	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 o					2	2011		
Er	Department of Labor nployee Benefits Security Administration	e s(a) of	This Form i	s Open to Public					
Р	Employee Benefits Security Administration the Internal Revenue Code (the Code). Inis Form is Open to Public Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Inspection								
		entification Information							
For	calendar plan year 2011 or fisca				2/31/2				
Α	This return/report is for:			e-employer plan (not multiemployer)		a one-partici	pant plan		
B	This return/report is:	the first return/report		eturn/report					
		╡	a short pla	an year return/report (less than 12 mo	onths)				
C	Check box if filing under:								
		special extension (enter descriptio							
		nation—enter all requested informa	ation		1h	Thursd slight			
	Name of plan	, D.D.S., P.L.L.C. 401(K) PLAN & TF	RUST		dr	Three-digit plan number			
RODI		, D.D.O., F.E.E.O. 401(1) FERRA				(PN) 🕨	001		
					1c	Effective date o 01/01	•		
		ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identi			
ROB	ERT J. LEE & STEPHEN J. LEE	<u>-</u> , D.D.S., P.L.L.C.					08974		
					2c	Sponsor's telep 425-33			
	0 19TH AVENUE SE RETT, WA 98208				2d	Business code (62121	see instructions)		
3a Plan administrator's name and address (if same as plan sponsor, ent ROBERT J. LEE & STEPHEN J. LEE, D.D.S., P.L.L.C. 10810 19TH A					3b	Administrator's			
_		EVERETT, W	A 98208		3c	Administrator's 425-33	telephone number 7-4200		
4		lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN			
а	name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN								
	1	the beginning of the plan year					9		
b		the end of the plan year			5a 5b		9		
c		count balances as of the end of the p			30		9		
	complete this item)								
		uring the plan year invested in eligibl					X Yes No		
D	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.									
Pa	rt III Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year 482250		
a L	•		7a	410589	_		462250		
b	•	'h fram lina Za)	7b	410589	_		482179		
<u> </u>	Income, Expenses, and Transf	'b from line 7a) ers for this Plan Vear	7c	(a) Amount	_	(b) 1			
a	Contributions received or received					(5)	otai		
	(1) Employers		8a(1)	43363	_				
	(2) Participants		8a(2)	27056	_				
	() () () () () () () () () () () () () (8a(3)	4474	_				
b	· · · ·			1171			71590		
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c		-		71390		
u			8d						
е	Certain deemed and/or correct	ive distributions (see instructions)	8e						
f	Administrative service provider	s (salaries, fees, commissions)	8f						
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h						
i		8h from line 8c)					71590		
j	· · · · · ·	ee instructions)	8j	-			Earm 5500 SE (2011)		

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

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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:

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2A 2E 2F 2G 2J 3D
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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	Durir	ng the plan year:		Yes	No	Α	mount
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)		Х			1156
b	• Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		10b		х		
С	C Was the plan covered by a fidelity bond?						50000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				Х		
е	e 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.)				Х		
f	Has the plan failed to provide any benefit when due under the plan?				Х		
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х		
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h				
i	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						
Part	VI	Pension Funding Compliance					
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))						
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?	🗌 Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- ing the waiverMon	th				•
lf y	ou co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г			
b	b Enter the minimum required contribution for this plan year						
С		the amount contributed by the employer to the plan for this plan year			12c		
d	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)						
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A						No N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			١	res X No	
	lf "Ye	es," 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 under the control of the PBGC?							
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.)							
13c(1) Name of plan(s):				13c(2) EIN(s) 13c(13c(3) PN(s)	
Cauti	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	lished.	

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.	07/23/2012	STEPHEN LEE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/23/2012	STEPHEN LEE
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	500-SF	Short Form Annu	al Return/Re Benefit P	port of Small Employ lan	yee		OMB Nos. 1210-01 1210-00		
Internal Revenue Service				ions 104 and 4065 of the Employ	/ee		2011		
Department of Labor Retirement Income Security Act o				of 1974 (ERISA), and section 6057(b) and 6058(a al Revenue Code (the Code).			is Open to Public		
Pension Benefit Guar	anty Corporation	Complete all entries in	accordance with t	lance with the instructions to the Form 5500-SF.			Inspection		
Part I Ann	ual Report I	Identification Information							
or the calendar pla	n year 2011 or fi	iscal plan year beginning	01/01/	2011 and ending	12	2/31/2011			
This return/repor	rt is for:	x a single-employer plan	a multiple-em	nployer plan (not multiemployer)	[a one-partici	pant plan		
This return/report	rt is:	the first return/report	the final retur	n/report	-	_			
		an amended return/report	a short plan	year return/report (less than 12 mo	nths)				
Check box if filin	a under:	Form 5558	automatic ex		DFVC program				
	g undor.	special extension (enter desc			L				
	Dia dia Co								
Part II Basi a Name of plan	ic Plan Info	rmation enter all requeste	ed information.		16	Three-digit	···		
						plan number			
ROBERT J.	LEE & STEPH	HEN J. LEE, D.D.S., P.	L.L.C. 401(K)	PLAN & TRUST		(PN) ►	001		
						Effective date of 01/01/2008			
a Plan sponsor's	name and addre	ess; include room or suite numbe	er (employer, if for sir	igle-employer plan)			ification Number		
		HEN J. LEE, D.D.S., P.				(EIN) 20-20			
					2c	Plan sponsor's	telephone number		
10810 19TH	I AVENUE SE					(425) 337-			
							(see instructions)		
5 EVERETT		WA 98208				621210			
a Plan administrative Same	ator's name and	address (If same as plan sponso	or, enter "Same")		30	Administrator's	EIN		
					3c	Administrator's	telephone number		
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.						4b EIN			
a Sponsor's Nan		er nom die last return/report.			4c PN				
a Total number of	of participants at	the beginning of the plan year			5a		9		
		the end of the plan year			5b		9		
Number of participants with account balances as of the end of the plan year (defined benefit plans do not							9		
complete this item)					5c	. I			
· · · ·		iring the plan year invested in elig	nible assets? (See in	structions.)	f				
a Were all of the	•		•		• • •	••••	X Yes No		
a Were all of the Are you claimin	ng a waiver of the		of an independent q	structions.)	· · · ·	••••	_		
 Were all of the Are you claimin under 29 CFR If you answere 	ng a waiver of the 2520.104-46? (S ed "No" to eithe	e annual examination and report See instructions on waiver eligibil er 6a or 6b, the plan cannot use	of an independent que lity and conditions.)	ualified public accountant (IQPA)	••••	••••	_		
A Were all of the Are you claimin under 29 CFR If you answer Part III Fina	ng a waiver of the 2520.104-46? (S ed "No" to eithe Incial Inforn	e annual examination and report See instructions on waiver eligibil er 6a or 6b, the plan cannot use	of an independent que lity and conditions.)	ualified public accountant (IQPA) I must instead use Form 5500.	• • •		XYes No		
 Were all of the Are you claimin under 29 CFR If you answer art III Fina Plan Assets ar 	ng a waiver of the 2520.104-46? (S ed "No" to eithe Incial Inforn Ind Liabilities	e annual examination and report See instructions on waiver eligibil er 6a or 6b, the plan cannot use	of an independent quity and conditions.)	ualified public accountant (IQPA) I must instead use Form 5500. (a) BegInning of Year	· · · ·		X Yes No		
Were all of the Are you claimin under 29 CFR If you answer art III Fina Plan Assets ar Total plan asset	ng a waiver of the 2520.104-46? (S ed "No" to eithe Incial Inforn nd Liabilities ets	e annual examination and report See instructions on waiver eligibil er 6a or 6b, the plan cannot use	of an independent q lity and conditions.) e Form 5500-SF and 7a	ualified public accountant (IQPA) I must instead use Form 5500.	• • •		X Yes No tof Year 482,250		
 Were all of the Are you claimin under 29 CFR If you answer art III Fina Plan Assets ar Total plan asset Total plan liabi 	ng a waiver of the 2520.104-46? (S ed "No" to eithe Incial Inform ad Liabilities ets lities	e annual examination and report See instructions on waiver eligibil er 6a or 6b, the plan cannot use nation	of an independent quility and conditions.) e Form 5500-SF and 	ualified public accountant (IQPA) I must instead use Form 5500. (a) BegInning of Year 410, 589	• • •		X Yes No t of Year 482,250 71		
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 Were all of the Are you claiminuder 29 CFR If you answere Part III Fina Plan Assets ar Total plan asset Total plan asset Income, Experi Contributions r 	ng a waiver of th 2520.104-46? (S ed "No" to eithe incial Inform ad Liabilities ets lities s (subtract line 7 ases, and Transfe received or received	e annual examination and report See instructions on waiver eligibil er 6a or 6b, the plan cannot use nation 	of an independent quality and conditions.) e Form 5500-SF and 	ualified public accountant (IQPA) I must instead use Form 5500. (a) Beginning of Year 410,589 410,589	· · · ·	(b) Enc	X Yes No of Year 482,250 71 482,179		
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Page 2-

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 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	Am	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in	0a	х			1,1	56
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					_,_	
		0ь		х			
с	Was the plan covered by a fidelity bond?	0c	х			50,0	00
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud						
	an diabanantu?	0d		х			
е	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier,						
	insurance services or other organization that provides some or all of the benefits under the plan? (See	0e		x			
f				x			
		Of					
g		0g		x			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	0h					
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	01					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S 5500))	che	dule S	SB (Fo	rm	Yes XN	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section						
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	1011	302 0	ERIS	Ar		,
a If v	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	and	enter	the da Day	te of the letter	ruling ar	
b	Enter the minimum required contribution for this plan year		Г	12b			
c	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 of a	•	·	120			
ä	negative amount)		.	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		• •		Yes]No 🔲 N/A	
Part							—
13a	Has a resolution to terminate the plan been adopted in any plan year?		<u> </u>			Yes X 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 of the PBGC?	ne co	ontrol				
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)			•••	• • • •	Yes X No	
1	3c(1) Name of plan(s):		13/	:(2) EI	N/(c)	13c(3) PN(s)	
			1.30			130(3) FIN(S)	
				• • • • • • • • • • • • • • • • • • • •			·
			_				
Cautio	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause	is e	stabl	ished.	E		

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	hijeku J Ku		STEPHEN J. LEE
HERE	Signature of plan administrator	Date 7/ 9/2012	Enter name of individual signing as plan administrator
SIGN	Arphy 1_ hm		
HERE	Signature of employer/plan sponsor	Date 7/9/2012	Enter name of individual signing as employer or plan sponsor