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

Pa	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	2011			
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan			
В	This return/report is: the first return/report							
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)				
С	Check box if filing under:	automatic	extension		DFVC program			
	special extension (enter description	n)						
Pa	art II Basic Plan Information—enter all requested informa							
_	Name of plan	ttioi i		1b	Three-digit			
	Γ D. NUTTALL 401(K) PLAN				plan number			
					(PN) ▶ 002			
				1c	Effective date of plan			
-22	Dian anancer's name and address include room or suite number (an	nalavar if	for a single ampleyor plan)	26	04/01/2005			
	Plan sponsor's name and address; include room or suite number (en T.D. NUTTALL, D.M.D. P.S.	ripioyer, ii	for a single-employer plan	20	Employer Identification Number (EIN) 91-1749353			
				2c	Sponsor's telephone number			
722 1	2TH STREET SE				253-939-0700			
	JRN, WA 98002			2d	Business code (see instructions)			
					621111			
	Plan administrator's name and address (if same as plan sponsor, en D. NUTTALL, D.M.D. P.S. 722 12TH STF		e")	3b	Administrator's EIN 91-1749353			
KENI	AUBURN, WA	98002		30	Administrator's telephone number			
					253-939-0700			
4	If the name and/or EIN of the plan sponsor has changed since the la	report filed for this plan, enter the	4b	EIN				
_	name, EIN, and the plan number from the last return/report.			4c	DNI			
a 5a		onsor's name						
		otal number of participants at the beginning of the plan year						
b	Number of participants with account balances as of the end of the plants			5b	15			
С	complete this item)			5c	15			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No			
b	Are you claiming a waiver of the annual examination and report of a							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		X Yes No			
Pa	rt III Financial Information	niii 5500-	or and must mstead use roim 550	<i>.</i>				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
-	Total plan assets	7a	353965		413206			
b	Total plan liabilities	7b	625		625			
C	Net plan assets (subtract line 7b from line 7a)	7c	353340		412581			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:		, ,		(4) 10381			
	(1) Employers	8a(1)	51748	_				
	(2) Participants	8a(2)	39431	_				
	(3) Others (including rollovers)	8a(3)	3440	_				
b	Other income (loss)	8b	-6489					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			88130			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	28889					
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			28889			
i	Net income (loss) (subtract line 8h from line 8c)	8i			59241			
j	Transfers to (from) the plan (see instructions)	8i						
-	, , , , ,	υj	İ					

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Form	かか()()・	->-⊢	ンロコ	1

Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- 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 2J 2K
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions										
0	During the plan year:		Yes	No		Amou	ınt				
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		Х							
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	Χ					25000			
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		х							
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	X					1138			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х							
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										
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					П	Yes	X No			
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										
	(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 instruction granting the waiver	th									
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			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							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No)	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	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?	under	the co	ontrol			Yes	X No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	1				<u> </u>			
1	3c(1) Name of plan(s):		13	c(2) EII	l(s)	13	3c(3)	PN(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.

SIGN	Filed with authorized/valid electronic signature.	10/12/2012	KENT D. NUTTALL					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	10/12/2012	KENT D. NUTTALL					
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

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 (FRISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public

	Pension Benefit Gueraniy Corporation Complete all entries in accor	dance with	h the instruction	ons to the For	rm 5500	1.95	Į.	nspection	
P	art Annual Report Identification Information	Garice with	in the madden	ons to the rot	1117 3300)-3F.			
For	the calendar plan year 2011 or fiscal plan year beginning	01/0	1/2011	and ending		12	/31/2011		
Д	This return/report is for: x a single-employer plan	a multiple-	employer plan ((not multiemplot	ver)	Г	a one partici	nont nion	
	This return/report is:		atuinfreport		L.	T a one barrier	parit plan		
_	an amended return/report	1	•						
_	<u>-</u>		n year return/re	pon (less man j	12 monu	ns) —	7		
C	Check box if filing under: 🔀 Form 5558	ı	extension			_	DFVC progra	רונו	
	special extension (enter description	,							
	art II Basic Plan Information enter all requested infor	mation.		1	1				
1 a	Name of plan			4	'		Parce-digit plan number		
	Kent D. Nuttall 401(k) Plan					•	nan number PN) ►	002	
							ffective date or	f plan	
							04/01/2005		
Za	Plan sponsor's name and address; include room or suite number (emp Kent D. Nuttall, D.M.D. P.S.	doyer, if for	single-employer	r plan)		2b 8	mployer identi	fication Number	
	None D. Naccall, D.M.D. F.S.				-	(EIN) 91-17	49353	
							-	elephone number	
	722 12th Street SE				F		(253) 939-0		
rrc	Auburn WA 98002						susiness code (321111	see instructions)	
	Plan administrator's name and address (if same as plan sponsor, ente	r "Same")				3b A	dministrator's l	= N	
	Same	,			Ì			•	
					-	30 4		-1	
					. [3C /	oministrator s t	elephone number	

4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report.	return/repo	rt filed for this p	lan, enter the	Ĺ	4b E	in		
а	Sponsor's Name				· [4c P	ħ		
5a	Total number of participants at the beginning of the plan year			· • • • •.		5a 11			
b	Total number of participants at the end of the plan year					5b		1.5	
С	Number of participants with account balances as of the end of the plan complete this item)					5c		15	
6a	Were all of the plan's assets during the plan year invested in eligible as	ssets? (See	instructions)	· · · · ·		······································	<u></u>	X Yes No	
b	Are you claiming a waiver of the annual examination and report of an in					• •			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and							X Yes No	
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	nd must instea	d use Form 55	00.				
	rt III Financial Information	· r · · · · · · · · · · · · · · · · · ·	Ţ			·			
7	Plan Assets and Liabilities		(a) B e	ginning of Yea	1	-	(b) End	of Year	
а	Total plan assets	. 7a		353,	965	 		413,206	
b	Total pian liabilities	. 7b		1	625	1		625	
C	Net plan assets (subtract line 7b from line 7a)	. 7c	ļ <u>.</u>	353,	340	ļ		412,581	
	Income, Expenses, and Transfers for this Plan Year		[(a	a) Amount			(b) 1	Total	
а	Contributions received or receivable from: (1) Employers	. 8a(1)		51,	748				
	(2) Participants	. 8a(2)		39,4		1			
	(3) Others (including rollovers)	. 8a(3)		3,	440	1			
b	Other income (loss)	. 8b		(€,48	89)	1			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						88,130	
ď	Benefits paid (including direct rollovers and insurance premiums						**************************************		
_	to provide benefits)	8d		28,8	683	-			
e	Certain deemed and/or corrective distributions (see instructions)	. 8e				-			
f	Administrative service providers (salaries, fees, commissions)	. 8f		1		ł			
g	Other expenses	. 8g				ļ		PA PAA	
h i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				 		28,689	
! }	Net income (loss) (subtract line 8h from line 8c)	18				 		59,241	
بيد	Transfers to (from) the plan (see instructions)	8j				<u> </u>			

Nuttall Smiles

253-939-6024

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	Form 5500-SF 2011			F	age 2-							
Par	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension featur	re co	des fro	m the List	of Plan Char	acteri	stie Ce	des in	the in	structions:		
b	2A 2E 2F 2J 2K If the plan provides welfare benefits, enter the applicable welfare feature	e cod	es from	the List o	of Plan Chara	cterist	ic Cod	les in t	the ins	tructions:		
Par	t V Compliance Questions	•					·····				**************************************	
10	During the pian year:				***************************************			Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions					n			x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (D						10a					
_	on fine 10a.)						10b		x			
C	Was the plan covered by a fidelity bond?						10c	x				25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel				used by fraud							
	or dishonesty?					• •	10d		x			
е	Were any fees or commisions paid to any brokers, agents, or other pe											
	insurance services or other organization that provides some or all of the instructions.)		nens i		pian r (See		10e		x			
f	Has the plan failed to provide any benefit when due under the plan?						10f		×			
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year	end.)				10g	×				1,138
h				and 29 (CFR		4.51		×			
	2520.101-3.)					• •	10h					
1	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3						10i					
-	t VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If	"Yes,"	see instru	ections and co	mplet	e Sche	dule (SB (Fo	rm	. Tyes	X No
12	Is this a defined contribution plan subject to the minimum funding requ	uirem	ents of	section 4	12 of the Cod	e or s	ection	302 o	f ERIS	A? .	. TYes	X No
	(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 as											
1f	granting the waiver						th		Day	·	Year	
b								. Г	12b			
c	Enter the amount contributed by the employer to the plan for this plan					ĺ			12c			
d				r a minus	sign to the le	ft of a			12d			
	negative amount)		• •	• • •				٠ ـ		Yes	∏No [N/A
	Will the minimum funding amount reported on line 12d be met by the f	fundii	ng dead	dine?	· · · · ·	<u> </u>	• •	•	• •		<u> </u>	
Part											Yes	z Na
13a	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 emple		this va	ar		• •	• •	r .	13a	· · ·	. 1.00	
h	Were all the plan assets distributed to participants or beneficiaries, trai				lan or brough	tunde	r the c	ontro				
	of the PBGC?										. TYes [ΧNο
	which assets or liabilities were transferred. (See instructions.)						T	40	-/0) 5	Ib1(-)	13c(3) P	h l/a)
***************************************	13c(1) Name of plan(s).							13	c(2) E	IIA(2)	130(3) F	14(5)
				***************************************			<u> </u>					
	on: A penalty for the late or incomplete filing of this return/report w										^ · · · · · · · ·	
Unde SB or	r penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as t	eclare the e	e inat l lectron	nave exai ic version	mined this reti of this return	report/	ont, in , and t	iciudin to the	ig, it ap best of	pplicable, a t fmy knowle	ocnedute dge and	
	it is true, correct, and complete.	1.	+	1.0	T							
SIG		110		116	Kent D.							
HE	RE Signature of plan administrator	Da	1	1	Enter name	of ind	ividua	l signi	ng as p	olan adminis	trator	
SIG	1/// 1//	110	111	12	Kent D.	Nutt	all					
HE	RE Signature of employer/plan sponsor	Da	te		Enter name	of ind	ividua	signi	ng as e	employer or	płan sponser	