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

	Complete all entries	es in accord	dance with	n the instructions to the Form 550	0-SF.			
Pa	art I Annual Report Identification Inform	ation						
For	calendar plan year 2011 or fiscal plan year beginning	01/01/2011	1	and ending 1	2/31/2	2011		
Α	This return/report is for:	. <u> </u>	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/re	oort	a short pla	in year return/report (less than 12 mo	onths)			
C	Check box if filing under: Form 5558	Ħ	automatic	extension		DFVC progra	m	
	special extension (ent	⊔ ar descrintio						
D.	\							
	art II Basic Plan Information—enter all reque	sted informa	ation		41.			
	Name of plan YA A. LOVING, D.D.S. 401(K) PLAN				10	Three-digit plan number		
TON	TA A. LOVING, D.D.S. 401(K) PLAN					(PN) ▶	001	
					1c	Effective date of	· plan	
						01/01/		
	Plan sponsor's name and address; include room or suite	e number (er	mployer, if	for a single-employer plan)	2b	Employer Identif		r
	1777.1. 20 711.0, 3.3.0., 1.2.2.0.				0 -	(=114)		
9407	7 - 255TH AVE. N.E.				2C	Sponsor's teleph 425-221		
	MOND, WA 98053				2d	Business code (see instruction	s)
						62121		•
	Plan administrator's name and address (if same as plan			,	3b	Administrator's E		
TON		407 - 255TH EDMOND, V		•	3c	Administrator's t	43828 elephone numl	her
						425-221		
4	If the name and/or EIN of the plan sponsor has changed		ast return/ı	report filed for this plan, enter the	4b	EIN		
3	name, EIN, and the plan number from the last return/re Sponsor's name	port.			4c	DN		
	Total number of participants at the beginning of the plar	n vear				TN T		12
		•			5a			12
b	Total number of participants at the end of the plan year				5b			
С	Number of participants with account balances as of the complete this item)		,	•	5с			Ę
6a	Were all of the plan's assets during the plan year inves	ted in eligibl	e assets?	(See instructions.)			X Yes	No
b	3							
	under 29 CFR 2520.104-46? (See instructions on waive			•			X Yes	No
_	If you answered "No" to either 6a or 6b, the plan ca	nnot use Fo	orm 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		
а	Total plan assets		7a	667307			542216	
b	Total plan liabilities		7b					
С	Net plan assets (subtract line 7b from line 7a)		7c	667307			542216	
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) T	otal	
а	Contributions received or receivable from:							
	(1) Employers		8a(1)					
	(2) Participants		8a(2)	13591				
	(3) Others (including rollovers)		8a(3)					
b	Other income (loss)		8b	17240				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c				30831	
d	Benefits paid (including direct rollovers and insurance p to provide benefits)	remiums	8d	155922				
е	Certain deemed and/or corrective distributions (see inst		8e					
f	Administrative service providers (salaries, fees, commis	•	8f					
g	Other expenses	,	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h				155922	
- ;	Net income (loss) (subtract line 8h from line 8c)		8i				-125091	
;	Transfers to (from) the plan (see instructions)							
	Transiers to (ITOTH) the plan (See Instructions)		8j					

Form	5500.	SF.	201

Page 2 -	1	
-----------------	---	--

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:
 - 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		Amo	ount	
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				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
Was the plan covered by a fidelity bond?	10c	Χ					2500
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	ule SB	Form	_		
5500))						Yes	N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	e or se	ction 3	302 of E	RISA?	[Yes tter ruli	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or sections,	and e	302 of E	RISA?	[Yes tter ruli	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Mon if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.	e or sections,	and e	302 of E	RISA?	[Yes tter ruli	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instructing granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	e or sections,	and e	nter the Day _	RISA?	[Yes tter ruli	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instructing granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 left negative amount)	e or sections,	and e	noter the Day	RISA?	f the le	Yes tter ruli	ng
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or sections,	and e	noter the Day	RISA?	f the le	Yes tter ruli r	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or sections,	and e	noter the Day	RISA?	f the le	Yes tter ruli r	ng
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Montage of the minimum funding standard for a prior year is being amortized in this plan year, see instruction for the waiver. Montage of you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	12b 12c 12d	RISA?	f the le	Yes tter ruli r	ng
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year.	of a	and e	12b 12c 12d X Ye	RISA?	f the le Yea	Yes tter ruli r	ng N/A
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Mon fivou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will 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 brought of the PBGC?	of a	and e	12b 12c 12d X Ye	RISA?	f the le Yea	Yes tter ruli r No	N/A
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instructing granting the waiver. Mon if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will 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 brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan transfer is plan to another plan(s), identify the plan and plan is plan to another plan(s), identify the plan is plan to	of a	and e	12b 12c 12d X Ye	RISA? date o	f the le Yea	Yes tter ruli r No	ng
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Mon if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? 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 of the PBGC? 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.)	of a	and e	nter the Day	RISA? date o	f the le Yea	Yes tter ruli r No Yes	ng 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.	07/10/2012	TONYA A. LOVING
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.

2011

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information						
V 425	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	2011		
A ·	This return/report is for: X a single-employer plan	a multiple-	employer plan (not multiemployer)		a one-participant plan		
B	This return/report is: the first return/report	the final ref	urn/report				
	an amended return/report	a short plan	year return/report (less than 12 mo	onths)			
C	Check box if filing under: Form 5558	automatic e	extension		DFVC program		
25	special extension (enter description	on)			—		
Pa	rt II Basic Plan Information—enter all requested inform	ation					
1a	Name of plan			1b	Three-digit		
TON	YA A. LOVING, D.D.S. 401(K) PLAN				plan number 001		
				10	(FN) Z		
20	1c Effective date of plan 01/01/1998						
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) TONYA A. LOVING, D.D.S., P.L.L.C.					Employer Identification Number		
				20	(EIN) 91-1843828		
8407	- 255TH AVE. N.E.			26	Sponsor's telephone number 425-221-7956		
	MOND WA 98053			2d	Business code (see instructions)		
					621210		
3a SAM	Plan administrator's name and address (if same as plan sponsor, e	nter "Same"		3b	Administrator's EIN 91-1843828		
				3с	Administrator's telephone number 425-221-7956		
4	If the name and/or EIN of the plan sponsor has changed since the	last return/re	port filed for this plan, enter the	4b			
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year		.77	5a	12		
b	Total number of participants at the end of the plan year			5b	8		
С	Number of participants with account balances as of the end of the complete this item)	olan year (de	efined benefit plans do not	5c	5		
6a	Were all of the plan's assets during the plan year invested in eligib						
b	Are you claiming a waiver of the annual examination and report of	an independ	ent qualified public accountant (IOF	PA)	0 0		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No		
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information	orm 5500-S	r and must instead use Form 550	00.			
7	Plan Assets and Liabilities	T	(a) Beginning of Year	1	(b) End of Year		
а	Total plan assets	. 7a	667307	-	542216		
b	Total plan liabilities	. 7b			0.121.0		
C	Net plan assets (subtract line 7b from line 7a)	. 7c	667307		542216		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from: (1) Employers	. 8a(1)			(b) Total		
	(2) Participants	. 8a(2)	13591				
	(3) Others (including rollovers)	100					
b	Other income (loss)		17240				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			30831		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	155922				
е	Certain deemed and/or corrective distributions (see instructions)	8e	1000 A 10				
f	Administrative service providers (salaries, fees, commissions)	. Bf					
g	Other expenses	. 8g	10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				155922		
i	Net income (loss) (subtract line 8h from line 8c)				-125091		
j	Transfers to (from) the plan (see instructions)	- 8j					
For P	aperwork Reduction Act Notice and OMB Control Numbers, see the instructions for	Form 5500-SE	W. Company	-	Form 5580-SE (2011)		

For	n 550	n-SI	701	1

Signature of employer/plan sponsor

Page			
I ayc	_	-	1

D	UN DI- Ol- III	***************************************							
Pari									
550.0	If the plan provides pension benefits, enter the applicable pension fe 2E 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the I	List of Plan Charac	deristi	c Cod	es in t	he instructio	ns:	
Part	V Compliance Questions					-			
10	During the plan year:	3	98.		Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions)	iary Correction Progr	am)	10a		Х		anounc	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include trans	actions reported	10b		х			
C	Was the plan covered by a fidelity bond?	*************************************		10c	х			-	25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	delity hond, that was	caused by fraud	10d		х			20000
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	r persons by an insur the benefits under th	ance carrier,	10e		х	-		
f	Has the plan failed to provide any benefit when due under the plan?				- 7	X			
g	Did the plan have any participant loans? (If "Yes," enter amount as		L	10f		X			
-	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructions and 2	9 CER	10g		X		10.00	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required notice or or	ne of the	10h					
Part		9	***************************************	10ì					lel .
11	Is this a defined benefit plan subject to minimum funding requirement 5500)).	nts? (If "Yes," see ins	tructions and comp	plete S	Sched	ule SB	(Form	☐ Yes	. D No.
12	Is this a defined contribution plan subject to the minimum funding re	aguiromente of godin	n 410 of the Oads					H	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical	squirements of section	ii 4 i 2 oi the Code	or sec	non 3	02 01 1	ERISA?	∐ Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this pla	n vear see instruc	tions	and e	nier Ih	e data of the	a lattar m	ilina
	granting the waiver	************************	Mont	h		Day	c date of the	ear	amig
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule I				_				
	Enter the minimum required contribution for this plan year					12b			
C	Enter the amount contributed by the employer to the plan for this plan	an year				12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter If negative amount)	***************************************		•••••		12d			
	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yes	No	☐ N/A
Part						H 10 F	7,040		
13a	Has a resolution to terminate the plan been adopted in any plan year? $\$					XY	es No		
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year		13	3a			0	
	Were all the plan assets distributed to participants or beneficiaries, t of the PBGC?	***************************************	***************************************			ntroi		Yes	No.
CSS	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another	plan(s), identify the	e plan	(s) lo				
1:	3c(1) Name of plan(s):				130	(2) EII	V(s)	13c(3) PN(s)
									- 101
Cauti	on: A penalty for the late or incomplete filing of this return/repo	rt will be seeses	unlone recessit		LOCAL PROCESS		40,	8 //00	
Under SB or	r penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I declare that I have	evamined this retu	rn/ron	od in	ale adima		le, a Sch lowledge	edule and
SIGN	I froud to	16-7-17	TONYA A. LOVI	ING					
HER		Date	Enter name of inc		al sign	ning as	plan admin	strator	
SIGN				6.5	- 3		Town wanting		
HERE		Date	Enter name of in	dividu	al sign	ina aa			

Date

Enter name of individual signing as employer or plan sponsor