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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report 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 MILL CREEK DENTAL P.S. 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 04/01/2006 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number MILL CREEK DENTAL P.S 91-2007653 (EIN) 2c Sponsor's telephone number 425-745-0931 15808 MILL CREEK BLVD STE 130 MILL CREEK, WA 98012 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 15808 MILL CREEK BLVD STE 130 MILL CREEK DENTAL P.S. MILL CREEK, WA 98012 3c Administrator's telephone number 425-745-0931 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. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** 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) Yes 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. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 311174 305579 Total plan assets..... 7a 7b Total plan liabilities..... 311174 305579 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 7637 8a(1) (1) Employers 14594 (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) -5878 **b** Other income (loss)..... 8b 16353 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 21948 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 21948 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -5595 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

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Part IV	Plan	Charac	teristics
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- 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 2J 2K 2R 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part			ı				
10	During the plan year:		Yes	No	A	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)	10a	X				30242
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		X			
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		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.)	10g	X				41685
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					
Part	VI Pension Funding Compliance			<u>. </u>			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	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 amortized in this plan year, see instrugranting the waiver						
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	1			
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			
<u>e</u>	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 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?			ntrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)						
	3c(1) Name of plan(s):		13	c(2) EII	V(s)	13c(3)	PN(s)
				<u> </u>	.(0)	100(0)	(0)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.		
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.	urn/re _l	port, ir	cludin	g, if applicab		

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	DAVID KAVANAUGH					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	10/15/2012	DAVID KAVANAUGH					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

complete this item)

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

5c

x Yes No

X Yes No

OMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee Form 5500-SF 1210-0089 Benefit Plan Department of the Treasury 2011 This form is required to be filed under sections 104 and 4065 of the Employee Internal Revenue Service Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of This Form is Open to Public Department of Labor the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information 12/31/2011 01/01/2011 and ending For the calendar plan year 2011 or fiscal plan year beginning a multiple-employer plan (not multiemployer) a one-participant plan x a single-employer plan A This return/report is for: the final return/report B This return/report is: the first return/report an amended return/report a short plan year return/report (less than 12 months) DFVC program automatic extension x Form 5558 C Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information. Part II 1b Three-digit 1a Name of plan plan number 001 (PN) ► MILL CREEK DENTAL P.S. 401(K) PLAN 1c Effective date of plan 04/01/2006 2b Employer Identification Number Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) (EIN) 91-2007653 MILL CREEK DENTAL P.S. 2c Pian sponsor's telephone number (425) 745-0931 15808 MILL CREEK BLVD STE 130 2d Business code (see instructions) 621111 WA 98012 US MILL CREEK 3b Administrator's EIN 3a Plan administrator's name and address (If same as plan sponsor, enter "Same") Same 3C Administrator's telephone number 4b EIN 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. 4c PN 8 Sponsor's Name 5a 5b **b** Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not

<u> </u>	rt III Financial Information		(a) Beginning of Year	(b) End of Year
	Plan Assets and Liabilities	7a	311,174	305,579
a	Total plan assets	-1.		
D	Total plan liabilities		311,174	305,579
<u>c</u>	Net plan essets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	7,637	4
	(2) Participants	1	14,594	
	(3) Others (including rollovers)		0	
b	Other income (loss)	1	(5,878)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		16,353
d	Benefits paid (Including direct rollovers and Insurance premiums to provide benefits)	8d	21,948	
e	Certain deemed and/or corrective distributions (see instructions)	8⊕		
f	Administrative service providers (salaries, fees, commissions)	8f		▲등 하겠어 다른 존속하는 그 이번
g	Other expenses	8g		01.048
h	Total expenses (add lines 8d Se. 8f, and 8g)	8h		21,948
i	Net income (loss) (subtract line 8h from line 8c)		1.5	(5,595)
i	Transfers to (from) the plan (see instructions) r Paperwork Reduction Act Notice and OMB Control Numbers, see	. 8j		Form 5500-SF (201

	Form 5500-SF 2011	Pag	e 2-		_				
art	V Plan Characteristics	,,,,,							,
	the plan provides pension benefits, enter the applicable pension feature. 2E 2F 2J 2K 2R 3D the plan provides welfare benefits, enter the applicable welfare feature.								
Part	V Compliance Questions				,				
10	During the plan year:	,			Yes	No	Aı	mount	
a	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (D	/ Correction Program)		10a	x			.	30,242
-	on line 10a.)			10ь		X			
C	Was the plan covered by a fidelity bond?		<i></i>	10c		X		,	
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	lity bond, that was cause	ed by fraud	10d		х			
е	Were any fees or commisions paid to any brokers, agents, or other perinsurance services or other organization that provides some or all of transtructions.)	the penefits under the pla	an? (Séé	10e		х			
f	Has the plan failed to provide any benefit when due under the plan?			10f		x			
			1	10g	х	1			41,685
g h	Did the plan have any participant loans? (If "Yes," enter amount as of If this is an individual account plan, was there a blackout period? (Sec			109				74	
'' i	2520.101-3.) If 10b was answered "Yes." check the box if you either provided the n	equired notice or one of	the	10h		X		<u> </u>	<u> </u>
	exceptions to providing the notice applied under 29 CFR 2520 101-3	<u> </u>	. <u>. ,</u>	10i				<u>-</u>	
Part	VI Pension Funding Compliance								
11	is this a defined benefit plan subject to minimum funding requirement 5500))	<u> </u>	· · · · · · ·	<u> </u>		<u> </u>	• • • •		X No
12 a	Is this a defined contribution plan subject to the minimum funding req (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 a	le.) amortized in this plan ve	ar see instructions	s, and	i ente	r the da	ite of the lett	er ruling	
_	granting the walver		, , , . Mon	th		Day	·	Year	
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					12c			
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minus s	ign to the left of a		. [12d			
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .			<u></u>	, .	Yes	□No	□N/A
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year	?			٠,			Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emp	ployer this year			<u></u>	13a			
b	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?				•	ol • • •		seY 🦳	X No
	which assets or liabilities were transferred. (See instructions.)						IAT/al	130/21	ONI/e\
	I3c(1) Name of plan(s):					3¢(2) E	HN(S)	13c(3)	F 19(3)
								ļ	
Cauti	on: A penalty for the late or incomplete filing of this return/report	will be assessed unles	ss reasonable cau	150	eșta	blished	í.		.,
\$ 11	penalties of perjury and other penalties selforth in the instructions, I of Schedule MB completed and signed by an enrolled actuary, as well as	declare that I have exam	ined this return/rei	port. i	includ	ng, if a	pplicable, a :	Schedule dge and	
	it is true, correct, and somplete	7-3	-	-)		1.	k.	- 	
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HE	RE Signature of pran administrator	Date (\$50 6 70/2	Enter name of inc	IVICIVI	ei siği	IIII aa	Secret Secretary	(
SIC	in C	150ct 2017		1 0		₩ 🔽	CNEW		
HE	RE Signature of employer/plan aponsor	Date	Enter name of inc	ividu	ai sig	ning as	employer or	pian epone	or