corrective distributions (see instructions) 0 8e ŕ Administrative service providers (salaries, fees, commissions) . 0 8f Other expenses 0 80 h Total expenses (add lines 8d, 8e, 8f, and 8g) . 8h 465,460 Net income (loss) (subtract line 8h from line 8c). 8i (452, 261)

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Transfers to (from) the plan (see instructions)

0

	Form 6500-SF 2011	PE	ge 2-					
β. _Λ .	Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension to an	are codes from the Us	t of Plan Cheracte	ristic C	lodes in th	e instruction	182	
b	2A 2E 2F 2K 3E 2J If the plan provides welfare benefits, enter the applicable welfare feature	e codes from the List	of Plan Characters	stic Co	des in the	instructions	ξ.	
			and the same of	چانداد ان داسبر دور				
	Compliance Questions				Yes No	T	Amount	
10	During the plan year:	na a sa	منا شد خاند د خاد د .	\Box		 	Marie Control of the	-
a	was there a tailure to transmit to the plan any panicipant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Vokuntary Fiduciary	is within the time pend v Correction Program)	as described in	10m	X		encontrate to the second secon	
b	Were there any nonexampt transactions with any party in interest? (C	Do not include transac	behogen anoli		x			
	on line 10a.)		, , , , , ,	10b	-	 		
¢	Was the plan covered by a fidelity bond?			106	<u> ×</u>			
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d	x	 		engenganistere eitere soler Mendels is
0	Were eny tree or commissions paid to any brokers, agents, or other p	ereone by an insurenc	e carrier,		e de la composition della comp			
	insurance services or other organization that provides some or all of tinstructions.)	ine densiis under the	bigut (See	100	×			id-b-b-d-tacament-mor
ď.	Has the plan failed to provide any benefit when due under the plan?			101	X			
9	Did the plan have any participant loans? (If "Yes," enter amount as of			109	×			
h	If this is an individual account plan, was there a blackout period? (Sec. 2520.101-3.)	a instructions and 20		10h	ж			
į	If 10h was enswared "Yes," check the box if you either provided the nexceptions to providing the notice applied under 29 CFR 2520.101-3	aculted notice or one	of the	101				
	Pension Funding Compliance			1.4.				
11	Is this a defined benefit plan subject to minimum funding requirement		uctions and comple	ele Sci	hedule SB	(Form	Yes	X No
12	is this a defined contribution plan subject to the minimum funding req		112 of the Code or	secio	n 302 of E	RISA? .	. TYes	No X
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							
a	If a waiver of the minimum funding standard for a prior year is being a	amortized in this plan	year, see instruction	ns, en	rii rehma bu N	e date of live ev	better ruling Year)
ы.	granting the walver	B (Form 5500), and s	kip to line 13.	, fa , menerge		_ /		
b	Enter the minimum required contribution for this plan year				120			
c	Enter the amount contributed by the employer to the plan for this plan				. 120			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount!)	e result (enler a minur	sign to the left of	2	, 12d			
8	Will the minimum funding amount reported on line 12d be met by the					Yes	[_]No	[]N/A
	Plan Terminations and Transfers of Assets				Taraca and the same of the sam		#5000E0	Section 1
13a	Has a resolution to terminate the plan been adopted in any prior year	7	* * * * *				· KYes	: □No
	If "Yes," enter the amount of any plan assets that reverted to the emp			. , ,	13e			0
b	Were all the plan assets distributed to participants or beneficiaries, by of the PBGC?						. [X]Yes	i ∏₩
G	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another pl	an(s), Identify the	yen(s)) to			
	13c(1) Name of plan(4):				13c(2)	EIN(B)	13c(3)PN(s)
ele encloanchase.								
			- Company of the Comp	1				
Çaut	on: A penalty for the tato or incomplete filling of this return/report t	will be excessed unit	es reasonable c	ores n		W monifeshie	a ca Sertuarita	b-
38 o	penalties of perjury and other penalties sut forth in the instructions, i d Schedule MB campleted and staned by an enrolled actuary, as well as	leciare inat I nava axi Liha elecironic versioi	of this return/rep	ort en	d to the be	et of my line	wiedge end	i
pellel	it is true, complete	T	DENNIS W. G	RAHAB	4			
	LA MARINE TO THE PARTY OF THE P	Date	Enter name of In			ss plen admi	iristrator	
	Signature of plan administrator	1.7.0.4.0.	DENNIS W. G			and the second second second	T-00000	
	De to de Porto	Data		-		s emolower	or plan soo	neor
	Skineture of employer/plan aponsor Date Enter name of individual signing as employer or plan aponsor							