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 11/01/2011	1	and ending 1	0/31/2	2012
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	the final re	eturn/report		
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	n)			ш
Pa	Int II Basic Plan Information—enter all requested information	•			
	Name of plan	20011		1b	Three-digit
	ERT R. UHLMANSIEK, DDS, PS PROFIT SHARING PLAN				plan number
					(PN) • 001
				1C	Effective date of plan 11/01/1991
2a	Plan sponsor's name and address; include room or suite number (er	mplover if	for a single-employer plan)	2h	Employer Identification Number
	ERT R. UHLMANSIEK, DDS, PS	iipioyoi, ii	Tor a single employer plant	25	(EIN) 91-1085186
				2c	Sponsor's telephone number
P.O.	BOX C-96012				206-365-5454
BELL	EVUE, WA 98009-9612			2d	Business code (see instructions)
				01	621210
	Plan administrator's name and address (if same as plan sponsor, en ERT R. UHLMANSIEK, DDS, PS P.O. BOX C-9		")	30	Administrator's EIN 91-1085186
	BELLEVUE, V	VA 98009-	9612	3с	Administrator's telephone number
					206-365-5454
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
	Total number of participants at the beginning of the plan year			5a	
b	Total number of participants at the end of the plan year			5b	
С	Number of participants with account balances as of the end of the p	lan year (d	defined benefit plans do not		
	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	771126		0
b	Total plan liabilities	7b	0		
С	Net plan assets (subtract line 7b from line 7a)	7c	771126		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	90/1)	0		
	(1) Employers	8a(1)	0	_	
	(2) Participants	8a(2)	0	_	
b	Other income (loss)	8a(3) 8b	69107	_	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	30.5.		69107
d	Benefits paid (including direct rollovers and insurance premiums	00			
~	to provide benefits)	8d	840233		
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			840233
i	Net income (loss) (subtract line 8h from line 8c)	8i			-771126
j	Transfers to (from) the plan (see instructions)	8i			

Form	5500.	SF.	201

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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:
- **b** 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	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			
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		Χ			
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		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Χ			
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						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 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 instruc						
If [,]	granting the waiver Mont you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	.ጠ		Day .		ear	
_ '	Enter the minimum required contribution for this plan year		[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 of	of a		12d			
_	negative amount)				Yes	No [N/A
	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets				163	NO	IN/A
art	Has a resolution to terminate the plan been adopted in any plan year?			V	es No		
ısa				<u> </u>	es INO		0
<u> </u>	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
D	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınaer 	tne co	ntroi		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				<u> </u>
1	3c(1) Name of plan(s):		130	(2) EI	N(s)	13c(3) PN(s)
Carri					inhad		
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return the penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.					مام ع دماء	edulo
Unde	r penalies of perjury and other penalies set forth in the instructions, i declare that i have examined this retu	ıııı/ıeþ	ort, III	Cidaili	y, ii appiicat	ic, a oui	edule

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.	11/30/2012	ROBERT R. UHLMANSIEK, DDS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	11/30/2012	ROBERT R. UHLMANSIEK, DDS
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 section 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

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2011

This Form is Open to Public Inspection

	Annual Report Identification Information									
For	the calendar plan year 2011 or fiscal plan year beginning	11/01	/2011	and ending	10	/31/2012				
A	This return/report is for: x a single-employer plan	a multiple-e	mployer plan	(not multiemployer)] a one-participa	ant plan			
В	This return/report is:	the final ret	urn/report		_	_				
			•	eport (less than 12 r	nonths)					
_		automatic e	•			DFVC program	n			
			Alcilaion		Ļ] Di vo prograi	••			
_	special extension (enter description)	·								
	Basic Plan Information enter all requested inform	mation.			1 41		·			
1a	Name of plan					Three-digit plan number				
	Robert R. Uhlmansiek, DDS, PS Profit Sharing P.	lan				(PN) ►	001			
						Effective date of	plan			
					+	11/01/1991				
2a	Plan sponsor's name and address; include room or suite number (emplement R. Uhlmansiek, DDS, PS	ployer, if for	single-employ	er plan)	1	Employer Identifi				
					<u> </u>	(EIN) 91-1085186				
					1	Plan sponsor's te (206) 365-5	elephone number			
	P.O. Box C-96012					Business code (s				
US	Bellevue WA 98009-9612					621210	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3 <u>a</u>		er "Same")			3b /	Administrator's E	in			
	Same	•			1					
					3c /	Administrator's te	elephone number			
							noticitor o telephone hamber			
4	If the name and for FINI of the plan appears has about a since the last	t material language	at filed for this		45	4b EIN				
4	If the name and/or ElN of the plan sponsor has changed since the last name, ElN, and the plan number from the last return/report.	t return/repo	ort filed for this	pian, enter the						
$\overline{}$	Sponsor's Name				4c	PN				
-	Total number of participants at the beginning of the plan year				. <u>5a</u>	ļ	7			
b	Total number of participants at the end of the plan year				. <u>5b</u>	 	00			
C	complete this item)		•		. 5c]	0			
6a	Were all of the plan's assets during the plan year invested in eligible a						X Yes No			
þ	,			lic accountant (IQP	۹)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and		-				X Yes No			
: 22	If you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information	n 5500-SF	and must ins	ead use Form 550	U					
7	Plan Assets and Liabilities		(a) R	ginning of Year		(b) End	of Voor			
a	Total plan assets	7.0	(a) De			(b) Lile (0			
b	Total plan liabilities	7a 7b		771,126 0			<u></u>			
C	Net plan assets (subtract line 7b from line 7a)	7c		771,126		···-	0			
8	Income, Expenses, and Transfers for this Plan Year	70		a) Amount	' 	(b) T				
a	Contributions received or receivable from:			<u> </u>		(~)				
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	e generalise	69,107						
Ç	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					69,107			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		840,233						
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		ran tean in the second			840,233			
j	Net income (loss) (subtract line 8h from line 8c)	8i					(771,126)			
j	Transfers to (from) the plan (see instructions)									
Fo	r Paperwork Reduction Act Notice and OMB Control Numbers, see		ctions for Fo	rm 5500-SF.		Fo	rm 5500-SF (2011)			

ે લ્કૂ <u>પ</u> ્ર	N Plan Characteristics								
9a ı	f the plan provides pension benefits, enter the applicable pension feature code	es from the Li	st of Plan Characte	ristic	Codes	in the	instructio	ens:	
b i	2E 3D fittle plan provides welfare benefits, enter the applicable welfare feature codes	s from the Lis	t of Plan Characteri	etic C	odes i	n the i	netruction	16.	
,	The plant provides ficiliate betterio, enter the approache visitate relative code.	o nom the Lie	torrian criaracter.	J (10 O	ouco		i i dollori		
***;i	Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in								
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre			10a					
D	Were there any nonexempt transactions with any party-in-interest? (Do not i on line 10a.)		•	10b		х			
	,			10c		x			
d	Was the plan covered by a fidelity bond?								
_	or dishonesty?		-	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or other persons	by an insurar	nce carrier,						
	insurance services or other organization that provides some or all of the ben	efits under th	e plan? (See	10e		x			
£	instructions.)					х			
Ť	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 e			10g	-	х		e eng	e magazine segmente et al company de la comp
h	If this is an individual account plan, was there a blackout period? (See instru 2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required								
	exceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
10	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If ") 5500))		ructions and comple	ete So	chedul	e SB (Form	□Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirement		412 of the Code or	section	on 302	of FR	USA?		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		0 0000 0.	000	011 002				
а	If a waiver of the minimum funding standard for a prior year is being amortize	ed in this plan	year, see instruction	ons, a	nd ent	er the	date of th	e letter rulin	g
	granting the waiver			th		Day	·	Year	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form				Г	12b			<u> </u>
þ	Enter the minimum required contribution for this plan year					12c			
c d	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				· -	126			
u	negative amount)	•	_		.	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline? .					Yes	No	□N/A
	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," enter the amount of any plan assets that reverted to the employer th	nis year			[13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferre								
_	of the PBGC?							. X Yes	□No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another p	plan(s), loentily the	piants	s) to				
1	3c(1) Name of plan(s):				13	c(2) E	IN(s)	13c(3) PN(s)
	A south for the late of the first fi							<u> </u>	
	on: A penalty for the late or incomplete filing of this return/report will be								
SB or	penalties of perjury and other penalties set forth in the instructions, I declare in Schedule MB completed and signed by an enrolled actuary, as well as the ele it is true, correct, and complete.								
Robert R. Uhlmansiek, DDS									
Signature of plan administrator Date /0/26//z Enter name of individual signing as plan administrator									
ओ(e)	VEONT IN	1-110	Robert R. Uh						
14123		10/26/12						or plan spor	nsor
	Signature of employer/plan sponsor Date 1926//2 Enter name of individual signing as employer or plan sponsor								

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