Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public

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 CRAIG R. JOLLEY, DMD, PLLC 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2005 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CRAIG R. JOLLEY, DMD, PLLC 14-1967811 (EIN) 2c Sponsor's telephone number 425-432-1232 27203 216TH AVENUE SE, SUITE B MAPLE VALLEY, WA 98038-3274 2d Business code (see instructions) 621210 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 27203 216TH AVENUE SE, SUITE B 14-1967811 CRAIG R. JOLLEY, DMD, PLLC MAPLE VALLEY, WA 98038-3274 Administrator's telephone number 425-432-1232 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..... 9 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.) **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 209922 240468 Total plan assets..... 7a 7b Total plan liabilities..... 209922 240468 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: 23734 (1) Employers 8a(1) 35958 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -1836 **b** Other income (loss)..... 8b 57856 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 27235 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 75 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 27310 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 30546 Net income (loss) (subtract line 8h from line 8c)..... 8i

Transfers to (from) the plan (see instructions)

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Form	5500-5	SF 2011	

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

0 a	V Compliance Questions							
а	During the plan year:		Yes	No		Am	ount	
	` , , , , , , , , , , , , , , , , , , ,	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					4000
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	Χ					24
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	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	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					<u> </u>	_	ш
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Enter the minimum required contribution for this plan year			12b				
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 o negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII Plan Terminations and Transfers of Assets							
<u> </u>	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
3a	If (i)/co. I automatic account of account of account of the control to the complex of the control to the contro	1	3a					
за	If "Yes," enter the amount of any plan assets that reverted to the employer this year						7 _V	X No
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?	ınder	the co	ntrol			res	, , , ,
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un] Yes	<u>~</u>
b c	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?		s) to		<u>\(s)</u>) PN(s)
b c	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?		s) to		<u>√</u> (s)			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/05/2012	CRAIG R. JOLLEY
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

1/078	Complete un charles in deser	danee in				<u> </u>				
	art Annual Report Identification Information	31 /01 /0	0.0.7.1	d db		10/21/201	7			
FOI		01/01/2		and ending	12/31/2011					
_	This return/report is for:	'		n (not multiemployer)	er) a one-participant plan					
В	This return/report is:		eturn/report							
	an amended return/report	a short pla	an year return/r	eport (less than 12 mo	onths)	-				
С	Check box if filing under:	automatic	extension			DFVC program	m			
-	special extension (enter description	on)								
P	art II Basic Plan Information—enter all requested inform	ation								
1a	Name of plan				1b	Three-digit				
	Craig R. Jolley, DMD, PLLC 401(k) Plan					plan number (PN)	001			
						Effective date of				
			•		10	01/01/2005				
2a	Plan sponsor's name and address; include room or suite number (e	mployer i	for a single-er	nployer plan)	2b	Employer Identif	ication Number			
	Craig R. Jolley, DMD, PLLC					(EIN) 14-196	7811			
					2c	Sponsor's teleph				
	27203 216th Avenue SE, Suite B				<u> </u>	(425) 432-				
	and the second s		r.77 /	20020 2074		Business code (s	see instructions)			
3a	Maple Valley Plan administrator's name and address (if same as plan sponsor, el	nter "Same		98038-3274		Administrator's E				
Uu	Same	inci oaine	· 1			Administrator 3 L				
					3с	Administrator's te	elephone number			
4	If the name and/or EIN of the plan sponsor has changed since the I	act return/	roport filed for t	his plan, enter the	4b	FILL				
-	name, EIN, and the plan number from the last return/report.	asi return	report med for t	ins plan, enter the	40	EIN				
а	Sponsor's name				4c	PN				
5a	Total number of participants at the beginning of the plan year				5a		S			
b	Total number of participants at the end of the plan year				5b		g			
C	Number of participants with account balances as of the end of the p				-					
	complete this item)				5c	<u> </u>				
_	Were all of the plan's assets during the plan year invested in eligible.		-	•			X Yes ∐ No			
U	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	TATATANA MANAGASA MANAGA								
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End				
а	Total plan assets	. 7a		209,92	2		240,468			
	Total plan liabilities	7b			_					
	Net plan assets (subtract line 7b from line 7a)	7c		209,92	2		240,468			
8	Income, Expenses, and Transfers for this Plan Year		(6	i) Amount		(b) T	otal			
а	Contributions received or receivable from: (1) Employers	8a(1)		23,73	4					
	(2) Participants	8a(2)		35,95		propries				
	(3) Others (including rollovers)	8a(3)			히					
b	Other income (loss)	8b	· · · · ·	(1,836	וֹל					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				2 SAN STEAMER LESS COLOURS (Control Mission St. V. control Mission S	57,856			
d	Benefits paid (including direct rollovers and insurance premiums		A STATE OF	A STATE OF THE PARTY OF THE PAR						
	to provide benefits)	8d		27,23	<u> </u>					
е	Certain deemed and/or corrective distributions (see instructions)	8e			이 리					
f.	Administrative service providers (salaries, fees, commissions)	8f		7	2					
g	Other expenses	8g	Trendskip var dere							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					27,310			
ĺ	Net income (loss) (subtract line 8h from line 8c)	- 8i			16 216000		30,546			
j	Transfers to (from) the plan (see instructions)	8i								

	artive Plan Characteristics								
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 2A 2T								
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Da	int V Compliance Questions								
10				Yes	No	Ì	Amount		
	 Was there a failure to transmit to the plan any participant contributions with 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co 				Х				
ļ	b Were there any nonexempt transactions with any party-in-interest? (Do no on line 10a.)	t include trans	actions reported		Х				
	C Was the plan covered by a fidelity bond?		Х			4	0,000		
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity b or dishonesty?	Х							
(Were any fees or commissions paid to any brokers, agents, or other perso insurance service or other organization that provides some or all of the ber instructions.)	ns by an insur refits under th	rance carrier, e plan? (See	Х				248	
1	f Has the plan failed to provide any benefit when due under the plan?		10f		Х				
•	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 inst 2520.101-3.)		9 CFR		Х				
i	If 10h was answered "Yes," check the box if you either provided the require exceptions to providing the notice applied under 29 CFR 2520.101-3								
Par	rt VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If 5500))						Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding requirem	ents of section	n 412 of the Code or se	ction 3	302 of	ERISA?	Yes	X No	
2	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_	_	
\ž	a If a waiver of the minimum funding standard for a prior year is being amorti								
	granting the waiver.				Day		Year		
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fob. Enter the minimum required contribution for this plan year			Г	12b	T			
					12c				
	 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 resu 			⊦					
-	negative amount)				12d	Yes [7 № Г	1 N/A	
A CANADA NAME OF A STREET	Will the minimum funding amount reported on line 12d be met by the funding	ig deadline?				162	NO	I IN/A	
	rt VII Plan Terminations and Transfers of Assets				T	, [y],,			
13	Has a resolution to terminate the plan been adopted in any plan year?				<u> </u>	res X No	· · · · · · · · · · · · · · · · · · ·		
	If "Yes," enter the amount of any plan assets that reverted to the employer			3a					
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?		***************************************				Yes	X No	
C	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	an to another	plan(s), identify the pla	n(s) to					
	13c(1) Name of plan(s):			130	c(2) E	N(s)	13c(3)	PN(s)	
Cau	ution: A penalty for the late or incomplete filing of this return/report will	oe assessed	unless reasonable cat	ıse is	establ	lished.	- I		
Und SB	der penalties of perjury and other penalties set forth in the instructions, I decla or Schedule MB completed and signed by an enrolled actuary, as well as the ief, it is true, correct, and complete.	re that I have	examined this return/re	oort, in	cludin	g, if applica	ble, a Sche nowledge	edule and	
		28-12	Craig R. Jolle	2.C					
	Signature of plan administrator Date		Enter name of mulviol	ıaı Siyi	miy a	o pian duni	inou alUl		
	GN Bignature of employer/plan sponsor Date		Enter pame of individu	ual elec	nina c	o ompleve-	or plan ar a	neer	
SEPRETARY AND ADDRESS OF THE PARTY AND ADDRESS	Signature of employer/plan sponsor Date		Enter name of individu	ıaı sigi	ung a	s employer	or bian spo	HISOL	

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