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 accord	Janice Will	i the instructions to the Form 550	U-3F.				
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2012	2	and ending (9/30/20	012			
Α -	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant 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 m	onths)				
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m		
	special extension (enter descriptio	n)						
Pa	urt II Basic Plan Information—enter all requested informa	ation						
1a	Name of plan			1b	Three-digit			
TONY	YA A. LOVING, D.D.S. 401(K) PLAN				plan number			
				-	(PN) •	. 001		
				1C	Effective date of 01/01/	•		
	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif		ber	
ION	YA A. LOVING, D.D.S., P.L.L.C.			<u> </u>	(EIN) 91-184			
				2c	Sponsor's telept 425-221		r	
	- 255TH AVE. N.E. MOND, WA 98053		24			222		
KLDI	WOND, WA 90000		Zu	Business code (: 62121		0115)		
3a Plan administrator's name and address (if same as plan sponsor, enter "Same")				3b /	Administrator's E			
	/A A. LOVING, D.D.S., P.L.L.C. 8407 - 255TH REDMOND, V	AVE. N.E			91-18	43828	mher	
		3c Administrator's telephone numb 425-221-7956						
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year		5a	5a				
b	Total number of participants at the end of the plan year			5b				
	Number of participants with account balances as of the end of the p			- 0.5				
	complete this item)			5c				
_	Were all of the plan's assets during the plan year invested in eligible		,			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			,		X Yes	No	
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		,			□ '''	□	
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	. 7a	542216				0	
b	Total plan liabilities	. 7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	542216				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:	0-(4)						
	(1) Employers	8a(1)		_				
	(2) Participants	8a(2)		_				
h	(3) Others (including rollovers)	8a(3)	25118	_				
b	Other income (loss)	8b	23110			2511	8	
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				2011		
u	to provide benefits)	8d	567205					
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	. 8g	129					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				56733		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-54221	6	
j	Transfers to (from) the plan (see instructions)	8j						

Form	5500.	SF.	201

Page	2	-	,		
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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- 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:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	ount	
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				
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					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		Χ				
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						
Part	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X No
	(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 instruct granting the waiver. Monthou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year		Г	12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u></u>		Yes	1	No	N/A
Part	VII Plan Terminations and Transfers of Assets							
	Has a resolution to terminate the plan been adopted in any plan year?			XY	es 1	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			<u> </u>				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up	nder	the co	ntrol				
	of the PBGC?					X	Yes	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.)	e plar	n(s) to					
1:	3c(1) Name of plan(s):		130	c(2) EII	N(s)		13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	ished.			
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	11/02/2012	TONYA A. LOVING
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

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

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	rt i Annual Report Identification Information				50 1 100 L
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201:	2	and ending 0	9/30/2	012
A 1	his return/report is for: a single-employer plan	a multiple-	employer plan (not multiemployer)		a one-participant plan
ВТ	his return/report is: the first return/report	the final re	turn/report		
	an amended return/report	a short plai	n year return/report (less than 12 mo	nths)	
C	Check box if filing under: Form 5558	automatic	extension		DFVC program
3350 33	special extension (enter description	n)		,	T as an break
Pa	rt II Basic Plan Information—enter all requested informa				
	Name of plan	30011		1b	Three-digit
	YA A. LOVING, D.D.S. 401(K) PLAN				plan number
1011	777. 20 VIII.O, D.D.O. 10 (1) 1 D.W.				(PN) ▶ 001
				1c	Effective date of plan
		11 222			01/01/1998
Za TON	Plan sponsor's name and address; include room or suite number (e. YA A. LOVING, D.D.S., P.L.L.C.	mployer, if	for a single-employer plan)	2b	Employer Identification Number
				2-	(EIN) 91-1843828
				2C	Sponsor's telephone number 425-221-7956
	- 255TH AVE. N.E.			2d	Business code (see instructions)
KEU	MOND WA 98053	Lu	621210		
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	")	3b	Administrator's EIN
SAM					
				3с	Administrator's telephone number
-	(file		and Clad for this way and a thin	41.	
4	If the name and/or EIN of the plan sponsor has changed since the I name, EIN, and the plan number from the last return/report.	ast return/r	eport filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
5a				5a	8
b				5b	0
	Number of participants with account balances as of the end of the			05	
	complete this item).		ACTION AND A STATE OF THE STATE	5c	0
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of	an indepen	dent qualified public accountant (IQI	PA)	D D
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No
Pa	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	orm 5500-	SF and must instead use Form 55	UO.	
		1	(-) P11(V		# N = 1 2 2 2
7	Plan Assets and Liabilities		(a) Beginning of Year 542216		(b) End of Year
a	Total plan assels		342210		<u> </u>
þ	Total plan liabilities		542216		
1520	Net plan assets (subtract line 7b from line 7a)	. 7с		<u> </u>	0
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	_	(b) Total
а	(1) Employers	. 8a(1)		1	
	(2) Participants	NO. 100 AND 100 AND 1	S-000-10-		
	(3) Others (including rollovers)	265 (650)0	10.92000	7	
b	Other income (loss)		25118	3	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				25118
d	Benefits paid (including direct rollovers and insurance premiums	. 00			23110
	to provide benefits)	. 8d	567205	<u>.</u>	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			
f	Administrative service providers (salaries, fees, commissions)	. 8f			
g	Other expenses	. 8g	129	7	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	20129		567334
i	Net income (loss) (subtract line 8h from line 8c)	8i			-542216
i	Transfers to (from) the plan (see instructions)			2	The state of the s

Form	550	n.SF	201	1

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	-	A STATE OF THE STA	L							
Par	t IV	Plan Characteristics								
9a		plan provides pension benefits, enter the applicable pension feati	ure codes from the t	ist of Plan Chare	cleris	tic Co	des in	the instruction	ins:	
b		2J 3D plan provides welfare benefits, enter the applicable welfare feature.	ro codos from the Li	ol of Blan Charge	doelot	~ Cd	n n 1 n 1 t		D-02/97	
IJ	n uic	plan provides weriate benefits, effect the applicable weriate reator	re codes from the Ci	SI UI FIAN GNAIAC	nensi	ic Coa	es in tr	ie instructior	is:	
Part	V	Compliance Questions	ni deser						-	
10	Duri	ng the plan year:	1	************		Yes	No	A	mount	
а	29	there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	y Correction Progra	m)	10a		х			
b		e there any nonexempt transactions with any party-in-interest? (D ne 10a.)			10b		x		***	
С	Wa	s the plan covered by a fidelity bond?		*************	10c	х				25000
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?			10d		х			
е	Wei	e any fees or commissions paid to any brokers, agents, or other p rance service or other organization that provides some or all of the uctions.)	ersons by an insura e benefits under the	nce carrier, plan? (See	10e		×		HO410-1	2.40
f	Has	the plan failed to provide any benefit when due under the plan?		***************************************	10f		х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)	*************	10g		Х			
h		is is an individual account plan, was there a blackout period? (See 0.101-3.)			10h		х			3
į	If 10	oh was answered "Yes," check the box if you either provided the resplicions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or on	e of the	10i					
Part	: VI	Pension Funding Compliance	2.5000mm/mm						We street	
11		is a defined benefit plan subject to minimum funding requirements							Yes	∏ No
12	-	nis a defined contribution plan subject to the minimum funding req	No. 10 Cont. Cont.				1000	Various and	Yes	X No
	5000	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	7.5%							
	gran	waiver of the minimum funding standard for a prior year is being a tling the waiver		Mon	th					
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule M				r		, v-	1780 o	
b		er the minimum required contribution for this plan year					12b			
C		er the amount contributed by the employer to the plan for this plan					12c			
d	neg	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)			*******		12d		1 7	1
	100.000	the minimum funding amount reported on line 12d be met by the	funding deadline?				*****	Yes	No	N/A
Part	241 - 404-7-70	Plan Terminations and Transfers of Assets								
13a		a resolution to terminate the plan been adopted in any plan year?				- E	X	res No		
• 100		'es," enter the amount of any plan assets that reverted to the emp				13a	le houses or a		0	
550	of t	re all the plan assets distributed to participants or beneficiaries, trans PBGC?							X Yes	☐ No
С	whi	uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	he pla	100.000	200.00 - 0.00.000	**************************************	T 22.32	
	13c(1) Name of plan(s):			-	13	c(2) El	N(s)	13c(3) PN(s)
Cau	tion:	A penalty for the late or incomplete filing of this return/report	t will be assessed t	unless reasonab	le ca	use is	estab	lished.		
SB	or Sch	nalties of perjury and other penalties set forth in the instructions, I ledule MB completed and signed by an enrolled actuary, as well a true, correct, appl complete.								
SIG	,	Jama W.X	110/2/01/12	1 Tonya	A.	Lιλ	15/11	3		
HE		Signature of plan administrator	Date	Enter name of i		ual sig	ining a	s plan admir	istrator	
SIG	N.								The second of th	- 25.
HE		Signature of employer/plan sponsor	Date	Enter name of i	ndivid	ual sig	ıning a	s employer o	or plan sc	onsor

Enter name of individual signing as employer or plan sponsor

Signature of employer/plan sponsor