		Return/Report of Small Employee Benefit Plan			OMB Nos. 1210-0110 1210-0089			
			under sections 104 and 4065 of the Employee			2011		
Department of Labor Retirement Income Security Act of			1974 (ERISA), and sections 6057(b) and 6058(a) of					
-	nployee Benefits Security Administration ension Benefit Guaranty Corporation			Code (the Code).			pection	
	· · ·	Complete all entries in accord entification Information	dance with	n the instructions to the Form 5500)-SF.			
	calendar plan year 2011 or fisca		1	and ending 1	2/31/2	2011		
	This return/report is for:		a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
	This return/report is:	the first return/report	•	eturn/report				
_				n year return/report (less than 12 mc	onths))		
С	Check box if filing under:	Form 5558		extension	,	DFVC progra	m	
0		special extension (enter descriptio						
Pa	Int II Basic Plan Inform	nation —enter all requested information	,					
1	Name of plan				1b	Three-digit		
EDW	ARD WILLIAMS, M.D., INC., P.S	S. 401(K) PROFIT SHARING PLAN				plan number	004	
					10	(PN) Effective date of	001	
					10	01/01/	•	
2a EDW	Plan sponsor's name and addre	ess; include room or suite number (er S.	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 20-820		
					2c	Sponsor's teleph		
	CENTER ST SUITE R					253-581		
	DMA, WA 98499					Business code (s 62111	1	
	Plan administrator's name and ARD WILLIAMS, M.D., INC., P.S.		R ST SUIT		3b	Administrator's E	EIN 04757	
		TACOMA, WA	\ 98499		3c	Administrator's to 253-581	elephone number -2934	
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 numb Sponsor's name	er from the last return/report.			4c	PN		
	•	the beginning of the plan year			5a		8	
b Total number of participants at the end of the plan year					5b			
С		count balances as of the end of the p			5c		8	
6a	1 /	uring the plan year invested in eligibl					X Yes No	
		e annual examination and report of a						
		See instructions on waiver eligibility a		,			X Yes No	
Pa	rt III Financial Informa	er 6a or 6b, the plan cannot use Fo ation	orm 5500-	SF and must instead use Form 550	0.			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		7a	357193		(0) =	340376	
b	Total plan liabilities		7b	2840				
С	Net plan assets (subtract line 7	'b from line 7a)	7c	354353			340376	
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or recei		0-(1)	11500				
			8a(1)	11000	-			
			8a(2) 8a(3)	0	-			
b			8b	-29474				
c		8a(2), 8a(3), and 8b)	8c				-6974	
d	Benefits paid (including direct r	ollovers and insurance premiums		0				
е	, ,	ive distributions (see instructions)	8d 8e	0				
f		s (salaries, fees, commissions)	8f	6975				
g	•		8g	28				
h		Be, 8f, and 8g)	8h				7003	
i		e 8h from line 8c)	8i				-13977	
j	Transfers to (from) the plan (se	e instructions)	8j					
_					-			

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:

2E 2F 2G 2J 2K 3D 2T

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	A	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		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)			Х		
С	Was	the plan covered by a fidelity bond?	10c	Х			35000
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		Х		
e	insur	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)			Х		
f	Has	s 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			9644
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х		
i		h 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				
Part	VI	Pension Funding Compliance					
11							
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 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						
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	D Enter the minimum required contribution for this plan year				12b		
С					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 negative amount)				12d		
е	e 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	a resolution to terminate the plan been adopted in any plan year?			١	res X No	
	lf "Y€	es," enter the amount of any plan assets that reverted to the employer this year	1	3a			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С							
1	3c(1)	Name of plan(s):		13	c (2) El	N(s)	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	ıse is	estab	ished.	

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.	09/04/2012	EDWARD WILLIAMS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/04/2012	EDWARD WILLIAMS
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor