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

		ruance wit	i the instructions to the Form 5500-	oг.			
	art I Annual Report Identification Information						
For	r calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending 12/	/31/2	011		
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan		
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mon	iths)			
С	Check box if filing under:	automatio	extension		DFVC program		
	special extension (enter descript	ion)					
Pa	art II Basic Plan Information—enter all requested inform	nation					
1a	Name of plan			1b	Three-digit		
THOI	MAS S. MARING, MD, DMD, PS DEFINED BENEFIT PLAN				plan number		
			_	4 -	(PN) 002		
			1C	Effective date of plan 01/01/2007			
	Plan sponsor's name and address; include room or suite number (employer, it	for a single-employer plan)	2b	Employer Identification Number	er	
THO	DMAS S. MARING, MD, DMD, PS				(EIN) 91-1806117		
				2c	Sponsor's telephone number		
	OLIVE WAY, SUITE 550		<u> </u>	<u> </u>	206-343-7500		
SEA	TTLE, WA 98101-1736		2a	Business code (see instruction 621111	is)		
	Plan administrator's name and address (if same as plan sponsor,	enter "Same	2")	3h	Administrator's EIN		
	MAS S. MARING, MD, DMD, PS 509 OLIVE SEATTLE, V	WAY, SUITI	550		91-1806117		
	OLATTEL, V	730	3c Administrator's telephone nun				
4	If the name and/or EIN of the plan sponsor has changed since the	report filed for this plan, enter the	4b	EIN			
а	name, EIN, and the plan number from the last return/report. Sponsor's name		4c	DNI			
	Total number of participants at the beginning of the plan year						
b			<u> </u>	<u>5a</u> 5b		,	
C				่อม			
	complete this item)			5c			
6a	Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)		X Yes	No	
b	· / · · · · · · · · · · · · · · · · · ·				V von □	No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use		•		X Yes	No	
Pa	art III Financial Information	01111 3300	Of and must mistead use form 5500	<u>, </u>			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
a		7a	849948		889610		
b							
С			849948		889610		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:		46245		<u> </u>		
	(1) Employers	8a(1)	46245	-			
	(2) Participants	8a(2)		-			
_	(3) Others (including rollovers)	8a(3)		-			
b	,		-6583		00000		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			39662		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0		
i	Net income (loss) (subtract line 8h from line 8c)	8i			39662		
j	Transfers to (from) the plan (see instructions)	8j					

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Form	ちちへん	-65	2011	

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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:							
		Yes	No		Amo	unt	
a 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				
C Was the plan covered by a fidelity bond?	10c	X					5000
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		Χ				
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.)	10e		X				
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.)	10q		Χ				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
art VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					X	Yes	□ No
2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	X No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0 0. 00	0	.02 0. 2		ш		ш
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver							
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	•						
b Enter the minimum required contribution for this plan year			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 lef negative amount)			12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
art VII Plan Terminations and Transfers of Assets							
3a Has a resolution to terminate the plan been adopted in any plan year?			Y	es X 1	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, transferred to another plan, or brought of the PBGC?			ntrol		П	Yes	X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	n(s) to			_		_
13c(1) Name of plan(s):		130	(2) Ell	V(s)	1	3c(3)	PN(s)
					1		
aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole cau	ıse is	establi	shed			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/12/2012	SUSAN MARING
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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

							File as	an attachme	ent to Form	5500 or	5500-	SF.						
Fc	r cale	ndar p	lan year 2	011	or fiscal p	plan yea	ar beginning 0	1/01/2011				and end	ing 12	2/31/2	011			
			amounts				ssed for late filing o	of this report	unless reas	onable ca	ause is	s establish	ed.					
Α	Name	of pla	an				ED BENEFIT PLAN	-			В	Three-di	git	1))		002	
			or's name IARING, N			line 2a	of Form 5500 or 55	00-SF				Employer -1806117	Identific	cation	Numbe	r (EIN)		
Е	Туре с	of plan	: X Sing	е	Multip	le-A	Multiple-B	F	Prior year pla	an size:	100	or fewer	101	-500	More	e than 5	00	
	art I		asic Inf		ation	<u> </u>	<u>.</u>			<u> </u>								
1			valuation			M	onth <u>01</u> [Day <u>01</u>	Year _	2011								
2		ets:	valuation	dato	•						_							
	а	Mark	et value										2a					835484
	b	Actu	arial value										2b					835484
3	Fur	ding t	arget/part	icipa	nt count l	breakdo	own:			(1) N	lumbe	r of partic	pants		(2	2) Fundi	ng Targe	ŧt
	а	For	retired pa	ticipa	ants and	benefic	iaries receiving pay	/ment	3a					0				0
	b	For	terminate	l ves	ted partic	cipants			3b					1				23673
	С	For	active par	icipa	ints:													
		(1)	Non-vest	ed b	enefits				_ ` '									4374
		(2)							_ ` '					-				1023833
		(3)												8				1028207
_	d													8				1051880
4							box and complete li				ш		_					
	a		0 0			•	bed at-risk assump											
	b						umptions, but disrensecutive years and							1				
5	Effe	ective	interest ra	te									5					6.20 %
6	Tar	get no	rmal cost										6					0
,	To the accorda	best of rance with ation, or	h applicable	e, the i aw an	nformation s d regulation	is. In my o	n this schedule and accon pinion, each other assum rience under the plan.								expectation			
	IXI	_				Signatu	ire of actuary				_				Date			
DE	NIELL	E M. \	VILLIAMS		,	Signato	ile of actuary									7606		
RA	NDALI	_ & Hl	JRLEY, IN	IC.	Туре	or prin	t name of actuary				_		Mos	t rece	nt enroll 509-8	ment no 838-550		
			SIDE AVE \ 99201	., SU	ITE 1600		m name					Т	elephor	ie nun	nber (ind	cluding	area cod	e)
						Addre	ss of the firm				_							
If th	e actu	ary ha	s not fully	refle	cted any	regulat	tion or ruling promu	Ilgated unde	r the statute	in comple	eting t	his sched	ule, che	ck the	box an	d see		П
	ruction	-	,		,	J	51				9 -		, -					ш

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Schedule SB (Form 5500) 2011

Pa	art II	Begir	ning of year	carryove	er and prefunding ba	lances							
				-				(a)	Carryover balance		(b) l	Prefundi	ng balance
7		_			cable adjustments (line 13 t					0			0
8			•	-	unding requirement (line 35						0		
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)						0			0
10	Interest	t on line 9	using prior year's	actual ret	turn of%								
11	Prior ye	ear's exce	ess contributions to	o be added	d to prefunding balance:								
	a Pre	sent valu	e of excess contril	butions (lin	ne 38 from prior year)								0
					e rate of% excep								0
	C Total available at beginning of current plan year to add to prefunding												0
	d Por	tion of (c)) to be added to pr	efunding b	palance								0
12	2 Other reductions in balances due to elections or deemed elections								0				
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)								0				
P	art III	Fun	ding percenta	ages									
14	Funding	•										14	79.42 %
					ge							15	79.42 %
	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								16	88.19 %			
17					is less than 70 percent of th							17	%
P	Part IV Contributions and liquidity shortfalls												
				•	rear by employer(s) and em	plovees:							
	(a) Dat 1M-DD-Y	te	(b) Amount pa	aid by	(c) Amount paid by employees	(a	Date	(Y)	(b) Amount pa employer((nt paid by oyees
	/15/2012		, ,	46245	0	`		,	, ,	,			,
				,		Totals	>	18(b)		46245	18(c)		0
19	Discour	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuatio	n date	after t	he beginning of the	e year:			
	a Cont	ributions	allocated toward	unpaid min	nimum required contributions	s from pric	r years	i		19a			0
	b Cont	ributions	made to avoid res	strictions a	djusted to valuation date					19b			0
	C Cont	ributions a	allocated toward mi	nimum req	uired contribution for current	year adjust	ed to va	aluatio	n date	19c			40201
20	Quarter	rly contrib	outions and liquidit	y shortfalls	S:								
	a Did t	he plan h	nave a "funding sh	ortfall" for t	the prior year?							>	Yes No
	b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?												
	C If 20a	a is "Yes,	" see instructions	and compl	ete the following table as a	oplicable:							
-		(4)			Liquidity shortfall as of e	nd of qua	ter of t		•			(4)	
		(1) 19	ST		(2) 2nd			(3)	3rd			(4) 4tl	1

Pa	rt V	Assumptio	ns used to determine t	funding target and ta	rget norma	al cost					
21	Disco	ount rate:									
	a s	egment rates:	1st segment: 3.14%	2nd segment: 5.90%		3rd segment: 6.45 %		N/A, full yiel	d curve	used	
	b A	pplicable month	(enter code)				21b			1	
22	Weig	hted average ret	tirement age				22			62	
23	Morta	ality table(s) (see	e instructions) X Pro	escribed - combined	Prescribed	- separate	Substitut	e			
Pa	rt VI	Miscellane	ous items								
24		-	nade in the non-prescribed ac						d Yes	X No	
25	5 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment										
26			p provide a Schedule of Active						Yes	X No	
27			or (and is using) alternative fu	•			27				
Pa	rt VII		ation of unpaid minimu			J					
28	Unpa	id minimum requ	uired contributions for all prior	years			28			0	
29			contributions allocated toward				29			0	
30	`		f unpaid minimum required cor		30			0			
Pa	rt VIII	Minimum	required contribution	for current year							
31	Targ	et normal cost a	nd excess assets (see instruc	tions):							
	a Target normal cost (line 6)									0	
	b Ex	cess assets, if a	applicable, but not greater thar		31b			0			
32	32 Amortization installments: Outstanding l							Installi	ment		
	a Ne	et shortfall amort	tization installment				216396			40201	
	b W	aiver amortizatio	on installment				0			0	
33			approved for this plan year, er Day Year	_			33				
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines	s 31a - 31b +	32a + 32b - 33)	34			40201	
				Carryover balance		Prefunding balar	nce	Total ba	alance		
35			use to offset funding	-						0	
										40004	
36			rement (line 34 minus line 35)				36			40201	
37			ed toward minimum required c				37			40201	
38	Prese	ent value of exce	ess contributions for current ye	ear (see instructions)							
	a To	tal (excess, if an	ny, of line 37 over line 36)				38a			0	
	b Po	ortion included in	n line 38a attributable to use of	prefunding and funding star	ndard carryov	er balances	38b			0	
39	Unpa	id minimum requ	uired contribution for current y	ear (excess, if any, of line 36	3 over line 37)		39			0	
40	Unpa	id minimum requ	uired contributions for all years	S			40			0	
Pai	rt IX	Pension	funding relief under Pe	ension Relief Act of 2	010 (see ir	structions)					
41	If a sh	nortfall amortizat	tion base is being amortized po	ursuant to an alternative amo	ortization sche	edule:					
	a Sch	nedule elected						2 plus 7 years	15 y	/ears	
	b Eligible plan year(s) for which the election in line 41a was made						2008	3 2009 201	0	2011	
42	Amou	int of acceleratio	on adjustment				42				
43	Exces	ss installment ac	celeration amount to be carrie	d over to future plan years			43				

Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Economic Assumptions

	January 1, 2010	January 1, 2011
Interest rates:		
1st Segmented Interest Rate (0-5 years)	4.71%	3.14%
2nd Segmented Interest Rate (5-20 years)	6.67%	5.90%
3rd Segmented Interest Rate (20+ years)	6.77%	6.45%
Effective Interest Rate	6.70%	6.20%
Traditional funding	6.50%	6.50%
FAS 35 liability	6.50%	6.50%
Salary scale:		
ERISA funding	0.00%	0.00%
Maximum compensation limit	\$245,000	\$245,000
Maximum benefit limit	\$195,000	\$195,000
Expenses	\$0	\$0

Actuarial Methods

Minimum and maximum contributions

Actuarial value of assets
Plan Year
Measurement date

Traditional funding methods

Normal cost and accrued liability

Market value of assets
January 1 to December 31

January 1

Individual Aggregate Cost Method

Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Demographic Assumptions

Mortality - Funding (Post PPA)

Post-retirement 2011 Optional Small Plans Male/Female

Pre-retirement None

Mortality - 417(e) (Post PPA)

Post-retirement 2011 Applicable Mortality Table

Pre-retirement None

Mortality - Traditional (Pre PPA)

Post-retirement 1994 Group Annuity Reserving Table

Pre-retirement None

Probability of Lump Sum 95%

Termination None

Disability

Retirement Age None

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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning	01/01/2	2011 and ending		12/31/2011
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the final re	eturn/report		
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)	1
_	Check box if filing under: X Form 5558	-	extension	,	DFVC program
C	special extension (enter description)	_	Oxionoli		_ 51 vo program
n.					
	art II Basic Plan Information—enter all requested inform	nation		1h	Three-digit
	Name of plan HOMAS S. MARING, MD, DMD, PS DEFINED BENI	EFTT PL	AN	ID	plan number
11	TOTALO S. PARCINO, MD, DAD, 13 DELIMED DEM	JI II I II.			(PN) ▶ 002
					Effective date of plan
					01/01/2007
	Plan sponsor's name and address; include room or suite number (employer, if	for a single-employer plan)	2b	Employer Identification Number
In	IOMAS S. MARING, MD, DMD, PS				(EIN) 91-1806117
5.0	9 OLIVE WAY, SUITE 550			2c	Sponsor's telephone number
	S OLIVE WILLY BOLLE SOO			24	206-343-7500
SE	ATTLE WA 98101-1736			<u>z</u> u	Business code (see instructions) 621111
3a	Plan administrator's name and address (if same as plan sponsor e	enter "Same	,")	3h	Administrator's EIN
TH	Plan administrator's name and address (if same as plan sponsor, cOMAS S. MARING, MD, DMD, PS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	()		91-1806117
	9 OLIVE WAY, SUITE 550			3с	Administrator's telephone number
	ATTLE WA 98101-1736	11		41-	206-343-7500
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/i	report filed for this plan, enter the	40	EIN
а	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	9
b	Total number of participants at the end of the plan year			5b	8
С	Number of participants with account balances as of the end of the			0.5	
	complete this item)			5с	
6a	Were all of the plan's assets during the plan year invested in eligil	ole assets?	(See instructions.)		X Yes No
þ	Are you claiming a waiver of the annual examination and report of				∇ vaa □ Na
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No
Ps	If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information	·01111 5500-	SF and must mstead use Form 550	, o.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a	Total plan assets	7a	(a) Deginning of Year 84994	8	889610
b	•			1	0000
c	Net plan assets (subtract line 7b from line 7a)	<u> </u>	84994	8	889610
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount		(b) Total
а	Contributions received or receivable from:		(a) Amount		(b) i otai
_	(1) Employers	8a(1)	4624	5	
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	-658	3	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			39662
d	Benefits paid (including direct rollovers and insurance premiums				
	to provide benefits)				
e	Certain deemed and/or corrective distributions (see instructions)			_	
f	Administrative service providers (salaries, fees, commissions)			\dashv	
g	Other expenses			-	
h	, , , , , , , , , , , , , , , , , , , ,				0
į,	Net income (loss) (subtract line 8h from line 8c)	8i			39662
- 1	Transfers to (from) the plan (see instructions)	دما.	l .	- 1	

Page 2 -Form 5500-SF 2011 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: 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 Yes No Amount During the plan year: 10 a Was there a fallure to transmit to the plan any participant contributions within the time period described in Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flduciary Correction Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... \$0000 10c Χ Was the plan covered by a fidelity bond?..... Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d 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 Х 10a X f Has the plan falled to provide any benefit when due under the plan? 101 X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g h If this is an Individual account plan, was there a blackout period? (See instructions and 29 CFR X 10h 2520.101-3.) 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..... 101 Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instructions and complete Schedule SB (Form X Yes No Yes X No is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. 12 (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 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 negative amount) N/A Yes No Will the minimum funding amount reported on line 12d be met by the funding deadline?... Plan Terminations and Transfers of Assets Yes X No 13a Has a resolution to terminate the plan been adopted in any plan year? 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 which assets or liabilities were transferred. (See Instructions.) 13c(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(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. Susan Maring Town 10/11/12 SIGN Enter name of individual signing as plan administrator Date HERE Signature of plan administrator SIGN Enter name of individual signing as employer or plan sponsor Date HERE Signature of employer/plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2011

File as an atta			5500 or 5				
For calendar plan year 2011 or fiscal plan year beginning 01/	01/2011	L		and ending	<u> </u>	12/31/2	2011
Round off amounts to nearest dollar.							
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this re	eport unless	reaso			•		
A Name of plan THOMAS S. MARING, MD, DMD, PS DEFINED BEN	NEFIT PI	LAN		B Three-digit plan number	er (PN)	,	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF				D Employer Id	entificat	ion Number ((EIN)
THOMAS S. MARING, MD, DMD, PS				91-1806117			
E Type of plan: X Single Multiple-A Multiple-B	F Prior ye	ear pla	n size: X	100 or fewer	101-50	00 More t	than 500
Part I Basic Information							
1 Enter the valuation date: Month 01 Day	_01Y	Year _	2011	-			
2 Assets:							
a Market value					2a		835484
b Actuarial value					2b		835484
3 Funding target/participant count breakdown:			(1) Ni	umber of participa	ints	(2)	Funding Target
a For retired participants and beneficiaries receiving payment	3	a			0		0
b For terminated vested participants		b			1		23673
c For active participants:							
(1) Non-vested benefits	Зс	:(1)					4374
(2) Vested benefits		(2)					1023833
(3) Total active		(3)			7		1028207
d Total		3d			8		1051880
4 If the plan is in at-risk status, check the box and complete lines (a)				П			
				_	4a		
at-risk status for fewer than five consecutive years and disreg	garding load	ling fac	ctor	at have been in	4b		
5 Effective interest rate					5		6.20%
6 Target normal cost					6		0
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying accordance with applicable law and regulations. In my opinion, each other assumption is recombination, offer my best estimate of anticipated experience under the plan.	schedules, stat easonable (takir	tements a	and attachmo	ents, if any, is complete experience of the plan a	and accu	rate. Each prescr able expectations	ibed assumption was applied in) and such other assumptions, in
SIGN HERE Denielle M. Williams					G.	الكفالة	2
Signature of actuary						Date	
Denielle M. Williams				_		11076	06
Type or print name of actuary Randall & Hurley, Inc.						ecent enrollm 509-838-	
Firm name				- Tel	ephone	number (incl	uding area code)
601 W. Riverside Ave., Suite 1600				10.			g /
Spokane WA 99201							
Address of the firm							
If the actuary has not fully reflected any regulation or ruling promulgated	under the s	statute	in comple	eting this schedule	e, check	the box and	see

Page Z

Pa	art II	Begin	ning of year c	arryove	er and prefunding	balan	ces							
	(a) Carryover balance (b)								(b) F	refundir	g balance	_		
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) 0										_		0	
8	prior year)												0	
9													0	
10 Interest on line 9 using prior year's actual return of%														
11	11 Prior year's excess contributions to be added to prefunding balance:													
	Present value of excess contributions (line 38 from prior year)												0	
	b Interest on (a) using prior year's effective rate of 6.70% except as otherwise provided (see instructions)									н	***	0		
	C Total	available	at beginning of cu	rrent plan y	year to add to prefunding	balance	·····			<u> </u>				0
	d Portio	on of (c)	to be added to pre	efunding b	alance									0
12					s or deemed elections					0				0
13	Balance	at begin	ning of current yea	ar (line 9 +	line 10 + line 11d – line	12)				0				0
P	art III	Fund	ding percenta	ges										
14	Funding	target a	tainment percenta	ıge								14	79.429	%
15	Adjusted	funding	target attainment	percentag	je							15	79.429	<u>%</u>
16	Prior yea	ar's fundi ear's fur	ing percentage for nding requirement	purposes	of determining whether	carryo	ver/prefund	ling balan	nces may be used to	reduce		16	88.199	%
17	If the cur	rent valu	ue of the assets of	the plan i	s less than 70 percent o	f the fu	nding targe	et, enter s	uch percentage			17	9	%_
P	art IV	Con	tributions and	liquidi	ty shortfalls									
18	Contribu	tions ma	de to the plan for	the plan y	ear by employer(s) and	employ	ees:							
(N	(a) Date //M-DD-YY		(b) Amount pa employer(s		(c) Amount paid by employees		(a) Dat (MM-DD-Y		(b) Amount paid employer(s)		(6	Amour emplo	nt paid by byees	
0.9	9/15/20	012		46245		0								

						Ι Τ	otals >	18(b)		46245	18(c)			0
19	Discount	ted emp	loyer contributions	– see ins	tructions for small plan	with a v	aluation da	ite after th	ne beginning of the	year:				
	a Contri	ibutions	allocated toward ι	ınpaid mir	nimum required contribut	tions fr	om prior ye	ars		19a				0
	b Contri	ibutions	made to avoid res	trictions a	djusted to valuation date	э				19b				0
	C Contril	butions a	allocated toward mi	nimum req	uired contribution for curr	ent yea	r adjusted to	o valuation	n date	19c			402	01
20	Quarterl	y contrib	utions and liquidit	y shortfall:										
	a Did the plan have a "funding shortfall" for the prior year?													
					stallments for the current							Ē	Yes X No	o
					lete the following table a			-		Г				_
	200				Liquidity shortfall as			of this pla	ın year					
		(1) 1s	st		(2) 2nd			(3)	3rd			(4) 4th		
				_										

Pai	rt V Assumptio	ons used to determine f	unding target and target	normal cost						
21	Discount rate:			····						
	a Segment rates:	1st segment: 3 . 14 %	3rd segment: 6.45%		N/A, full yield curve used					
	1									
22	62									
	Mortality table(s) (se			rescribed - separate	Substitute					
Pai	rt VI Miscellane	eous items								
24	Part VI Miscellaneous items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required									
	attachment									
25	Has a method chang	ge been made for the current pl	an year? If "Yes," see instruction	ns regarding required attac	hment	Yes X No				
26			Participants? If "Yes," see instr		attachment.	Yes X No				
27	If the plan is eligible regarding attachmen	for (and is using) alternative fu	nding rules, enter applicable cod	e and see instructions	27					
Pa	rt VII Reconcil	iation of unpaid minimu	ım required contribution	s for prior years						
28	Unpaid minimum red	quired contributions for all prior	years		28	0				
29	Discounted employe	er contributions allocated toward	l unpaid minimum required conti	ibutions from prior years	29	0				
30			ntributions (line 28 minus line 29		30	0				
Pa	rt VIII Minimum	required contribution	for current year							
31		and excess assets (see instruc								
	0									
	a Target normal cost (line 6)									
32 Amortization installments: Outstanding Balance In										
	a Net shortfall amo	ortization installment			216396	40201				
	b Waiver amortizat	tion installment			0	0				
33	33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount									
34	Total funding require		er/prefunding balances (lines 31		34	40201				
			Carryover balance	Prefunding bala	nce	Total balance				
35		r use to offset funding								
	requirement					0				
					36	40201				
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)									
38	38 Present value of excess contributions for current year (see instructions)									
	a Total (excess, if any, of line 37 over line 36)									
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b									
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						0				
40	40 Unpaid minimum required contributions for all years									
Pa	rt IX Pension	n funding relief under P	ension Relief Act of 2010) (see instructions)						
41	41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:									
	a Schedule elected									
	b Eligible plan year	(s) for which the election in line	41a was made		2008	3 2009 2010 2011				
42	42 Amount of acceleration adjustment									
			ed over to future plan years		. 43					

Plan Number: 002

Schedule SB, Line 19 – Discounted Employer Contributions

Effective Interest Rate, Prior Year: 6.20%

Quarterly Interest Penalty: 5.00%

Quarterly Contribution Amount: 9,045.00

Date		9/15/2012
Total Contribution	Total	46,245.00
		,
4/15/2011 Quarterly		
Amount Applied	9,045.00	9,045.00
Interest Adjusted Contribution	7,645.57	7,645.57
7/15/2011 Quarterly		
Amount Applied	9,045.00	9,045.00
Interest Adjusted Contribution	7,734.35	7,734.35
10/15/2011 Quarterly		
Amount Applied	9,045.00	9,045.00
Interest Adjusted Contribution	7,823.94	7,823.94
1/15/2012 Quarterly		
Amount Applied	9,045.00	9,045.00
Interest Adjusted Contribution	7,914.84	7,914.84
Remaining		
Amount Applied	10,065.00	10,065.00
Interest Adjusted Contribution	9,082.66	9,082.66
Total Amount Applied	46,245.00	46,245.00
Interest Adjusted Contribution	40,201.36	40,201.36

Plan Number: 002

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Age Rate of Retirement

62 100%

The weighted average retirement age is the Normal Retirement Age as specified by the Plan.

Plan Number: 002

Schedule SB, Part V - Summary of Plan Provisions

Effective Date January 1, 2007

Latest Amendment Date October 15, 2010

Plan Year January 1 to December 31

Definitions

Eligibility Service Each Plan year in which 1,000 hours are completed

while an employee.

Benefit Service Each Plan year in which 1,000 hours are completed

while a participant in the plan.

Vesting Service Each Plan year in which 1,000 hours are completed

while a participant in the plan.

Average Monthly Compensation The highest average compensation based on 3

consecutive Plan years.

Normal Retirement Age First day of month coincident with or following age 62

and 5 Years of Participation.

Eligibility

Eligibility for Participation All employees become eligible to participate in the Plan

on the January 1st or July 1st following the completion of one year of Eligibility Service and the attainment of

age 21.

Plan Number: 002

Schedule SB, Part V – Summary of Plan Provisions

Benefits					
Normal Retirement	8.34% of Average Monthly Compensation for each year of Benefit Service, limited to a maximum of 25 years of Benefit Service. Effective October 15, 2010 all future benefit accruals are frozen.				
Death, Disability, and Termination	Actuarial equivalent of the Normal Retirement benefit accrued to date.				
Normal Form of Benefit	Single Life Annuity	,			
Vesting Percent	Years of Vesting Service Less than 5 5	Vested Percentage 0% 100%			
Top Heavy Vesting Percent	Years of Vesting Service Less than 3 3	Vested Percentage 0% 100%			
Plan Provision Changes					
Changes in Plan Provisions	Effective October 15, 2010 all future benefit accruals are frozen.				
Plan Provisions Effective After Valuation Date	No Plan provisions effective after the valuation date were recognized in the actuarial valuation.				
Plan Trustee(s)					

Thomas S. Maring, MD, DMD

Plan Trustee(s)

Plan Number: 002

Schedule SB, Line 32 – Schedule of Amortization Bases

Shortfall Amortization

Valuation Year	Years Left	Original Base	Intallment Amount	Present Value at 1/1/2011
2011	7	173,231	28,102	173,231
2010	6	(6,372)	(1,067)	(5,821)
2009	5	(8,898)	(1,496)	(7,038)
2008	4	87,681	14,662	56,024
2007	3	0	0	0
2006	2	0	0	0
2005	1	0	0	0
			40,201	216,396