Form 5500-SF

3310 PROFESSIONAL PARK DRIVE

SUITE 103

Short Form Annual Return/Report of Small Employee Benefit Plan

2c Sponsor's telephone number 270-684-3348

OMB Nos. 1210-0110

1210-0089

Department of the Treasury 2011 Internal Revenue Service 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 Department of Labor This Form is Open to Public 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** 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 JAMES WES BOOKER, DMD, PLLC 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2010 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number JAMES WES BOOKER, DMD, PLLC 20-4863075 (EIN)

2d Business code (see instructions) SUITE 103 OWENSBORO, KY 42303 OWENSBORO, KY 42303 621210 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") JAMES WES BOOKER, DMD, PLLC 3310 PROFESSIONAL PARK DRIVE 20-4863075 SUITE 103 Administrator's telephone number OWENSBORO, KY 42303 270-684-3348 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.)

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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 36445 82846 Total plan assets..... 7a 7b Total plan liabilities..... 82846 36445 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: 17385 8a(1) (1) Employers 33881 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -4865 **b** Other income (loss)..... 8b 46401 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 46401 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Form	5500.	SF.	201

Page 2 -	1
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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		۸۰	ount	
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in		103			AII	iount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported							
on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c		X				
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				
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			X				
instructions.)	10e						
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	109						
2520.101-3.)	10h		X				
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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nplete	Sched	عاد ۲۶	(Form			
is the a defined perion plan out job to imminute randing requirement (ii 100, 000 men defined and out							
5500))	· 			•		Yes	X
				······		Yes	+
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod				•••••		+	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	 ction 3	 302 of	ERISA?	· [Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	302 of	ERISA?	of the I	Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instru	e or se actions, nth	ction 3	302 of	ERISA?	of the I	Yes	X
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver.	e or se uctions, nth	and e	nter th	ERISA?	of the I	Yes	X
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se uctions, nth . t of a	and e	12b 12c	ERISA?	of the I	Yes	X
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 in Enter the minimum required contribution for this plan year. 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 (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets 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 employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	e or se	and e	12b 12c 12d	ERISA?	of the I	Yes etter ru ar	N
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se uctions, nth t of a	and e	12b 12c 12d	ERISA?	of the I	Yes etter ru ar	N.
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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.	04/16/2012	ROGER W. HILDEBRAND
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

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

		Mudilloc W	tal the manactions to the roth 550	70-01	•	
	Part I Annual Report Identification Information					
<u> Fo</u>	or calendar plan year 2011 or fiscal plan year beginning 01/01/20)11	and ending	12/31.	/2011	
Α	This return/report is for:	a multip	le-employer plan (not multiemployer)		a one-partici	pant plan
В	This return/report is: the first return/report	the fina	return/report			
	an amended return/report	a short p	olan year return/report (less than 12 m	onths	:)	
С	Check box if filing under: Form 5558	automa	tic extension		DFVC progra	ım
	special extension (enter description)	ion)				
P	art II Basic Plan Information—enter all requested inform	nation				
	Name of plan			1b	Three-digit	
JAM	ES WES BOOKER, DMD, PLLC 401(K) PLAN				plan number	001
				10	(PN) ▶ Effective date or	
				10	01/01	
2 a	Plan sponsor's name and address; include room or suite number (des WES BOOKER, DMD, PLLC	employer,	if for a single-employer plan)	2b	Employer Identif	
				2c	Sponsor's telep	none number
	PROFESSIONAL PARK DRIVE 3310 PROF	ESSIONA	L PARK DRIVE		270-684	
	FE 103 SUITE 103 ENSBORO, KY 42303 OWENSBO	RO KY 43	2303	2d	Business code (-
				01	62121	-
JAMI	Plan administrator's name and address (if same as plan sponsor, e ES WES BOOKER, DMD, PLLC 3310 PROFE SUITE 103		e") . PARK DRIVE		Administrator's E 20-48	63075
	OWENSBOR	RO, KY 42	303	3C	Administrator's to 270-684	elephone number -3348
4	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	
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	DNI	
	Total number of participants at the beginning of the plan year			5a		7
b				5a 5b	- 1	7
С	Number of participants with account balances as of the end of the	olan year (defined benefit plans do not	อม		
	complete this item)			5c		6
	Were all of the plan's assets during the plan year invested in eligib					Yes
D	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	an indeper and condit	ndent qualified public accountant (IQF ions.)	PA)		⊠ 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 o	of Year
а	Total plan assets	7a	36445			82846
b	Total plan liabilities	7b			•	
	Net plan assets (subtract line 7b from line 7a)	7c	36445			82846
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	otal
а	Contributions received or receivable from: (1) Employers	8a(1)	17385			성이 살은 보다
	(2) Participants	8a(2)	33881			
	(3) Others (including rollovers)	8a(3)	3333	1		
b	Other income (loss)	8b	-4865	1		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1	<u> </u>	46401
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				
е	Certain deemed and/or corrective distributions (see instructions)	8e	The second secon			
	Administrative service providers (salaries, fees, commissions)	8f		1	San David Company	
	Other expenses	8g]		
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				
į	Net income (loss) (subtract line 8h from line 8c)	8i				46401
i	Transfers to (from) the plan (see instructions)				100	

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SIGN HERE

Signature of employer/plan sponsor

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Pa	rt IV	Plan Characteristics								
9a	If the	plan provides pension benefits, enter the applicable pension 2J 2K 3D	n feature codes from	the List of Plan Cha	racteri	stic Co	odes ir	n the instr	uctions:	
b	If the	plan provides welfare benefits, enter the applicable welfare	feature codes from th	e List of Plan Char	acterist	ic Cod	des in	the instru	ctions:	
Par	t V	Compliance Questions								
10	Durir	ng the plan year:				Yes	No	T	Amoun	
	29 (there a failure to transmit to the plan any participant contribu CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	luciary Correction Pro	gram)	10a		Х		7	
b	Were on lir	e there any nonexempt transactions with any party-in-interes ne 10a.)	t? (Do not include tra	nsactions reported	10b		х			
С		the plan covered by a fidelity bond?			10c		Х			···
đ	Did tl	ne plan have a loss, whether or not reimbursed by the plan's shonesty?	s fidelity bond, that wa	is caused by fraud	10d		Х		-	
е	Were insur	any fees or commissions paid to any brokers, agents, or ott ance service or other organization that provides some or all ctions.)	her persons by an ins of the benefits under	urance carrier, the plan? (See	10e		Х		37.10	-
f		he plan failed to provide any benefit when due under the pla			10f		Х		-	
g	Did th	ne plan have any participant loans? (If "Yes," enter amount a	s of year end.)		10g		Х			
h	If this	is an individual account plan, was there a blackout period?	See instructions and	29 CFR	10g		Х			
i	if 10h	was answered "Yes," check the box if you either provided the tions to providing the notice applied under 29 CFR 2520.10	he required notice or	one of the	10i		712.00			
Part	VI I	Pension Funding Compliance			<u> </u>					
11	Is this	a defined benefit plan subject to minimum funding requirem	ents? (If "Yes," see ir	nstructions and com	plete S	Schedu	ıle SB	(Form	☐ Ye	s X No
12	Is this	a defined contribution plan subject to the minimum funding	requirements of secti	on 412 of the Code	or sec	tion 3	02 of F	ERISA2	∏ Ye	- H -
	(If "Ye	s," complete 12a or 12b, 12c, 12d, and 12e below, as applic	able.)	011 112 01 110 0000	01 300		02 01 1	_INOA:	□ .•	· 🖸 🔐
а	If a wa	iver of the minimum funding standard for a prior year is bein ng the waiver	ng amortized in this pl	an year, see instruc	tions, a	and er		e date of		
lf y	ou co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form 5500), ai	nd skip to line 13.						
b	Enter	the minimum required contribution for this plan year				. [12b			
C	Enter	the amount contributed by the employer to the plan for this p	lan year			. 7	I2c			
d	Subtra negati	ct the amount in line 12c from the amount in line 12b. Enter ve amount)	the result (enter a mi	nus sign to the left o	of a	. [1	12d			
		e minimum funding amount reported on line 12d be met by the	he 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?				[Ye	es X N	lo	
	If "Yes	," enter the amount of any plan assets that reverted to the er	mployer this year		13	a				
	Were a	all the plan assets distributed to participants or beneficiaries, PBGC?	transferred to anothe	r plan, or brought u	nder th		trol	y-	Yes	No
	which	g this plan year, any assets or liabilities were transferred fro assets or liabilities were transferred. (See instructions.)	m this plan to anothe	r plan(s), identify th	e plan(s) to				
13	3 c(1) N	ame of plan(s):			13c(2) EIN(s) 13			13c(3) PN(s)	
Cautio	on: A p	enalty for the late or incomplete filing of this return/repo	ort will be assessed	unless reasonable	cause	e is es	tablis	hed.		
Under SB or	penalt Schedi	es of perjury and other penalties set forth in the instructions, ule MB completed and signed by an enrolled actuary, as well e, correct, and complete.	I declare that I have	examined this retur	n/reno	rt incl	udina	if applica	ble, a Sch knowledge	edule and
SIGN		Somes W. SW	4-9-12	JAMES W.	RN	KE	R		······	
HERE		nature of plan administrator	Date	Enter name of ind				lan odmi	nietrator	
SIGN	-4	Samus W. Ewl	4-9-12	TAMES W	-			nan aunil	mou a tOI	
CIGIA	· —	The state of the s	-1 1 10	177.5		J. J	•			

Date

Enter name of individual signing as employer or plan sponsor