	Form 5500-SF			Report of Small Employ	vee	OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe					2011			
	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058					a) of			
-	Employee Benefits Security Administration the Internal Revenue Code (the Code).   Pension Benefit Guaranty Corporation Image: Composition Compositin Composition Composition Composition Composition Compos					This Form is Open to Public Inspection			
	Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF.								
	calendar plan year 2011 or fisca		1	and ending 12	2/31/2	2011			
Α -	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan			
В	B This return/report is: the first return/report the final return/report					_			
		an amended return/report	a short pla	an year return/report (less than 12 mo	nths)				
C	C Check box if filing under:								
special extension (enter description)									
	Part II Basic Plan Information—enter all requested information								
	Name of plan K W. ARNOLD, D.D.S. 401(K) P				1b	Three-digit plan number			
	(W. ANNOLD, D.D.S. 401(K) F	LAN				(PN) ▶ 001			
				-	1c	Effective date of plan 01/01/2001			
2a	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number			
WAR	K W. ARNOLD, D.D.S.			-	0	(EIN) 91-0946955			
4544					2C	Sponsor's telephone number 253-564-5044			
	2 90TH ST. E. ALLUP, WA 98372-4441				2d	Business code (see instructions) 621210			
	Plan administrator's name and W. ARNOLD, D.D.S.	address (if same as plan sponsor, er 15112 90TH \$		")	3b	Administrator's EIN 91-0946955			
PUYALLUP, W				-4441	3c	Administrator's telephone number 253-564-5044			
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 numb Sponsor's name	er from the last return/report.			4c	PN			
	•	the beginning of the plan year			5a	11			
b	Total number of participants at	the end of the plan year			7				
С		count balances as of the end of the p	• •	defined benefit plans do not	<u>5b</u>	7			
62	1 /	uring the plan year invested in aligibl		(See instructions.)	5c				
b									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No								
Pa	rt III Financial Informa		orm 5500-	SF and must instead use Form 550	0.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	654075		532535			
b	Total plan liabilities		7b	500		894			
C	Net plan assets (subtract line 7	'b from line 7a)	7c	653575	-	531641			
8	Income, Expenses, and Transf			(a) Amount	(b) Total				
а	Contributions received or recei (1) Employers	vable from:	8a(1)						
			8a(2)						
	(3) Others (including rollovers)	)	8a(3)						
b	Other income (loss)		8b	-4243					
c		8a(2), 8a(3), and 8b)	8c		_	-4243			
d		ollovers and insurance premiums	8d	110933					
е	· ,	ive distributions (see instructions)	8e						
f	Administrative service provider	s (salaries, fees, commissions)	8f	6758					
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			117691			
i		8h from line 8c)	8i		_	-121934			
J	I ransfers to (from) the plan (se	ee instructions)	8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2 - 1

## Part IV Plan Characteristics

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

## Part V **Compliance Questions** 10 Yes No During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period described in а Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ..... 10a **b** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... Х С Was the plan covered by a fidelity bond?..... 10c 1000000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d or dishonesty? ..... Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See Х 10e instructions.) ..... Х f Has the plan failed to provide any benefit when due under the plan? ..... 10f Х Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... g 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) ..... 10h i. If 10h was answered "Yes," check the box if you either provided the required notice or one of the Х exceptions to providing the notice applied under 29 CFR 2520.101-3..... 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 Yes 5500)).... ..... 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... Yes (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 instructions, and enter the date of the letter ruling granting the waiver. ......Month \_\_\_\_\_ Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year..... 12c **C** Enter the amount contributed by the employer to the plan for this plan year..... 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 12d negative amount) ..... Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A e Part VII **Plan Terminations and Transfers of Assets 13a** Has a resolution to terminate the plan been adopted in any plan year? ..... Х Yes 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 control Yes X No of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to C which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

## Caution: A penalty 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.

SIGN	Filed with authorized/valid electronic signature.	09/27/2012	MARK W. ARNOLD
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 Short Form Annual R	eturn/F	Report of Small Employ	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury		enefit Plan			2011			
Er	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employed Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058( Employee Benefits Security Administration the Internal Revenue Code (the Code).				) of This Form is Open to Public Inspection				
P	ension Benefit Guaranty Corporation Complete all entries in accor	dance with	the instructions to the Form 5500	)-SF.	113				
	art I Annual Report Identification Information			_	10/21/201	1			
For		01/01/2			12/31/2011				
Α	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan			
B	3 This return/report is:								
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)					
C	C Check box if filing under: A Form 5558 A automatic extension DFVC program								
	special extension (enter description)								
Pa	Part II Basic Plan Information-enter all requested information								
	Name of plan			1b	Three-digit plan number				
	Mark W. Arnold, D.D.S. 401(k) Plan				(PN)	001			
				1c	C Effective date of plan 01/01/2001				
2a	Plan sponsor's name and address; include room or suite number (e	employer, if	for a single-employer plan)	2b	Employer Identif	ication Number			
20	Mark W. Arnold, D.D.S.			(EIN) 91-0946955					
				2c	Sponsor's telep (253) 564-				
	15112 90th St. E.			2d		see instructions)			
			WA 98372-4441	Zu	621210				
	Puyallup Plan administrator's name and address (if same as plan sponsor, e	nter "Same		3b	3b Administrator's EIN				
	Same			2-		alashana sumbar			
				<b>3c</b> Administrator's telephone number					
4	If the name and/or EIN of the plan sponsor has changed since the	report filed for this plan, enter the	4b EIN						
-	name, EIN, and the plan number from the last return/report.		A						
	a Sponsor's name				4c PN 5a 1				
5a	a Total number of participants at the beginning of the plan year					7			
b									
С	Number of participants with account balances as of the end of the	plan year (	defined benefit plans do not	5c		7			
6a	complete this item)								
b	Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified public accountant (IQ	PA)		X Yes 🗍 No			
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. [X] Yes [] No								
Pa	rt III Financial Information	0111 3300-	or and must motorid usor only a						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year			
'a	Total plan assets	. 7a	654,07	75		532,535			
b	Total plan liabilities		50	_		894			
С	Net plan assets (subtract line 7b from line 7a)	7c	653,57	75		531,641			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total		Fotal			
а	Contributions received or receivable from:	0(1)							
	(1) Employers		1	調	的公司的	A second second			
	(2) Participants			18	11-11-12-11-1	和中国的主义的			
h	(3) Others (including rollovers) Other income (loss)		(4,243	3)					
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		一下的 建山口 学会的 法表现			(4,243)			
c d	Benefits paid (including direct rollovers and insurance premiums			an an airean					
ų	to provide benefits)		110,93	53					
е	Certain deemed and/or corrective distributions (see instructions)		6.75	. 0					
f	Administrative service providers (salaries, fees, commissions)		6,75	58 10 10 10 10 10 10 10 10 10 10 10 10 10					
g	Other expenses			\$10 K		117,691			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			10 (2)		(121,934)			
i	Net income (loss) (subtract line 8h from line 8c)			28-1 1-1-1-1	VE CONTRACTOR	(121, 554)			
j	Transfers to (from) the plan (see instructions)		6	192		Form 5500-SF (2011)			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2011)

## 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: 2A 2E 2F 2G 2J 2K 2R 3B 3D 9a
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No	A	mount		
а	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		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			х				
с	Was the plan covered by a fidelity bond?		Х			1,00	0,000	
d	the second se							
е	the second second second second by an incurance carrier							
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		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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		х	Series - A			
Part	VI Pension Funding Compliance							
11	the state of the s							
12								
	(If "Yes " complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
If	If you 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 12c				
с								
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	[	12d			1	
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						N/A	
Part	VII Plan Terminations and Transfers of Assets			-	-			
13a	Has a resolution to terminate the plan been adopted in any plan year?			ΧI	res No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	13a				0	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X No		
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s):				c(2) El	N(s)	13c(3)	PN(s)	
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	ne ca	use is	estab	nsneu.			

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.

SIGN HERE	mark W Cende	9/25/12	Mark W. Arnold		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
01011			Mark W. Arnold		
SIGN	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		