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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Com	plete all entries in accor	dance with	n the instructions to the Form 5500	O-SF.		•	
Pa	art I Annual Report Identifica	tion Information						
For	calendar plan year 2011 or fiscal plan yea	ar beginning 01/01/201	1	and ending 1	2/31/2	011		
Α	This return/report is for:	e-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first	return/report	the final r	eturn/report				
	an ame	nded return/report	a short pla	n year return/report (less than 12 mo	onths)			
С	Check box if filing under: Form 5	558	automatic	extension		DFVC progra	m	
		extension (enter description	on)		!			
D		· '						
		-enter all requested inform	ation		1 h	Thurs a slight		
	Name of plan IALD J. MAYER, D.D.S., P.S. 401(K) PRO	EIT SHADING DI AN			ID	Three-digit plan number		
DON	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	TH SHARING LAIN				(PN) ▶	001	
					1c	Effective date of	plan	
						01/01/		
2a DON	Plan sponsor's name and address; includ	de room or suite number (e	employer, if	for a single-employer plan)		Employer Identif		er:
						Sponsor's telepl	none number	
200 [PELLY AVENUE NORTH					425-235		
	TON, WA 98055				2d	Business code (see instruction	າຣ)
						62121		
	Plan administrator's name and address (i	f same as plan sponsor, e	nter "Same	")	3b	Administrator's E		
DON	ALD J. MAYER, D.D.S., P.S.	300 PELLY A RENTON, W		ORTH	•	91-11		
		REITTON, W	71 00000		3C	Administrator's t 425-235		ıber
4	If the name and/or EIN of the plan spons	or has changed since the	last return/i	report filed for this plan, enter the	4b			
-	name, EIN, and the plan number from th			report med for time plant, error time	The Little			
a	Sponsor's name				4c	PN		
5a	Total number of participants at the begin	ning of the plan year			5a			5
b	Total number of participants at the end of	f the plan year			5b			Ę
С	Number of participants with account bala				_			
	complete this item)				5c			1
-	Were all of the plan's assets during the	, ,		'			X Yes	No
b	Are you claiming a waiver of the annual under 29 CFR 2520.104-46? (See instru							
	If you answered "No" to either 6a or 6			•		••••••		1
Pa	art III Financial Information	, p						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Voor	
· .			70	749565		(b) Liid	749730)
a				0			60	
b	Total plan liabilities			749565			749670	
	Net plan assets (subtract line 7b from lin		. 7с					
8	Income, Expenses, and Transfers for this			(a) Amount		(b) T	otal	
а	Contributions received or receivable from (1) Employers		8a(1)	10000				
	(2) Participants		, ,	10140				
	, ,				_			
h	(3) Others (including rollovers)			-13654	_			
b	,			-13034			6486	
۲ C	Total income (add lines 8a(1), 8a(2), 8a(. <u>8c</u>				0400	
d	Benefits paid (including direct rollovers a to provide benefits)			0				
е	Certain deemed and/or corrective distrib	utions (see instructions)	. 8e	207				
f	Administrative service providers (salaries	s, fees, commissions)	. 8f	6381				
g	Other expenses		. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and	l 8g)	. 8h				6381	
i	Net income (loss) (subtract line 8h from l	ine 8c)	. 8i				105	
j	Transfers to (from) the plan (see instruct	ions)	. 8j					

Form 5500-SF 2011	

orm 5500-SF 2011	Page 2 - 1
------------------	-------------------

Dart IV	Plan Characteristics	
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 2H 2J 2K 2T 3D
- **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	During the plan year:		Yes	No		Amount			
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				250000		
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				63		
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		Χ					
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		Χ					
art		ı			<u>,l</u>				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))					Yes	s X No		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod					Yes	s X No		
	(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 ruling granting the waiver								
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			401	T				
	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					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d	<u>L</u>				
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>			Yes X No	ס			
	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 of the PBGC?					Yes	s X No		
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):		130	c(2) E	IN(s)	13c(3) PN(s)		
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole cau	ıse is	estab	lished.				
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retrieved 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.	07/23/2012	DONALD J. MAYER					
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 spons					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

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 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

P	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 0	1/01/2	011 and ending		12/31/2011
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
	This return/report is:	the final r	eturn/report		_
_		a short pla	n year return/report (less than 12 mo	nths)	
^	Check box if filing under:	-	extension	,	DFVC program
C	special extension (enter description		, data in the second se		
	art II Basic Plan Information—enter all requested information	ation		1h	Three-digit
	Name of plan	f:+		110	plan number
	Donald J. Mayer, D.D.S., P.S. 401(k) Pro	T.T.C			(PN) • 001
	Sharing Plan			1c	Effective date of plan
					01/01/1987
	Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 91-1175524
	Donald J. Mayer, D.D.S., P.S.		ł	2-	· <u> </u>
			•	ZC	Sponsor's telephone number (425) 235-1660
	300 Pelly Avenue North		Ì	2d	Business code (see instructions)
	Renton		WA 98055		621210
	Plan administrator's name and address (if same as plan sponsor, er	nter "Same		3b	Administrator's EIN
	Same		ĺ		
				3с	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the	ast return/	report filed for this plan, enter the	4b	EIN
*	name, EIN, and the plan number from the last return/report.	astrolanin	report med for this plant, offer the		LIIV
а	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	5
b	Total number of participants at the end of the plan year			5b	5
С	Number of participants with account balances as of the end of the p			5c	5
	complete this item)				X Yes No
	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a				
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	10.	
Pa	rt III Financial Information	Lave constant	T		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	-7a	749,56		749,730
b	Total plan liabilities	7b		<u> </u>	60
С	Net plan assets (subtract line 7b from line 7a)	7c	749,56	5	749,670
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	10,00	o	
	(1) Employers	8a(2)	10,14		
	(3) Others (including rollovers)	8a(3)		1	
h	Other income (loss)	8b	(13,654	<u>}</u>	
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			6,486
c d	Benefits paid (including direct rollovers and insurance premiums				
u	to provide benefits)	8d		<u> </u>	
e	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f	6,38	1	
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			6,381
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			105
i	Transfers to (from) the plan (see instructions)			2 (V. 13) 1 (1.13) 1 (V. 14)	

Page	2	-
------	---	---

		427,000	
Þа	rt	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 2H 2J 2K 2T 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Dorf	V Compliance Questions									
					Yes	No		mount		
10 a	During the plan year: Was there a failure to transmit to the plan any participant contributions with 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co	10a		Х	A	illouitt				
b	·		х							
С	Was the plan covered by a fidelity bond?							250,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity be or dishonesty?		х							
е	Were any fees or commissions paid to any brokers, agents, or other perso insurance service or other organization that provides some or all of the ber instructions.)	Х		63						
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year	end.)		10a		Х				
h	If this is an individual account plan, was there a blackout period? (See inst	ructions and 2	9 CFR	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the require exceptions to providing the notice applied under 29 CFR 2520.101-3	ed notice or or	e of the	10i		Х				
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If 5500))							Yes X No		
12	Is this a defined contribution plan subject to the minimum funding requiren	nents of sectio	n 412 of the Code o	or se	ction 3	302 of	ERISA?	Yes X No		
Α.	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is being amorti granting the waiver.	zed in this pla	n year, see instructi Month	ions, ว	and e	nter th Dav	e date of the Y	letter ruling ear		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo									
. b	Enter the minimum required contribution for this plan year					12b				
С	Enter the amount contributed by the employer to the plan for this plan year				L	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resunegative amount)				[12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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>	/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, transfer of the PBGC?	red to anothe	plan, or brought u	nder	the co	ntrol		Yes 🛭 No		
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	lan to another	plan(s), identify the	e plai	n(s) to		···			
1	3c(1) Name of plan(s):				13	c(2) E	N(s)	13c(3) PN(s) .		
Caut	ion: A penalty for the late or incomplete filing of this return/report will	be assessed	unless reasonable	e cau	ise is	estab	lished.			
\$B or	r penalties of perjury and other penalties set forth in the instructions, I declar Schedule MB completed and signed by an enrolled actuary, as well as the i, it is true, correct, and complete.	re that I have electronic ver	examined this returnsion of this return/re	rn/rep eport	oort, ir , and	cludin to the	g, if applicabl best of my kn	e, a Schedule owledge and		
SIC!	X Amuly If Marle 1071	16/2012	Donald J. M	laye	er					
SIGI	y	7	Enter name of inc	dividu	ıal siq	ning a	s plan admini	strator		
SIGI										
HER	(A) (B)		Enter name of inc	dividu	ıal sig	ning a	s employer o	r plan sponsor		