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 al	I entries in accor-	dance witl	the instructions to the Form 5500)-SF.		•			
Pa	art I Annual Report Identification I	nformation								
For	calendar plan year 2011 or fiscal plan year begin	ning 01/01/201	2	and ending 0	3/23/2	2012				
Α	This return/report is for:	a one-particip	ant plan							
В	This return/report is: the first return/r		_							
	an amended re	turn/report X	a short pla	in year return/report (less than 12 mo	onths)					
С	Check box if filing under: Form 5558	extension		DFVC progra	m					
		ت on (enter descriptio	on)							
Pa	art II Basic Plan Information—enter a	ll requested inform	ation							
	Name of plan	ii requestea iiiioiiii	ation		1h	Three-digit				
	HARD C. DOWNING, D.D.S., P.S. 401(K) SAFE H	ARBOR PLAN			110	plan number				
11101	,, and or portrained, propriet ion for (iv) of a principle.	THE OTT LAND				(PN) ▶	001			
					1c	Effective date of	plan			
						01/01/	1998			
	Plan sponsor's name and address; include room	or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identif		oer		
RICE	HARD C. DOWNING, D.D.S., P.S.					(EIN) 20-26				
					2c	2c Sponsor's telephone number 360-426-4712				
	3OX 1248			-	24					
SHEI	LTON, WA 98584				Zū	Business code (62121		ons)		
3a	Plan administrator's name and address (if same	as nian snonsor e	nter "Same	")	3h	Administrator's E				
	IARD C. DOWNING, D.D.S., P.S.	PO BOX 124	8	. ,			03856			
		SHELTON, W	VA 98584		3с	Administrator's t		mber		
4	If the name and/or EIN of the plan sponsor has o	hanged since the l	lact roturn/	conart filed for this plan, onter the	4h	360-426	0-4712			
7	name, EIN, and the plan number from the last re		iast return/	eport med for this plant, enter the	4b EIN					
a	Sponsor's name				4c	PN				
5a	Total number of participants at the beginning of t	he plan year			5a			1		
b	Total number of participants at the end of the pla	ın year			5b			(
С	Number of participants with account balances as		,	·				(
	complete this item)				5c		V vaa [7 No		
-	Were all of the plan's assets during the plan year	•		'			X Yes	No		
b	Are you claiming a waiver of the annual examina under 29 CFR 2520.104-46? (See instructions of the contraction of the contracti						X Yes	No		
	If you answered "No" to either 6a or 6b, the p			•						
Pa	art III Financial Information									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year			
а	Total plan assets		. 7a	74		(3) =		0		
b	Total plan liabilities									
С	Net plan assets (subtract line 7b from line 7a)			74				0		
8	Income, Expenses, and Transfers for this Plan Y			(a) Amount		(b) T	otal			
а	Contributions received or receivable from:			(2)		(13)				
	(1) Employers		. 8a(1)							
	(2) Participants		. 8a(2)							
	(3) Others (including rollovers)		. 8a(3)							
b	Other income (loss)		. 8b							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and	8b)	. 8c							
d	Benefits paid (including direct rollovers and insurto provide benefits)		. 8d	74						
е	Certain deemed and/or corrective distributions (s									
f	Administrative service providers (salaries, fees, o									
g	Other expenses	,								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						7	4		
i	Net income (loss) (subtract line 8h from line 8c).						-7	4		
j	Transfers to (from) the plan (see instructions)									
			ı oj							

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: 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:

art	V	Compliance Questions						
0	Durir	ng the plan year:		Yes	No	А	mount	
а		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		Х			
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported no 10a.)	10b		X			
С	Was	the plan covered by a fidelity bond?	10c	X				50000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X			
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR101-3.)	10h		X			
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	∕ I	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Yes	X No
	(If "Y If a w grant	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	ctions,	and e	enter th	ne date of the	letter rulir	
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b			
		the minimum required contribution for this plan year						
		the amount contributed by the employer to the plan for this plan year			12c			
d		tive amount)			12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	/II	Plan Terminations and Transfers of Assets						
3a	Has a	a resolution to terminate the plan been adopted in any plan year?			X	res No		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a				(
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?					X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th In assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)			
1:	Bc(1)	Name of plan(s):		13	c(2) El	N(s)	13c(3)	PN(s)
auti	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.		
Jndei	pena	alties of periury and other penalties set forth in the instructions. I declare that I have examined this reti	urn/rer	oort. ir	ncludin	g. if applicab	e. a Sche	dule

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.	06/08/2012	RICHARD DOWNING
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/08/2012	RICHARD DOWNING
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

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2011

Emple	oyee Benefits Security Administration	the intere	Code (the Code).		Inspection				
Pa	nsion Benefit Guaranty Corporation	► Complete all entries in accor	dance with t	he instructions to the Form 550	0-SF.	mspection			
Pa	rt I Annual Report Id	dentification Information							
	ie calendar plan year 2011 or fi		01/01/	2012 and ending	0.3	/23/2012			
A TI	his return/report is for:	x a single-employer plan	a multiple-en	nployer plan (not multiemployer)		a one-participant plan			
Вт	his return/report is:	the first return/report	the final retu	rn/report		_			
	,	an amended return/report		year return/report (less than 12 mo	nths)				
~ ~	L	Form 5558	automatic ex	, ,	r,	DFVC program			
U C	heck box if filing under:	릭	J	IGHSIOH	L	T py 4.0 began			
		special extension (enter description							
		mation enter all requested info	rmation.		46				
18	Name of plan					Three-digit olan number			
	RICHARD C. DOWNING, D		(PN) ➤ 001						
					1	Effective date of plan			
						01/01/1998			
	Plan sponsor's name and addre RICHARD C. DOWNING, D	ess; include room or sulte number (em 5 . D . S P . S .	iployer, it for s	ingle-employer plan)		Employer Identification Number			
						(EIN) 20-2603856			
					ZC	Plan sponsor's telephone number (360) 426-4712			
	PO BOX 1248				2d	Business code (see Instructions)			
TTE	SHELTON	WA 96584				621210			
		address (If same as plan sponsor, en	er "Same")	A 1	3b	Administrator's EIN			
	Same		,						
					3c	3C Administrator's telephone number			
						, , , , , , , , , , , , , , , , , , ,			
4	16 th				4b	TIA1			
•	n the name ano/or ⊑iN or the pi name, EIN, and the plan numbi		at return/report filed for this plan, enter the						
<u>a</u>	Sponsor's Name				4c	PN			
		the beginning of the plan year			5a	1			
b ·	Total number of participants at	the end of the plan year			<u>5b</u>	0			
		umber of participants with account balances as of the end of the plan year (defined benefit plans do not propiete this item)							
		iring the plan year invested in eligible			5c	XYes No			
		e annual examination and report of an							
	•	See instructions on walver eligibility an	-			XYes No			
		r 6a or 6b, the plan cannot use For	n 6600-SF an	d must Instead use Form 5500.					
Par		lation				4.20-1-126			
	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
	Total plan assets		. 7a	74	 -	0			
	Total plan liabilities	• • • • • • • • • • •	. 7b		-				
	Net plan assets (subtract line 7		, 7c	74		0			
	Income, Expenses, and Transfe Contributions received or receiv			(a) Amount	+-	(b) Total			
	(1) Employers	FEMOURAL FOR THE FOREST	. 8a(1)		<u></u>				
	(2) Participants		. 8a(2)						
	(3) Others (including rollovers)		. 8a(3)		7				
	Other income (loss)		. 8b	······································					
C	Total income (add lines 8a(1), 8	Ba(2), Ba(3), and 8b)	. 8c			1.01.01.01.01.01.01.01.01.01.01.01.01.01			
d	Benefits paid (Including direct re	ollovers and insurance premiums		<u> </u>					
	,		. 8d	74	-				
_		ve distributions (see instructions) .	. 80		4				
		s (salaries, fees, commissions)	. 8f		43.3	a de la Carlo de Compaña de la compaña d Carlo de la compaña de la c			
	Other expenses		. 8g		86.7				
	Total expenses (add lines 8d, 8		. 8h			74			
_	Net income (loss) (subtract line	,	. 81			(74)			
	Transfers to (from) the plan (see	e instructions) , , , ,		-16eH	、 さらと Colon (議論構造的の) (file				

		Form 5500-8F 2011	F	age 2-						
Pai	ίľV	Plan Characteristics						A		
		plan provides pension benefits, enter the applicable pension feat 2E 2F 2J 2K 2R 3D plan provides welfare benefits, enter the applicable welfare feature.								
Pa	rt V	Compliance Questions								
10		ring the plan year:	•			Yes	No		\mount	***************************************
a	W.	s there a fallure to transmit to the plan any participant contribution CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciar re there any nonexempt transactions with any party-in-interest? (y Correction Program	1)	10a		x			
-		line 10a.)		•	10b	****	ж			
C	W	s the plan covered by a fidelity bond?			10c	x			50,6	000
d		the plan have a loss, whether or not reimbursed by the plan's fidelishonesty?	•	•	10d		х			
θ	ns	re any fees or commisions paid to any brokers, agents, or other p grance services or other organization that provides some or all of ructions.)	the benefits under the	plan? (See	100		х			
f	Ha	the plan failed to provide any benefit when due under the plan?			10f		x			
g	Die	the plan have any participant loans? (If "Yes," enter amount as o	fyear end.)		10g		x			
h	25.	ils is an individual account plan, was there a blackout period? (Se 0.101-3.)			10h		x			
i	θх	Oh was answered "Yes," check the box if you either provided the peptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	of the	101			 To a series of the series of the series 		
		Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requiremen	ts? (If "Yes," see Inst	ructions and comple	ele Sc	heduk	• SB (F	orm	Yes XN	lo
12		nis a defined contribution plan subject to the minimum funding rec Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	quirements of section						Yes XN	ю
a	ÖLE	waiver of the minimum funding standard for a prior year is being anding the waiver		Mon						-
 b		ompleted line 12s, complete lines 3, 9, and 10 of Schedule Mi er the minimum required contribution for this plan year	-	•		Г	12b	(90)-2	·····	
c		er the amount contributed by the employer to the plan for this plan					12c			
q	Şu	etract the amount in line 12c from the amount in line 12b. Enter the amount)	e result (enter a minu	s sign to the left of	a		12d			
8		the minimum funding amount reported on line 12d be met by the	funding deadline?				, ,	Yes	NoN//	Ą
Par	VII	Plan Terminations and Transfers of Assets								
13a		a resolution to terminate the plan been adopted in any plan year				٠ ج	<u> </u>		X Yes N	0
		as," enter the amount of any plan assets that reverted to the emp			• •	<u>.l</u>	13a			0
b	of t	re all the plan assets distributed to participants or beneficiaries, tri ne PBGC?							XYes N	0
.,	wh	ch assets or liabilities were transferred. (See instructions.)	ins plan to another p	ents), identity the p	nan(s)				η	
	13c() Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)	
Caut	lon: /	penalty for the late or incomplete filing of this return/report	vill be assessed uni	ess reasonable ca	use is	esta	blishe	d.		
Unde \$8 o	r pen	alties of perjury and other penalties set forth in the instructions, I d dule MB completed and signed by an enrolled actuary, as well as rue, correct, and complete	eclare that I have exa	imined this return/re	eport,	includ	ing, if a	applicable, a	Schedule ledge and	
310		1/2/1		RICHARD DOWN	ING					
		ignature of plan administrator	Date	Enter name of indi		signi	ng as r	olan adminis	trator	
SIC				RICHARD DOWN						
HE	اخت	Signature of employer/plan sponsor	Date	Enter name of indi		signi	ng as e	mployer or	pian sponsor	