## 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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries	in accorda	nce with	the instructions to the Form 5500	0-SF.			
P	art I Annual Report Identification Informat	ion						
For	calendar plan year 2011 or fiscal plan year beginning 0	1/01/2011		and ending 1	2/31/2	2011		
Α	This return/report is for:	а	multiple	employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	th	e final re	eturn/report				
	an amended return/repor	t as	short pla	n year return/report (less than 12 mo	onths)			
C	Check box if filing under: Form 5558	Па	utomatic	extension		DFVC progra	m	
	special extension (enter of	ш						
		' '						
	art II Basic Plan Information—enter all requeste	ed information	on		4.			
	Name of plan				16	Three-digit plan number		
J. 5 <i>P</i>	AM SAGE, DDS RETIREMENT PLAN					(PN)	001	
					1c	Effective date of		
						01/07/		
	Plan sponsor's name and address; include room or suite no	umber (emp	oloyer, if	for a single-employer plan)	2b	Employer Identif	ication Numbe	r
0. 0/	ANI OAGE, DDG, I LEG					(EIN) 35-23		
1130	04 - 8TH AVE. N.E., SUITE B				2c	Sponsor's telepl		
	TTLE, WA 98125				2d	Business code (	see instruction	s)
						62121		
	Plan administrator's name and address (if same as plan sp				3b	Administrator's E		
J. SA		)4 - 8TH AV TTLE, WA 9		SUITE B	2-		54630	
		, , , , , , , , , , , ,			30	Administrator's t 206-362		ber
4	If the name and/or EIN of the plan sponsor has changed si	ince the last	t return/r	eport filed for this plan, enter the	4b			
	name, EIN, and the plan number from the last return/report							
a	Sponsor's name				4c	PN		
5a	Total number of participants at the beginning of the plan ye	ear			5a			7
b	<b>b</b> Total number of participants at the end of the plan year				5b			7
С	Number of participants with account balances as of the en complete this item)	•	•	•	5c			6
6a	Were all of the plan's assets during the plan year invested						X Yes	No
b		•		,				
	under 29 CFR 2520.104-46? (See instructions on waiver						× Yes	No
	If you answered "No" to either 6a or 6b, the plan cann	ot use Forr	n 5500-	SF and must instead use Form 550	00.			
Pa	art III Financial Information							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		7a	111042			167268	
b	Total plan liabilities		7b					
С	Net plan assets (subtract line 7b from line 7a)		7c	111042			167268	
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) T	otal	
а	Contributions received or receivable from:							
	(1) Employers		8a(1)	12116				
	(2) Participants		8a(2)	47402				
	(3) Others (including rollovers)		8a(3)					
b	Other income (loss)		8b	-3292				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c				56226	
d								
	to provide benefits)	<u> </u>	8d		-			
e	,		8e					
f	Administrative service providers (salaries, fees, commission	ons)	8f					
g	Other expenses	·····	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h					
i	Net income (loss) (subtract line 8h from line 8c)		8i				56226	
j	Transfers to (from) the plan (see instructions)		8j					

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Part IV	Plan	Charac	teristics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 2T 3D
- 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	1	Amou	nt	
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					25000
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						
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						res [	No
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 I	ERISA?		res [	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th						
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	406				
	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				
u	negative amount)			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 in any plan year?	<u></u>		Y	′es X No	)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought					П、	/ac [	X No
С	of the PBGC?					Ш '	03 [	<u> </u>
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13	c(3) F	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/04/2012	J. SAM SAGE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## 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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art   Annual Report Identification Information				**************************************				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	011	and ending 1	2/31/2	2011				
Α .	This return/report is for: $oxed{oxtimes}$ a single-employer plan	a multiple	employer plan (not multiemployer)		a one-participant plan				
В -	This return/report is: the first return/report	the final re	eturn/report						
	an amended return/report	a short pla	n year return/report (less than 12 m	onths)					
C	Check box if filing under: Form 5558	automatic	extension	DFVC program					
	special extension (enter descript	ion)							
Pa	rt II Basic Plan Information—enter all requested inform	nation	- 1424 A. W. W.						
1a	Name of plan		4	1b	Three-digit				
J. SA	M SAGE, DDS RETIREMENT PLAN			200	plan number				
					(PN) ▶ 001				
	3 222 37 7	10	Effective date of plan 01/07/2009						
<b>2a</b> J. SA	Plan sponsor's name and address; include room or suite number (M SAGE, DDS, PLLC	for a single-employer plan)	2b	Employer Identification Number (EIN) 35-2354630					
1130	4 - 8TH AVE. N.E., SUITE B			2c	Sponsor's telephone number 206-362-6677				
	TTLE WA 98125			2d	Business code (see instructions) 621210				
3a SAM	Plan administrator's name and address (if same as plan sponsor, E	enter "Same	")	3b	Administrator's EIN 35-2354630				
				3с	Administrator's telephone number 206-362-6677				
4	If the name and/or EIN of the plan sponsor has changed since the	e last return/r	eport filed for this plan, enter the	4b	EIN				
а	name, EIN, and the plan number from the last return/report.  Sponsor's name			4c	DN				
	Total number of participants at the beginning of the plan year		****	5a	7				
b Total number of participants at the end of the plan year				7					
C	Number of participants with account balances as of the end of the complete this item).	plan year (d	lefined benefit plans do not	5b 5c	6				
6a	Were all of the plan's assets during the plan year invested in elig								
100	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	f an indepen	dent qualified public accountant (IQ	PA)					
Le-	If you answered "No" to either 6a or 6b, the plan cannot use								
Pa	rt III Financial Information				710 - 72 - 72 - 72 - 72 - 72 - 72 - 72 - 7				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	111042		167268				
b	Total plan liabilities	7b	224						
C	Net plan assets (subtract line 7b from line 7a)	7с	111042		167268				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	90/4)	12116						
	(2) Participants	2000 CO (01 202)	47402						
	S II		47402						
b	(3) Others (including rollovers)  Other income (loss)		-3292						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	F 5	-3292	-	56226				
d	Benefits paid (including direct rollovers and insurance premiums	06		+	36226				
e	to provide benefits)		(c. s.						
f	Administrative service providers (salaries, fees, commissions)		749	-					
1924			Frank.	$\dashv$					
g	Other expenses (add lines Rd, Ro, Rf, and Rd)								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		74	-	ranno.				
i	Net income (loss) (subtract line 8h from line 8c)			+-	56226				
,	and the state of t	8j		3					

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SIGN HERE

Signature of employer/plan sponsor

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Pari					13-19-11				-		
	If th	e plan provides pension benefits, enter the applicable pension fea 2G 2J 2K 2T 3D	ture codes from the	List of Plan Chara	cteris	tic Co	des in	the instruc	lions:		
	7014310	e plan provides welfare benefits, enter the applicable welfare feat	ire codes from the L	ist of Plan Charac	lorieti	c Cod	lor in t	ho inalevati	one.		
	10.700,5300			ast of Figure Office at	terrati	000	ies iii t	ne manucu	J110,		
Part	V	Compliance Questions		22.000		-3000					
10		ing the plan year:	1884	7/2		Yes	No		Amount		
a	29	s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progra	am)	10a		Х		-3//		
b	on	re there any nonexempt transactions with any party-in-interest? ( ine 10a.)	Do not include trans	actions reported	10b		×				
C	W	as the plan covered by a fidelity bond?	***************************************	***************************************	10c	Х		1		25000	
d	Dic or	the plan have a loss, whether or not reimbursed by the plan's fid lishonesty?	elity bond, that was	caused by fraud	10d		х				
е	W SHABERSON SON SON SON SON SON SON SON SON SON						x				
f	Has the plan failed to provide any benefit when due under the plan?				10f		Х				
g	Dic	the plan have any participant loans? (If "Yes," enter amount as o	f year end.)	***************************************	10g		X				
h	If (I	nis is an individual account plan, was there a blackout period? (Se 20.101-3.)	e instructions and 2	9 CFR	10h		х				
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										
Part		Pension Funding Compliance	*******************************	***************************************	10i			l			
11		nis a defined benefit plan subject to minimum funding requiremen	ts? /If "Vac " soo inc	tructions and com	aloto :	Cobon	lula CE	) /Farm			
	550	0))					iule Sc	) (FUIII	Ye	s No	
12		his a defined contribution plan subject to the minimum funding re		n 412 of the Code	or se	ction :	302 of	ERISA?	Ye	s X No	
40000	(If '	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	le.)								
а	ora	waiver of the minimum funding standard for a prior year is being nting the waiver.	amortized in this plar	n year, see instruc Mont	lions, h	and e	enter th	ne date of th	ie letter i Vear	ruling	
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule N	1B (Form 5500), and	d skip to line 13.		7/	Day		- Cai		
b	Ent	er the minimum required contribution for this plan year	***************************************			[	12b			V. C.	
c		er the amount contributed by the employer to the plan for this plan				[	12c		Web mande		
d	Sul neg	etract the amount in line 12c from the amount in line 12b. Enter th ative amount)	e result (enter a min	us sign to the left o	ſа 	[	12d	De consti			
е	Wil	the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	Nο	□ N/A	
Part	VII	Plan Terminations and Transfers of Assets									
13a	Ha	s a resolution to terminate the plan been adopted in any plan year? $ \dots $						res X N	0		
	If "	es," enter the amount of any plan assets that reverted to the em	oloyer this year		1	3a		3.			
b	The state of the s						s 🛛 No				
C		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plar	n(s) to	6				
1	13c(1) Name of plan(s):					13	c(2) El	N(s)	l(s) 13c(3) PN(s)		
Caut	ion:	A penalty for the late or incomplete filing of this return/repor	t will be assessed	unless reasonabl	e cau	se is	establ	lished.			
SB o	r Sc	nalties of perjury and other penalties set forth in the instructions, nedule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	declare that I have as the electronic vers	examined this retu sion of this return/r	m/rep eport	ort, ir , and	cludin to the l	g, if applica best of my l	ble, a So knowledg	hedule je and	
SIGI	N	X am rel	14/26/2012	J. SAM SAGE							
	HERE Signature of plan administrator  Date Enter name of individual signing as plan administrator										

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor