## 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

	Complete all e	ntries in accord	dance witl	n the instructions to the Form 550	0-SF.		•	
Pa	art I Annual Report Identification Info	ormation						
For	calendar plan year 2011 or fiscal plan year beginnin		1	and ending 1	2/31/2	2011		
A	This return/report is for:	plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/rep	ort	the final re	eturn/report				
	an amended retur	n/report	a short pla	in year return/report (less than 12 mo	onths)			
C	Check box if filing under:	П	automatic	extension		DFVC progra	m	
•	special extension	⊔ Anter descriptio						
_	<u> </u>	· ·						
	art II Basic Plan Information—enter all re	equested information	ation					
	Name of plan				1b	Three-digit		
DALE	E C. BOBB, D.D.S. 401(K) PROFIT SHARING PLAN	AND TRUST				plan number (PN)	002	
					10	Effective date of		
					10	01/01		
2a	Plan sponsor's name and address; include room or	suite number (e	mplover if	for a single-employer plan)	2h	Employer Identif		
	E C. BOBB, D.D.S.	ound number (o	mpioyon, n	Tot a onigio ompioyor plany	20	(EIN) 91-10		.1
					20	Sponsor's telep	hone number	
4450	M ODAVELLY LAKE DDIVE					253-58°		
	21 GRAVELLY LAKE DRIVE, OMA, WA 98499				2d	Business code (	see instruction	ns)
	,					62121		,
3a	Plan administrator's name and address (if same as	plan sponsor. ei	nter "Same	3")	3b	Administrator's I	ΞΙΝ	
	E C. BOBB, D.D.S.	11521 GRAV	<b>ELLY LAK</b>				02964	
		TACOMA, W	A 98499		3с	Administrator's t	elephone num	ber
						253-581	-2777	
4	If the name and/or EIN of the plan sponsor has cha name, EIN, and the plan number from the last retur		ast return/i	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name	плероп.			4c	DNI		
	Total number of participants at the beginning of the	nlan year						
					5a			
b	Total number of participants at the end of the plan y				5b			
С	Number of participants with account balances as of complete this item)		• `	•	5c			8
60	,						X Yes	No
oa b	Were all of the plan's assets during the plan year in Are you claiming a waiver of the annual examination	•		'			V Les	INO
D	under 29 CFR 2520.104-46? (See instructions on v						X Yes	No
	If you answered "No" to either 6a or 6b, the plan	0 ,		•				
Pa	art III Financial Information							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
a	Total plan assets		. 7a	2258663		(5) = 1.0	2187684	,
b	Total plan liabilities			0			0	
6				2258663			2187684	
	Net plan assets (subtract line 7b from line 7a)		7c			4.5		
8	Income, Expenses, and Transfers for this Plan Yea	r		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:  (1) Employers		8a(1)	4960				
	(2) Participants		` '	28850				
				0				
<b>L</b>	(3) Others (including rollovers)		8a(3)	-55395				
b	Other income (loss)			-33383			-21585	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c				-21565	
d	Benefits paid (including direct rollovers and insuran to provide benefits)		. 8d	43503				
е	Certain deemed and/or corrective distributions (see	instructions)	. 8e	0				
f	Administrative service providers (salaries, fees, cor	nmissions)	. 8f	5891				
g	Other expenses		8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						49394	
i	Net income (loss) (subtract line 8h from line 8c)						-70979	
i	Transfers to (from) the plan (see instructions)			0				
J	ייייייי (יויסווי) נווב פומון (שבל ווושנועטוטווש)		8j	U				

Form	5500.	SF.	201

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Part IV	Plan	Characte	aristics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 2R 3B 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

		Yes	No		Λ	ALIM4	
During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period described	,	163	NO		АП	nount	
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		X				
Was the plan covered by a fidelity bond?	10c	Χ					30000
	,						
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraudor dishonesty?	10d		X				
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			X				
instructions.)	10e		^				
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.)	10~		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g						
2520.101-3.)	10h		X				
If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10						
exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	mnlete	Schad	عادر SF عادر	(Form	<u> </u>		
5500))						Yes	
							11.
·						Yes	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						=	+
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	de or se	ction 3	302 of	ERISA	?	Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	de or se	ction 3	302 of Inter th	ERISA ie date	?	Yes etter ru	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (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 inst	de or se ructions, onth	ction 3	302 of Inter th	ERISA ie date	?	Yes etter ru	X N
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (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 inst granting the waiver.  Myou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1 Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.	de or se ructions, onth	and e	nter the Day	ERISA ie date	?	Yes etter ru	X N
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (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 inst granting the waiver.  Myou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1  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 lengative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII 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 brough of the PBGC?	tuctions onth	and e	12b 12c 12d 	e date	? [ of the legal	Yes etter ru ar	ing N/A
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (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 inst granting the waiver	tuctions onth	and e	12b 12c 12d	ERISA se date Yes	? [ of the legal	Yes etter ru ar No  Yes	N/A
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (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 inst granting the waiver	tuctions onth	and e	12b 12c 12d	ERISA se date Yes	? [ of the legal	Yes etter ru ar No  Yes	N/A

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.	09/28/2012	KELLY VAN WYHE
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

Annual Report Identification Information 01/01/2011 For calendar plan year 2011 or fiscal plan year beginning and ending 12/31/2011 a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report the final return/report B This return/report is: an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension □ DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number DALE C. BOBB, D.D.S. 002 (PN) • 401(K) PROFIT SHARING PLAN AND TRUST Effective date of plan 01/01/1984 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 91-1002964 DALE C. BOBB, D.D.S. Sponsor's telephone number (253) 581-27**77** 11521 GRAVELLY LAKE DRIVE, 2d Business code (see instructions) 621210 WA 98499 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b 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 4b EIN 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..... 5a Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No 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 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 2,258,663 2,187,684 7a Total plan assets ..... Total plan liabilities..... 7b 2,258,663 2,187,684 C Net plan assets (subtract line 7b from line 7a)..... 7c Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 4,960 (1) Employers ..... 8a(1) 28,850 (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) (55,395)b Other income (loss)..... (21,585)Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ...... Benefits paid (including direct rollovers and insurance premiums 43,503 to provide benefits)..... 8d e Certain deemed and/or corrective distributions (see instructions)... 8e 5,891 Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g 49,394 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h (70,979)8i Net income (loss) (subtract line 8h from line 8c)..... Transfers to (from) the plan (see instructions) ......

	F	orm 5500-SF 2011 Page <b>2</b> -							
Pai	rt IV	Plan Characteristics							
9a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha E 2F 2G 2J 2K 2R 3B 3D	racteri	stic C	odes i	in the ins	truction	s:	
b									
Par	t V	Compliance Questions	_						
10	Durin	ng the plan year:		Yes	No		Am	ount	
а	29 (	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	Were on lir	e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		x				
C	Was	the plan covered by a fidelity bond?	10c	Х	ı			30	0,000
d	Did to or dis	he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х			_	
е	Were	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		х				
f	Hast	the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did ti	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 CFR101-3.)	10h		х				
ì		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						
art	VI	Pension Funding Compliance							_
11	ls this 5500)	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	lule S	B (Form		Yes	ΠNo
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				_,•.		'	_
а	lf a w	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions,	and e	enter t	he date o	of the le	tter ruli:	ng
14.		ing the waiver			Day	′	_ Yea	r	
	_	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г	40h	т —			
		the minimum required contribution for this plan year			12b	-			
		the amount contributed by the employer to the plan for this plan year		·· ⊦	12c	-			
	negati	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ive amount)			12d	<u> </u>			
		e minimum funding amount reported on line 12d be met by the funding deadline?				Yes		10	N/A
art		Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?			X	Yes	No		
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year	13	3a					0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

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.

Yes X No

13c(3) PN(s)

13c(2) EIN(s)

SIGN	We all	9-20-12	DALE C. BOBB
HERE	Signature of plan administrator,	Date	Enter name of individual signing as plan administrator
SIGN	Dan Ble	9-20-17	DALE C. BOBB
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor