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

2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

	V Complete all entries in accord	iance will	i the monuclions to the Form 550	JU-SF.			
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending	12/31/2	2011		
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
		the final r	eturn/report				
_			in year return/report (less than 12 m	onths)			
_	H_ ' H			10111110)	DFVC program	~	
C			extension		DFVC plogial	11	
_	special extension (enter description						
	art II Basic Plan Information—enter all requested informa	ition		1	1		
	Name of plan			1b	Three-digit plan number		
JOH	N R. KIDD, D.D.S., P.S. SAVINGS PLAN				(PN)	001	
				1c	Effective date of		
				. •	01/01/		
	Plan sponsor's name and address; include room or suite number (en	nployer, if	for a single-employer plan)	2b	Employer Identifi	cation Number	er
JOH	N R. KIDD, D.D.S., P.S.				(EIN) 91-165	3358	
				2c	Sponsor's teleph	one number	
510 N	N. MAIN				509-684		
COL	/ILLE, WA 99114			2d	Business code (s		ıs)
				01	621210		
	Plan administrator's name and address (if same as plan sponsor, en N.R. KIDD, D.D.S., P.S. 510 N. MAIN	ter "Same	·")	30	Administrator's E		
,0111	COLVILLE, W.	A 99114		3c	Administrator's te		ber
					509-684		
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/i	report filed for this plan, enter the	4b	EIN		
_	name, EIN, and the plan number from the last return/report.			4.0	DNI		
_	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			- Ou			11
	Total number of participants at the end of the plan year			5b			11
С	Number of participants with account balances as of the end of the pl complete this item)			5c			11
62	Were all of the plan's assets during the plan year invested in eligible			30		X Yes	No
	Are you claiming a waiver of the annual examination and report of a		·)PA)		<u> </u>	110
~	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	rm 5500-	SF and must instead use Form 55	500.			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	1227218			1098438	
b	Total plan liabilities	7b	0				
С	Net plan assets (subtract line 7b from line 7a)	7c	1227218			1098438	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	otal	
а	Contributions received or receivable from:		F7020				
	(1) Employers	8a(1)	57820				
	(2) Participants	8a(2)	63112				
	(3) Others (including rollovers)	8a(3)		_			
b	Other income (loss)	8b	-142959				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-22027	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	96020				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	10662				
g	Other expenses	8g	71				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				106753	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-128780	
i	Transfers to (from) the plan (see instructions)	8i					
•	, , , , , , , , , , , , , , , , , , , ,	OI	İ				

Form	5500.	SF.	201

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Part IV	Plan	Characteristics
Parriv	Pian	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 2A 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		Am	ount	
	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		7	Juni	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ					10984
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		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					3794
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	Пи
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X N
	(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 instruction granting the waiver. Mont							
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12h				
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d				
e	negative amount)		_		☐ Ye	s П	No	N/A
art							L	
	Has a resolution to terminate the plan been adopted in any plan year?				Yes >	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	under	the co				Yes	X N
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.)					_	-	
1	3c(1) Name of plan(s):		13	c(2) E	EIN(s)		13c(3)	PN(s)

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/16/2012	JOHN R. KIDD, DDS
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

P	art I Annual Report Identification Information		o mon donono to		<u> </u>	<u> </u>
Foi	calendar plan year 2011 or fiscal plan year beginning	01/01/	2011 an	d ending		12/31/2011
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 r	eturn/report			_
	an amended return/report	a short pla	an year return/report (l	ess than 12 mo	nths)	
С	Check box if filing under: Form 5558	automatic	extension		ÍΓ	DFVC program
	special extension (enter description)	1			L	
P	art II Basic Plan Information—enter all requested inform					
L	Name of plan	iation			1h	Three-digit
	nn R. Kidd, D.D.S., P.S. Savings Plan					plan number
				-		(PN) • 001
						Effective date of plan
2a	Plan sponsor's name and address; include room or suite number (e	employer it	for a single-employer	nlan)		
Jc	hn R. Kidd, D.D.S., P.S.	inployer, n	ioi a single-citipioyer	piani		Employer Identification Number (EIN) 91-1653358
51	0 N. Main			Ė		Sponsor's telephone number
						509-684-5800
Co	lville WA 99114			Ţ	2d E	Business code (see instructions)
						521210
3a	Plan administrator's name and address (if same as plan sponsor, e $\lim_{n \to \infty} R \cdot K_1 dd$, D.D.S., P.S.	nter "Same	e")			Administrator's EIN 91-1653358
51	0 N. Main					Administrator's telephone number
Cc	olville WA 99114				JC ,	509 - 684 - 5800
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan	n, enter the	4b	EIN
а	name, EIN, and the plan number from the last return/report. Sponsor's name				4c i	
	Total number of participants at the beginning of the plan year					T
b				⊢	5a	11
	Total number of participants at the end of the plan year			<u>L</u>	5b	11
C	Number of participants with account balances as of the end of the complete this item)	pian year (defined benefit plans o	o not	5c	11
6a	Were all of the plan's assets during the plan year invested in eligib					X Yes No
	Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified public a	ccountant (IQP)	A)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes No
Da	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 5500).	
7	Plan Assets and Liabilities				T	
'a	Total plan assets	7-	(a) Beginnin	д от Year 1227218		(b) End of Year
h	Total plan liabilities			122/210	 	1098438
	Net plan assets (subtract line 7b from line 7a)			1227218	+	1098438
8	Income, Expenses, and Transfers for this Plan Year	, ,,	(n) Amo		1-	
	Contributions received or receivable from:		(a) Amo	unt		(b) Total
	(1) Employers	8a(1)		57820		
	(2) Participants	8a(2)		63112	2	
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	. 8b		-142959		
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				-22027
С	Total income (add lines oa(1), oa(2), oa(3), and ob)				_	22027
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		96020		55.67
	Benefits paid (including direct rollovers and insurance premiums			96020		5500
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d . 8e		96020		
d e	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f				
d e f	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f 8g		10662		106753
d e f g	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f 8g 8h		10662		

		Form 5500-SF 2011	Page 2 -							
Par	t IV	Plan Characteristics								
	If th	e plan provides pension benefits, enter the applicable pension fea $E=2J=2K=2A=3D$	ture codes from the	List of Plan Char	acteris	stic Co	odes in	the instruct	ions:	
b	If th	e plan provides welfare benefits, enter the applicable welfare featu	ure codes from the L	ist of Plan Chara	cterist	ic Cod	des in t	he instruction	ins:	
Part	: V	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а	Wa	is there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		Х			
b		re there any nonexempt transactions with any party-in-interest? (I line 10a.)			10b		х			
С	W	as the plan covered by a fidelity bond?			10c	Х			3	L09844
d		the plan have a loss, whether or not reimbursed by the plan's fide		•	10d		Х			
е	ins	re any fees or commissions paid to any brokers, agents, or other urance service or other organization that provides some or all of the tructions.)	ne benefits under the	e plan? (See	10e		х			
f	На	s the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10a	Х				37947
h		nis is an individual account plan, was there a blackout period? (Se			10h		х			
i		Oh was answered "Yes," check the box if you either provided the repetions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirement 0))							Yes	No
12	ls i	his a defined contribution plan subject to the minimum funding rec	uirements of section	n 412 of the Code	or se	ction	302 of	ERISA?	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl	•							
	gra	waiver of the minimum funding standard for a prior year is being a nting the waiver.	•••••	Mon	th					
		completed line 12a, complete lines 3, 9, and 10 of Schedule M				Г	12b			
		er the minimum required contribution for this plan year					12c			
	Sub	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	result (enter a mini	us sign to the left	of a		12d			
	_	ative amount)				_				
		the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A
Part		Plan Terminations and Transfers of Assets								
13a		s a resolution to terminate the plan been adopted in any plan year?					<u> </u>	es X No	1	
1-		'es," enter the amount of any plan assets that reverted to the emp				3a				
	of t	re all the plan assets distributed to participants or beneficiaries, transe PBGC?							Yes	X No
	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 th	ne pla				T 40 10	
- 1	30(1) Name of plan(s):				13	c(2) El	N(S)	130(3) PN(s)
Cauti	ion:	A penalty for the late or incomplete filing of this return/report	: will be assessed u	ınless reasonab	le cau	ıse is	establ	ished.		
Unde SB or	r pei r 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, and complete.	declare that I have	examined this retu	urn/rep	oort, ir	ncluding	g, if applical	ole, a Sch nowledge	edule and
SIGI		Add D	7/12/2012	John R. Kio	dd,	DDS				
HER	E	Signature of plan administrator	Date	Enter name of in	ndividu	ual sig	ning as	s plan admir	nistrator	

John R. Kidd, DDS

Enter name of individual signing as employer or plan sponsor

Signature of employer/plan sponsor

SIGN HERE