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).

0044

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in accord	ance witi	1 the instructions to the Form 55	00-SF.		
P	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011	
Α	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan
В	This return/report is: the first return/report	the final re	eturn/report			
	an amended return/report	a short pla	in year return/report (less than 12 r	nonths)		
С	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m
	special extension (enter descriptio	n)				
Pa	art II Basic Plan Information—enter all requested informa	ation				
1a	Name of plan			1b	Three-digit	
RICH	ARD C. DOWNING, D.D.S., P.S. 401(K) SAFE HARBOR PLAN				plan number	
					(PN) •	001
				10	Effective date of 01/01/	•
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif	ication Number
RICH	HARD C. DOWNING, D.D.S., P.S.			((EIN) 20-26	03856
				2c :	Sponsor's telepl	
	OX 1248			24 /	360-426	
SHE	_TON, WA 98584			2a	Business code (: 62121	see instructions)
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	(")	3b /	Administrator's E	
RICH	ARD C. DOWNING, D.D.S., P.S. PO BOX 1248 SHELTON, W		,		20-26	03856
	Sheer on, w	71 00004		3C /	Administrator's t 360-426	elephone number
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		
_	name, EIN, and the plan number from the last return/report.			4-		
	Sponsor's name			4c	PN T	
ъa	Total number of participants at the beginning of the plan year			- Ou		
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 p complete this item)			. 5c		
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes No
b	Are you claiming a waiver of the annual examination and report of a	an indeper	dent qualified public accountant (IC	QPA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes No
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information	orm 5500-	SF and must instead use Form 5	500.		
7			(a) Bandandan at Vana		(L) F I	- () /
-	Plan Assets and Liabilities	7-	(a) Beginning of Year 469927		(b) End	<u>74</u>
a b	Total plan assets Total plan liabilities	7a 7b	100027			
C	Net plan assets (subtract line 7b from line 7a)	7 C	469927			74
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) T	otal
а	Contributions received or receivable from:		(a) Amount		(5) 1	- Clai
	(1) Employers	8a(1)	4119			
	(2) Participants	8a(2)	2224			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	12283			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				18626
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	485570			
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f	2909			
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				488479
i	Net income (loss) (subtract line 8h from line 8c)	8i				-469853
i	Transfers to (from) the plan (see instructions)	8i				
-	, , , , , , , , , , , , , , , , , , , ,	ı oj	İ			

Form	5500	SF	201

Page	2	- [1	
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Part IV	Plan	Characteristics
Parriv	ı Pian	Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2K 2R 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Am	ount	
Was there a failure to transmit to the plan any participant contributions within the time period describe 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	d in 10a		Х				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report on line 10a.)	ted 10b		X				
Was the plan covered by a fidelity bond?		X					5000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra or dishonesty?			Х				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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						
VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))						Yes	V
						163	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the						Yes	Н-
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	Code or se	ection 3	302 of E	ERISA?	[Yes	X 1
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 in	Code or se	ection 3	302 of E	ERISA?		Yes tter ru	ing
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 ir granting the waiver.	Code or se structions Month	ection 3	302 of E	ERISA?		Yes tter ru	× I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 ir granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	Structions Month	ection (302 of E	ERISA?		Yes tter ru	ing
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 ir granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year.	structions Month	and e	302 of E enter the Day	ERISA?		Yes tter ru	ing
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 ir granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	structions Month 13.	ection (302 of Eenter the Day _	ERISA?		Yes tter ru	× I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 ir granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	structions Month 13.	ection 3	12b 12c 12d	ERISA?	of the le	Yes tter ru	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 ir granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	structions Month 13.	ection 3	12b 12c 12d	ERISA?	of the le	Yes	ing
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 ir granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets	structions Month 13.	ection (12b 12c 12d	ERISA?	of the le	Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 in granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line in the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	structions Month 13.	ection 3	12b 12c 12d	e date o	E	Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 ir granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? I VII Plan Terminations and Transfers of Assets I Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	structions Month 13. left of a	and e	12b 12c 12d X Yo	e date o	of the le	Yes	N/
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 ir granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan 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 broad the plan assets distributed to participants or beneficiaries, transferred to another plan, or broad the plan assets distributed to participants or beneficiaries, transferred to another plan, or broad the plan assets distributed to participants or beneficiaries, transferred to another plan, or broad the plan assets distributed to participants or beneficiaries, transferred to another plan, or broad the plan assets distributed to participants or beneficiaries, transferred to another plan, or broad the plan assets distributed to participants or beneficiaries, transferred to another plan, or broad the plan assets distributed to participants or beneficiaries, transferred to another plan, or broad the plan assets distributed to participants or beneficiaries, transferred to another plan, or broad the plan assets distributed to participants or beneficiaries.	structions Month 13. left of a	and e	12b	e date o	of the le	Yes tter ru r	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 in granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 10 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported in any plan 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 bround the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifications.	structions Month 13. left of a	and e	12b	e date o	of the letar Year	Yes tter ru r	X N

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.	06/05/2012	RICHARD DOWNING
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/05/2012	RICHARD DOWNING
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

OMB Nos. 1210-0110

1210-0089

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 8057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

This Form is Open to Public

	Pension Benefit Guaranty Corporation	➤ Complete all entries in accor	dance with	the instruction	ons to the Form 5500	-SF.	'''	*p*cuon
P	arti Annual Report	Identification Information						
	the calendar plan year 2011 or	fiscal plan year beginning	01/01	L/2011	and ending	12	/31/2011	
A	This return/report is for:	a single-employer plan	a multiple-	employer plan	(not multiemployer)	٦	a one-particip	ant plan
	This return/report is:	the first return/report	1	turn/report		_		
_	This ration in open we		}	•	sport (less than 12 mon	then \		
_		an amended return/report	·	-	sport (ress that 12 mon	111 9)	7 55 6	
С	Check box if filing under:	Form 5558	automatic	extension		L	DFVC prograi	n
		special extension (enter description	1) 					
		rmation enter all requested Info	rmation.					
1a	Name of plan						Three-digit plan number	
	RICHARD C. DOWNING,	D.D.S., P.S. 401(K) SAFE I	HARBOR PI	LAN			plan number (PN) ▶	001
					Ì	1c	Effective date of	plan
							01/01/1998	
2a	Plan sponsor's name and add RICHARD C. DOWNING,	fress; include room or suite number (en	nployer, if for	r single-employ	er plan)		Employer Identif	
	ATCHARD C. DOMING,	D.D.S., F.S.			}		(EIN) 20-260	······································
								elephone number
	PO BOX 1248				ļ		(360) 426-4	
							Business code (i 521210	see instructions)
	SHELTON Plan administrator's name an	WA 98584 d address (if same as plan sponsor, en	ter "Same")				Administrator's E	:IN
~	Same	a address (if same as plan sponsor, on	tor ounter				- Commission of E	-114
					ŀ	30	A designates to da 4	elephone number
						36 /	Manimistrator s t	нерскина полови
						4.1		
4		plan sponsor has changed since the lar ber from the last return/report.	st return/rep	ort filed for this	plan, enter the	4b	EIN	
a	Sponsor's Name	ber nom are last return report.				4c	PN	
5a	Total number of participants a	at the beginning of the plan year				5a		9
þ		at the end of the plan year				5b		11
¢		ccount balances as of the end of the pie				5¢		1
68		during the plan year invested in eligible						X Yes No
b		the annual examination and report of ar						
		(See Instructions on waiver eligibility an						XYes No
		her 8a or 8b, the plan cannot use For	m 6600-5F i	and must inste	ed use Form 5500.			
	art III Financial Infor	mation						
7	Plan Assets and Liabilities			(a) Be	ginning of Year	ļ	(b) End	of Year
a	Total plan assets		7a		469,927			74
Ь	Total plan liabilities		· 7b			-		
္က	Net plan assets (subtract line		. 7c		469,927	-		74
8 a	Income, Expenses, and Trans Contributions received or received			(4	a) Amount	7 (77) 3	(b) T	Otal
d	(1) Employers	# # # # # # # # # # # # # # # # # # #	. 8a(1)		4,119	5.5		For Englishma
	(2) Participants		. 8a(2)		2,224	1		
	(3) Others (including rollovers	s)	. 8a(3)			1		
b	Other Income (loss)		. 8b		12,283	1	Tradio sa dal	
c	Total income (add lines 8a(1)		. 8c					18,626
d		rollovers and insurance premiums			ine enn		Make to S	
_	to provide benefits)		. 8d		485,570	-	er par de propa. La la	
6		ctive distributions (see instructions) .	80		2 000	-		在特別的自然的
f		ars (salaries, fees, commissions)	. 8f		2,909			preparation of applications of the con- research Constitution of the con-
9	Other expenses		. 8g					400 470
h	Total expenses (add lines 8d.	·	. 8h	144 14 14 14 14 14 14 1		+		488,479
i	Net income (loss) (subtract lin		. 81	399 39 11 11 11		+	, , , , , , , , , , , , , , , , , , ,	(469,853)
ㅗ	Transfers to (from) the plan (s	see instructions) , , , , , , , , , , , , , , , , , , ,	. 8)	<u> </u>	- 6500 05	1	<u> </u>	5500 05 10044

	Form 6500-SF 2011		Page 2-		_			
Part	V Plan Characteristics		1, 0,000					
	the plan provides pension benefits, enter the applicable pension for 2E 2F 2J 2K 2R 3D the plan provides welfare benefits, enter the applicable welfare fea							
Daw	V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiducians with any party-in-interest	dary Correction Program	n)	10a		х		
	on line 10a.)	•	•	10b		x		
С	Was the plan covered by a fidelity bond?			10c	x			50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, that was o	aused by fraud	10d		х		
0	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all instructions.)	of the benefits under th	e plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		ж		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end.)		10g		x		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	·		10h		x		
1	if 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required notice or on-	e of the	10i_			satisfied by	
Part 11	Vi Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500))	ents? (If "Yes," see Insi	ructions and comple	te Sc	heduk	e SB (f	orm	. ∐Yes 🛣 No
12	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applic	requirements of section						. Yes XNo
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver	·	Mon					letter ruling Year
b	Enter the minimum required contribution for this plan year	• •	•		_ [12b		
c	Enter the amount contributed by the employer to the plan for this ;					12c		
đ	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a minu	is sign to the left of	3		12d		
	Will the minimum funding amount reported on line 12d be met by	the funding deadline?		, .			Yes	□No □N/A
art	VII Plan Terminations and Transfers of Asset	3						
13a	Has a resolution to terminate the plan been adopted in any plan ye				٠ ,-	· ·		XYes No
	If "Yes," enter the amount of any plan assets that reverted to the		· · · · · · ·	, ,	<u> </u>	13a		0
	Were all the plan assets distributed to participants or beneficiaries of the PBGC?					ol .		. Yes X No
	which assets or liabilities were transferred. (See instructions.)	on the plan to another p	man(a), iconiny the p	in ito				
1	3c(1) Name of plan(s):				13	c(2) E	N(s)	13c(3) PN(s)
Jautlo	n: A penalty for the late or incomplete filing of this return/repo	rt will be assessed un	less reasonable ca	use is	esta	blishe	d.	
Jnder SB or S	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is truey correct, and complete	I declare that I have ex	amined this return/re	aport,	includ	ing, if	applicable,	, a Schedule wledge and
			RICHARD DOWN	TNO				
8IGI HER		Date	Enter name of ind		l signi	ng 24 '	olan admin	distrator
SIGN			RICHARD DOWN				UNUTERI	
HER		Date	Enter name of ind		l signi	ng as e	employer o	or plan sponsor