#### 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	dance with	1 the instructions to the Form 55	00-5F.					
	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011				
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer	r) a one-participant plan					
В .	This return/report is: the first return/report	urn/report is: the first return/report the final return/report							
	an amended return/report	a short pla	in year return/report (less than 12 r	nonths)					
C	Check box if filing under: Form 5558		DFVC progra	m					
	special extension (enter descriptio	n)							
Pa	rt II Basic Plan Information—enter all requested information	ation							
	Name of plan				Three-digit				
MARI	K M. SODORFF, DDS, PC 401(K) PROFIT SHARING PLAN				plan number	004			
					(PN) FEEFECTIVE date of	001			
					01/01/	•			
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b 1	Employer Identif				
MAR	K M. SODORFF, DDS, PC				(EIN) 11-368				
				2c 3	<b>2c</b> Sponsor's telephone number 509-928-3131				
	6 EAST MISSION AVE. KANE, WA 99216			2d 1		see instructions)			
01 01	VAINE, WA 30210			Zu	62121				
	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	")	3b /	Administrator's E				
MARI	CM. SODORFF, DDS, PC 12706 EAST I SPOKANE, W		AVE.	20	11-36				
	,			36 /	40ministrator's t 509-928	elephone number 3-3131			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	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  Total number of participants at the beginning of the plan year			_	PN 	1			
				- Ou					
b	Total number of participants at the end of the plan year			. 5b		1			
С	Number of participants with account balances as of the end of the p complete this item)			. 5c		1			
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)			X Yes No			
b	Are you claiming a waiver of the annual examination and report of a					Voc □ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•			X Yes   No			
Pa	rt III Financial Information	JIIII 3300-	or and must mistead use Form 5	300.					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year			
а	Total plan assets	7a	245359		(5) =:::	222786			
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	245359			222786			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:	- 40	0						
	(1) Employers	8a(1)	10285						
	(2) Participants	8a(2)	10203						
<b>L</b>	(3) Others (including rollovers)	8a(3)	2712						
b	Other income (loss)	8b	2112			12997			
Q C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				12991			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	35570						
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				35570			
i	Net income (loss) (subtract line 8h from line 8c)	8i				-22573			
j	Transfers to (from) the plan (see instructions)	8j							

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Part IV		Р	lan Char	acte	eris	tics		
_								

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 2G 2J 2K 2T 3D

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b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	Compliance Questions							
0	During the plan year:		Yes	No		Amo	ount	
а	Nas 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					500000
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, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)	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				
h	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	f 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						
art '	/I Pension Funding Compliance							
1	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp					🗆	Yes	No
2	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.)  f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b				
	Enter the minimum required contribution for this plan year			120 12c				
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 (enter a minus sign to the left c negative amount)	of a		12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	П	No	N/A
art '								
	Has a resolution to terminate the plan been adopted in any plan year?				res X	No		
	f "Yes," enter the amount of any plan assets that reverted to the employer this year			<u> </u>		ı		
b	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u						Yes	X No
С	f 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.)							
1;	c(1) Name of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s)
auti	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ıse is	estab	lished.			
Indei B or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return the Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/return tis true, correct, and complete.	rn/rep	oort, in	cludin	g, if app			

SIGN	Filed with authorized/valid electronic signature.	04/23/2012	MARK M. SODORFF				
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

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Pa									
For c		)1/01/2	011 and ending		12/31/2011				
Ат	his return/report is for: $\overline{\mathbb{X}}$ a single-employer plan	a multiple-	employer plan (not multiemployer)	mployer) a one-participant plan					
Вт	his return/report is: the first return/report	turn/report							
		a short pla	n year return/report (less than 12 mo	onths)					
•		automatic	• • •	DFVC program					
<b>U</b> (	Tieck box it tilling under.		onto no lon						
_	special extension (enter description	<u> </u>	WW. W						
Pai		ition		1h	Three-digit				
	Name of plan K. M. SODORFF, DDS, PC 401K PROFIT SHARIN	C DIAN		ID	plan number				
MAK	K M. SODORFF, DDS, PC 401K PROFIT SHAKIN	G ELIAN			(PN) • 001				
				Effective date of plan					
					01/01/2005				
	Plan sponsor's name and address; include room or suite number (er	nployer, if	for a single-employer plan)	2b	Employer Identification Number				
	RK M. SODORFF, DDS, PC				(EIN) 11-3686894				
127	06 EAST MISSION AVE.			2c	Sponsor's telephone number				
				24	509-928-3131				
SPC	DKANE WA 99216			Za	Business code (see instructions) 621210				
		A "C	7\	3h	Administrator's EIN				
Ja H MAH	Plan administrator's name and address (if same as plan sponsor, en RK M. SODORFF, DDS, PC 706 EAST MISSION AVE.	itei Same	,	35	11-3686894				
127	706 EAST MISSION AVE.			3с	Administrator's telephone number				
	OKANE WA 9921 <u>6</u>				509-928-3131				
	If the name and/or EIN of the plan sponsor has changed since the la	ast return/r	eport filed for this plan, enter the	4b	D EIN				
	name, EIN, and the plan number from the last return/report.			4c	PN				
	Sponsor's name Total number of participants at the beginning of the plan year			5a	10				
	Total number of participants at the end of the plan year				10				
				5b	10				
С	Number of participants with account balances as of the end of the p complete this item)	ian year (c		5с	10				
	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	an indepen	dent qualified public accountant (IQI	PA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)		∑ Yes ∐ No				
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.					
Par	t III Financial Information								
	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
	Total plan assets	7a	24535	9	222786				
	Total plan liabilities	7b			000706				
C	Net plan assets (subtract line 7b from line 7a)	7с	24535	9 _	222786				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	+	(b) Total				
	Contributions received or receivable from:	8a(1)		0					
	(1) Employers	8a(2)	1028						
	(2) Participants	8a(3)	1020						
_	(3) Others (including rollovers)	271	2						
	Other income (loss)	8b	213		12997				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		+	12991				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3557	70					
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
' g	Other expenses	8g							
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			35570				
	Net income (loss) (subtract line 8h from line 8c)	8i		+	-22573				
_	Transfers to (from) the plan (see instructions)	01		_					

Par		Plan Characteristics								
9a	If the	e plan provides pension benefits, enter the applicable pension feature $2F-2G-2J-2K-2T-3D$	ure codes from the l	List of Plan Chara	cteris	tic Co	des in	the instruction	ons:	
b	If the	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Part	· \/	Compliance Questions								
10					Yes	No	Δ	mount		
а	Wa	ing the plan year: s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	within the time per	iod described in	10a		Х		anount.	
b	We	re there any nonexempt transactions with any party-in-interest? (Doine 10a.)	o not include transa	ctions reported	10b		Х			
С	\٨/ء	as the plan covered by a fidelity bond?			10c	Х			5	00000
d	Did	the plan have a loss, whether or not reimbursed by the plan's fidelishonesty?	ity bond, that was o	aused by fraud	10d		Х			
е	We	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the ructions.)	ersons by an insura e benefits under the	ance carrier, plan? (See	10e		Х			
f	Has	s the plan failed to provide any benefit when due under the plan?	,		10f		X			
		the plan have any participant loans? (If "Yes," enter amount as of		}	10g		Х			
g h	If th	is is an individual account plan, was there a blackout period? (See	instructions and 29	) CFR	10g 10h		Х			
i	lf 1	Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	10i		,			
Part		Pension Funding Compliance								-
11	ls ti	nis a defined benefit plan subject to minimum funding requirements 0))	? (If "Yes," see inst	ructions and com	plete	Sched	ule SE	3 (Form	Yes	No
lf :	gra <b>you</b>	waiver of the minimum funding standard for a prior year is being ar nting the waivercompleted line 12a, complete lines 3, 9, and 10 of Schedule ME er the minimum required contribution for this plan year	3 (Form 5500), and	Mont I skip to line 13.	h		Day	e date of the	e letter rul /ear	ing 
		er the amount contributed by the employer to the plan for this plan				1	12c			
C C		er the amount contributed by the employer to the plan for this plan stract the amount in line 12c from the amount in line 12b. Enter the				·"				
d	neg	ative amount)					12d	Yes [	No [	N/A
		the minimum funding amount reported on line 12d be met by the fi	unding deadline?	***************************************				100	] 110	
Part		Plan Terminations and Transfers of Assets					<del></del>	. [,],		
13a		s a resolution to terminate the plan been adopted in any plan year?					<u></u>	es X No		
		es," enter the amount of any plan assets that reverted to the empl				3a				
b	of t	re all the plan assets distributed to participants or beneficiaries, traine PBGC?			• • • • • • • • • • • • • • • • • • • •		•••••		Yes	X No
С	which assets or liabilities were transferred. (See instructions.)									
	13c(1	) Name of plan(s):			1	13	c(2) E	114(2)	130(3)	PN(s)
		A penalty for the late or incomplete filing of this return/report								
SB c	or Scl	nalties of perjury and other penalties set forth in the instructions, I onedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have on the electronic vers	examined this return/	rn/re repor	port, ir t, and	ncludin to the	g, if applicat best of my k	ole, a Sch nowledge	and
616			17A12012	MARK M. SOI	OORE	F				
SIG HEF			Date	Enter name of ir			ınina a	s plan admir	nistrator	
		orginature or prair administrator				3				*****
SIG HEF		Signature of employer/plan sponsor	Date	Enter name of ir	ndivid	ual sig	ıning a	s employer o	or plan sp	onsor

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