	FOrm 5500-5F Short Form Annual Return/Report of Small Employee 121						OMB Nos. 1210-0110 1210-0089	
	Department of the Treasury Internal Revenue Service				2011			
Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1 the Internal				974 (ERISA), and sections 6057(b) and 6058(a) of Revenue Code (the Code).			of This Form is Open to Public	
	Pension Benefit Guaranty Corporation Inspection							
	art I Annual Report Id calendar plan year 2011 or fisca	entification Information al plan year beginning 01/01/201	4	and ending 12	2/31/2	2044		
		a single-employer plan			2/31/2			
			•	-employer plan (not multiemployer)		a one-particip	bant plan	
в	This return/report is:	the first return/report		eturn/report				
•				in year return/report (less than 12 mc	ntns)	—		
C	C Check box if filing under:							
Part II Basic Plan Information—enter all requested information								
	ITT II Basic Plan Inform	nation —enter all requested information	ation		1h	Three-digit		
	MAS G. GRIFFITH, M.D. P.S. 40	D1(K) PLAN			10	plan number		
						(PN) 🕨	001	
					1c	Effective date of 01/01	•	
	Plan sponsor's name and addre MAS G. GRIFFITH, M.D., P.S.	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identit (EIN) 91-13		
					2c	Sponsor's telep		
	BOX 98047 DMA, WA 98496				2d	Business code (62111	,	
	Plan administrator's name and MAS G. GRIFFITH, M.D., P.S.	address (if same as plan sponsor, er P.O. BOX 980	047	")	3b	Administrator's 91-13	EIN 02481	
TACOMA, WA					3c	Administrator's a	elephone number 6-7411	
4 If the name and/or EIN of the plan sponsor has changed since the last				report filed for this plan, enter the	4b	4b EIN		
а	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	PN		
	1	the beginning of the plan year			5a		2	
b Total number of participants at the end of the plan year					5b			
C Number of participants with account balances as of the end of the p							2	
60	complete this item)				5c		<u> </u>	
ba b								
	b 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								
<u></u> 7	rt III Financial Informa Plan Assets and Liabilities			(a) Paginging of Vacr		(b) End	of Voor	
'a			7a	(a) Beginning of Year 2626021		(b) End	2667779	
b	•			0			0	
c	•	b from line 7a)	7c	2626021			2667779	
8	Income, Expenses, and Transf			(a) Amount		(b) Total		
а	Contributions received or recei			0				
			8a(1)		-			
			8a(2)	0	-			
h	() ()		8a(3)	51075	-			
b	· · · ·	8a(2), 8a(3), and 8b)		51075			51075	
c d	Benefits paid (including direct r	ollovers and insurance premiums	8c 8d	0				
е	· ,	ive distributions (see instructions)	8e	0				
f		s (salaries, fees, commissions)	8f	9317				
g	· ·		8g	0				
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h				9317	
i	Net income (loss) (subtract line	8h from line 8c)	8i				41758	
j	Transfers to (from) the plan (se	ee instructions)	8j	0				

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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 2G 2J 2K 3D 2R
- **b** 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 Yes No During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period described in а Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a **b** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... Х С Was the plan covered by a fidelity bond?..... 10c 200000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See Х 10e instructions.) Х f Has the plan failed to provide any benefit when due under the plan? 10f Х Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... g 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h 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 complete Schedule SB (Form Yes 5500)).... 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... Yes (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 instructions, and enter the date of the letter ruling granting the waiver.Month _____ Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year..... 12c **C** Enter the amount contributed by the employer to the plan for this plan year..... d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A e Part VII **Plan Terminations and Transfers of Assets 13a** Has a resolution to terminate the plan been adopted in any plan year? Yes Х No If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to C which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.	07/19/2012	THOMAS G. GRIFFITH
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

Department of the Treasury B		Short Form Annual Return/Report of Small Emplo			/ee	OMB Nos. 1210-0110 1210-0089		
		Benefit Plan Under sections 104 and 4065 of the Employee			2011			
	Retirement Income Security Act of 1			1974 (ERISA), and sections 6057(b) and 6058(a) of Revenue Code (the Code).			This Form is Open to Public	
	ension Benefit Guaranty Corporation	the instructions to the Form 550	Inspection					
		lentification Information	1 /01 /0	011 and and inc		12/31/201	1	
For	calendar plan year 2011 or fisca		1/01/2					
Α	This return/report is for:	a single-employer plan	•	-employer plan (not multiemployer)	L	a one-particip	ant plan	
В	This return/report is:			eturn/report				
		an amended return/report	a short plan year return/report (less than 12 months)					
С	heck box if filing under:				n			
	special extension (enter description)							
Pa	Int II Basic Plan Inform	nation—enter all requested informa	ation	······································				
1a	Name of plan					Three-digit plan number		
	THOMAS G. GRIFFITH,	M.D. P.S. 401(k) PLA	N			(PN)	001	
					1c	Effective date of 01/01/1985		
	Dian an encode name and addr	ess; include room or suite number (er	mplover if	for a single-employer plan)		2b Employer Identification Number		
28	THOMAS G. GRIFFITH,		npioyor, n			(EIN) 91-1302481		
						C Sponsor's telephone number		
						(253) 686-		
	P.O. BOX 98047				2d 1	Business code (s 621111	see instructions)	
-	TACOMA			WA 98496	3h	Administrator's E	IN	
3a	Plan administrator's name and SAME	address (if same as plan sponsor, er	iter Same		50 /	Administrator 5 t		
						3c Administrator's telephone number		
					4h	(253) 686-7411		
4	If the name and/or EIN of the p name EIN and the plan numb	lan sponsor has changed since the la	ast return/r	eport filed for this plan, enter the	4IJ	b EIN		
а	name, EIN, and the plan number from the last return/report. a Sponsor's name				4c	4c PN		
5a	a Total number of participants at the beginning of the plan year				5a		2	
b	Total number of participants at the end of the plan year				2			
С					5c	2		
	complete this item)						X Yes No	
6a	a were and the parts decode during the plan, you introduce the figure relation rule in a relation public opposite the (IOPA)							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
1	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
Pa -	rt III Financial Inform	ation		(a) Reginning of Vear	<u> </u>	(b) End	of Year	
-	Plan Assets and Liabilities		adding of the other and	(a) Beginning of Year 2, 626, 02		(b) End of Year 2,667,779		
a h	Total plan assets		0 0					
b C	Net plan assets (subtract line 7b from line 7a)		7c	2,626,021		2,667,779		
8	Income, Expenses, and Transi			(a) Amount		(b) Total		
-	Contributions received or rece							
-	• • • •		<u>8a(1)</u>					
	••		8a(2)					
	• • •)	8a(3)	51,07		{ same reasonable in the		
b	-		8b	51,075		51,0		
ר ה		8a(2), 8a(3), and 8b)	<u>8c</u>					
d		rollovers and insurance premiums	8d	o		er na ginar Al (19) ginar Matan	1947년 1월 21일 - 1월 21일 - 1월 21일 1941년 1월 21일 - 1월 1941년 1월 21일 - 1월 2	
е	•	rtain deemed and/or corrective distributions (see instructions) 8e		<u> </u>	de dangens strans			
f		rs (salaries, fees, commissions)	8f	9,33	317			
g			8g	C		0		
-		8e, 8f, and 8g)	8h					
i		e 8h from line 8c)	1			41,758		
j	Transfers to (from) the plan (s	ee instructions)	8j	0			en gen des des Sales des CSS (163) Generalises des des des des des des des des des	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2011)

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Form 5500-SF 2011

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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 2G 2J 2K 3D 2R

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 13 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 14 (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 amortized in this plan year, see instructions, and enter the date of the letter granting the waiver	int									
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The line of the second s										
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d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)										
e Will the minimum funding amount reported on line 12d be met by the funding deadline?										
Part VI Plan Terminations and Transfers of Assets										
13a 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 13a										
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13c(1) Name of plan(s): 13c(2) EIN(s) 1	3c(3) PN(s)									
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.										
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	Many & Sulla	7-5-12	THOMAS G. GRIFFITH
SIGN 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