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

2012

This Form is Open to Public Inspection

			Complete all entries in act	cordance with the instruc	tions to the Form 550	и- эг.		
	art I		Identification Information					
For	r calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2 <u>012</u>	and ending 1	12/31/2	2012 	
Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	ant plan
В	This ret	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year return	/report (less than 12 m	onths)	ı	
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	m
		•	special extension (enter descri	iption)			_	
P	art II	Basic Plan Info	rmation—enter all requested info	ormation				
1a	Name		•			1b	Three-digit	
KEN	T D. NU	TTALL 401(K) PLAN					plan number	
							(PN) •	002
						1C	Effective date of 04/01/	•
2a	Plan sr	oonsor's name and add	dress; include room or suite numbe	er (employer, if for a single-	emplover plan)	2h	Employer Identif	
		TTALL, D.M.D. P.S.	aroso, morado room or cano name	ir (omployor, ii for a omgio v	omployor plany		(EIN) 91-174	
						2c	Sponsor's teleph	none number
722	12TH S1	TREET SE					253-939	
AUB	URN, W	/A 98002				2d	Business code (see instructions)
							62111	1
3a	Plan ad	dministrator's name an	d address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's E	EIN
						3c	Administrator's to	elephone number
							,	o.opo
4			plan sponsor has changed since t	he last return/report filed fo	r this plan, enter the	4b	EIN	
2		EIN, and the plan nun or's name	nber from the last return/report.			4c	DN	
	•		at the beginning of the plan year			+	FIN	15
						5a		
b			at the end of the plan year			5b		14
С			account balances as of the end of t		-	5c		14
6a	Were	all of the plan's assets	during the plan year invested in el	ligible assets? (See instruct	ions.)			X Yes No
b	Are yo	ou claiming a waiver of	the annual examination and report	t of an independent qualifie	d public accountant (IQ	PA)		
			(See instructions on waiver eligibi					X Yes No
	If you	answered "No" to ei	ther line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form	5500.	
		•	or incomplete filing of this return	•				
			ner penalties set forth in the instruc nd signed by an enrolled actuary, a					
		rue, correct, and comp		s well as the electronic vers	sion of this return/repon	ı, anu ı	to the best of my	knowledge and
SIG	SN RE	Filed with authorized/	valid electronic signature.	10/14/2013	KENT D. NUTTALL			
		Signature of plan ac	dministrator	Date	Enter name of individ	lual sig	ning as plan adm	ninistrator
SIC		Filed with authorized/	valid electronic signature.	10/14/2013	KENT D. NUTTALL			
		Signature of employer/plan sponsor Date Enter name of individu						
Pre	eparer's	name (including firm n	ame, if applicable) and address; inc	clude room or suite number	(optional)	Prep	arer's telephone	number (optional)

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Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Er	d of Y	ear	
a	Total plan assets	7a	1	413206			(b) End of Year 557858			
	Total plan liabilities	7b	62							
	Net plan assets (subtract line 7b from line 7a)	7c	41258	81			557858			8
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) ranount				(10)	Total		
	(1) Employers	5								
	(2) Participants	8a(2)	4197	' 0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	5625	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							148587	7
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	331	0						
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							331	0
i	Net income (loss) (subtract line 8h from line 8c)	8i							14527	7
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	, ,,	L		·					
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2K	feature co	des from the List of Plan Char	acteris	stic Co	des in	the insti	uctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:		
Part	V Compliance Questions									
	•				Yes	No		A		
10 a				40	162	X		Am	ount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10a		X				
	on line 10a.)			10b	X					
C	Was the plan covered by a fidelity bond?			10c	^					25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan					X				
	· · · · · · · · · · · · · · · · · · ·			10f						
g	Did the plan have any participant loans? (If "Yes," enter amount a		<u> </u>	10g		X				
h	2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
11a										
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and 6	enter th Day	ne date d	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	b Enter the minimum required contribution for this plan year									

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 of a negative amount)	12d			
е	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	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	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 plan(s) twhich assets or liabilities were transferred. (See instructions.)	0		_	
1	3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3	8) PN(s)
Part	VIII Trust Information (optional)				
	Name of trust T D. NUTTALL 401(K) PLAN		rust's EIN 93799612		

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Nuttall Smiles 253-939-6024 p.3 Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0116 Form 5500-SF 1210+C049 Benefit Plan Repartment of the Treasury This form is required to be filed under sections 104 and 4065 of the Employee 2012 Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of Department of Labor Employee Benefits Security Administration This Form is Open to Public the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar play year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 A This return/report is for: 🔀 a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information --- enter all requested information 1a Name of pla 1b Three-digit plan number Kent D. Nuttall 401(k) Plan (PN) ▶ 1C Effective date of plan 04/01/2005 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Kent D. Nuttall, D.M.D. P.S. (EIN) 91-1749353 2C Sponsor's telephone number (253) 939-0700 722 12th Street SE 2d Business ∞de (see instructions) US Auburn 621111 WA 98002 3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number 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. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 15 5a Total number of participants at the end of the plan year 5b 14 Number of participants with account balances as of the end of the plan year (defined benefit plans do not C complete this item) 14 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b. Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500 Caution: A perialty 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.

	775							
SIGN	V 9						Kent D. Nuttall	
HERE	Signa	tyre of plan administrator	Date	10	14	13	Enter name of individual sig	mino as plan administrator
SIGN	U a	Cash						
HERE	Signa	ure of employer/plan sponsor	Date /	ol	14	13	Enter name of individual sig	ning as employer or plan sponsor
Preparer	's nam	(including firm name, if applicable) and address; include r	oom o	rsu	ite n	umbe		parer's telephone number (optional)
								· · · · · · · · · · · · · · · · · · ·
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

	Form	5500-SF 2012		Page 2					
					•				
P	art III F	nancial Information							
7	Plan Asset	and Liabilities		(a) Beginning of Yea	ar	1		(b) End	of Year
a	Total plan	ssets	7a	413,2	206	1			557,858
b		abilities	7b		525	\top	····		337,030
С		sets (subtract line 7b from line 7a)	7c	412,5		+-			557,858
8	income, Ex	benses, and Transfers for this Plan Year		(a) Amount		_		(b) T	· · · · · · · · · · · · · · · · · · ·
а		s received or receivable from:				_		(, / -	
		ers	8a(1)	50,3		_			
		ants	8a(2)	41,9	70				
b	Other incor	(including rollovers)	8a(3)						
		e (add lines 8a(1), 8a(2), 8a(3), and 8b)	8ь	56,2	52	-			
$\frac{1}{d}$	Benefits pa	d (including direct rollovers and insurance premiums	8c					······································	14 8,587
	to provide b	enefits)	8d	3,3	10	1			
e	Certain des	med and/or corrective distributions (see instructions)	8e			1			**************************************
f	Administrat	ve service providers (salaries, fees, commissions)	8f						
g		ses	8g						
h		ses (add lines 8d, 8e, 8f, and 8g)	8h	······································		-			3,310
i		(loss) (subtract line 8h from line 8c)	8 i			1	····		145,277
i		(from) the plan (see instructions)	8j			+			
		an Characteristics	· · · · · · · · · · · · · · · · · · ·						
9a	If the plan p	rovides pension benefits, enter the applicable pension fea	ature codes	from the List of Plan Charact	eristic	Code	s in t	he instructio	nns:
	2A :	E 2F 2J 2K							
b	If the plan n	rovides welfare benefits, enter the applicable welfare feat	ura cadac f	from the Lint of Dian Charrets	-1-41-1	~			
	and plott p	restricts mentile bettering, enter the applicable wellate lead	ore codes i	ironi ine List of Plan Characte	nsuc	Codes	in th	e instruction	5:
Pa	rt V Co	mpliance Questions	····						
10		plan year:		MARKET CONTRACTOR OF THE CONTR		I.,		T	
a		a failure to transmit to the plan any participant contribution	one wathin t	he time period described in	Т	Yes	No		Amount
	29 CFR 2	510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correcti	ion Program)	10a		ж		
Ь	Were ther	e any nonexempt transactions with any party-in-interest?	(Do not inc	lude transactions reported					
		3.)			10b		Х	ļ	-
C		lan covered by a fidelity bond?			10c	x			25,000
q	or dishone	n have a loss, whether or not reimbursed by the plan's fic sty?	delity band,	, that was caused by fraud	10d		х		
e		fees or commisions paid to any brokers, agents, or other			100			<u> </u>	
	insurance	service or other organization that provides some or all of t	the benefits	s under the plan? (See					
	instruction	s.)	*******	****	10e		Х		
f	Has the p	an falled to provide any benefit when due under the plan?	************		10f		х		
g	Did the pl	in have any participant loans? (If "Yes." enter amount as	of vear end	11	10g		Х		
		individual account plan, was there a blackout period? (Se			.09			 	
	2520.101-	3.)	************	**************************************	10h		х		
i		answered "Yes," check the box if you either provided the							
	exception	to providing the notice applied under 29 CFR 2520.101-3	3	*******************************	10i				
Par	t VI Pe	nsion Funding Compliance							
11	ls this a d	tfined benefit plan subject to minimum funding requiremen	its? (If "Yes	s." see instructions and compl	ete S	chedul	e SB	(Form	
	5500) and	Ine 11a below)				····		*******	Yes X No
11a	Enter the	mount from Schedule SB line 39				1	1a		
12	is this a d	fined contribution plan subject to the minimum funding rec	quirements	of section 412 of the Code or	secti	on 302	of E	RISA?	Yes X No
_	ī	omplete line 12a or lines 12b, 12c, 12d, and 12e below, as					T		
а	If a waive	of the minimum funding standard for a prior year is being	amortized i	in this plan year, see instruction	ons, a	nd ent	er the	date of the	letter rulino
	granting th	e waiver	**********	Mon	th		Da		Yez:
If y	ou comple	ted line 12a, complete lines 3, 9, and 10 of Schedule M	IB (Form 5	500), and skip to line 13.					
b	Enter the	ninimum required contribution for this plan year	************			1	2b		
					-				
	İ								
	ı								