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

the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	2011		
Α.	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan		
В	This return/report is:						
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)			
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program		
	special extension (enter description	n)					
Pa	Int II Basic Plan Information—enter all requested informa	•					
	Name of plan	ttiO11		1b	Three-digit		
	DR-MADE SMILES 401(K) PROFIT SHARING PLAN				plan number		
					(PN) • 001		
				1C	Effective date of plan 01/01/2008		
2a	Plan sponsor's name and address; include room or suite number (en	nnlover if	for a single-employer plan)	2h	Employer Identification Number		
	IG K. BARNEY, DMD, PLLC		ioi a omgio ompioyor piany	20	(EIN) 22-3974616		
				2c	Sponsor's telephone number		
7233	W. DESCHUTES AVE, SUITE E				509-374-4077		
KENI	NEWICK, WA 99336			2d	Business code (see instructions)		
	5	. "0	m	O.L.	621210		
	Plan administrator's name and address (if same as plan sponsor, en G K. BARNEY, DMD, PLLC 7233 W. DESC			30	Administrator's EIN 22-3974616		
	KENNEWICK,	WA 9933	86	3с	Administrator's telephone number		
				4.	509-374-4077		
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	st return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a	7		
b	Total number of participants at the end of the plan year			5b	ī		
С	Number of participants with account balances as of the end of the pl						
	complete this item)			5c			
-	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 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						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total plan assets	7a	176074		185893		
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	176074		185893		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	12230				
	(2) Participants	8a(2)	26671				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	-29082				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			9819		
d	Benefits paid (including direct rollovers and insurance premiums		0				
	to provide benefits)	8d	0				
e	Certain deemed and/or corrective distributions (see instructions)	8e	0				
f	Administrative service providers (salaries, fees, commissions)	8f	0				
g	Other expenses	8g			0		
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0		
 	Net income (loss) (subtract line 8h from line 8c)	8i			9819		
J	Transfers to (from) the plan (see instructions)	8j					

Form	5500.	-25	2011	

Page	2	-	,		
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Dart IV	Dian	Charas	teristics
Part IV	ı Plan	Charac	TERISTICS

- **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 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:

	Compliance Questions							
a Was	ng the plan year:		Yes	No		Am	ount	
29	there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
	e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported no 10a.)	10b		X				
C Was	the plan covered by a fidelity bond?	10c	X					25000
	he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х				
insu	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X				
f Has	the plan failed to provide any benefit when due under the plan?	10f		Χ				
g Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					62487
h If thi	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
	n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i		X				
	Pension Funding Compliance							
1 Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		0			_		ш
a Ifav	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruing the waiver.							
If you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b Ente	the minimum required contribution for this plan year			12b				
c Ente	the amount contributed by the employer to the plan for this plan year			12c				
	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d				
e Will f	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
art VII	Plan Terminations and Transfers of Assets							
3a Has	a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
If "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	ntrol			Yes	X No
OI III	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to					
C If du					M(c)		13c(3)	PN(s)
C If du	Name of plan(s):		13	c(2) EII	V(3)			
C If du	Name of plan(s):		13	c(2) EII	(S)			
C If du whic 13c(1)	Name of plan(s): penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cai						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/02/2012	CRAIG BARNEY
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

art I Annual Report Identification Information						
calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	2011		
This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan		
This return/report is:	is return/report is:					
an amended return/report	a short pla	n year return/report (less than 12 mo	nths)			
Check box if filing under: X Form 5558	automatic	extension		DFVC program		
	<u> </u>		······································			
	20011		1b	Three-digit		
·				plan number		
, , , , , , , , , , , , , , , , , , ,				(PN) ▶ 001		
			1c	Effective date of plan		
Diversity and a series and address include years as a site worshow (a		for a single analysis along	n.	01/01/2008		
Plan sponsor's name and address, include room or suite number (el IG K. BARNEY, DMD, PLLC	прюуег, п	for a single-employer plan)	Z D	Employer Identification Number (EIN) 22-3974616		
			2c	Sponsor's telephone number		
AN DESCRIPTER AVE SHITE E				509-374-4077		
· · · · · · · · · · · · · · · · · · ·		Ī	2d	Business code (see instructions)		
				621210		
, , , , , , , , , , , , , , , , , , , ,	nter "Same	")	3b	Administrator's EIN		
		ŀ	30	Administrator's telephone number		
				, anning all of the priories frames		
	ast return/i	report filed for this plan, enter the	4b	EIN		
•			4 c	PN		
· · · · · · · · · · · · · · · · · · ·		·		7		
		•		7		
			JU			
			5c	· 6		
Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes No		
· · · · · · · · · · · · · · · · · · ·		•		M les [] No		
	3111 0300-	or and mast material ase I orm soc	,,,,			
The state of the s		(a) Beginning of Year		(b) End of Year		
•	7a	176074	1	185893		
•		176074		185893		
		(a) Amount		(b) Total		
Contributions received or receivable from:						
(1) Employers	8a(1)					
(2) Participants	8a(2)					
(3) Others (including rollovers)	8a(3)					
	8b	-29082				
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			9819		
	84	o				
		0				
·		. 0				
•			7			
·						
Net income (loss) (subtract line 8h from line 8c)	. 8i			9819		
	calendar plan year 2011 or fiscal plan year beginning 01/01/201 This return/report is for:	calendar plan year 2011 or fiscal plan year beginning 01/01/2011 This return/report is for:	calendar plan year 2011 or fiscal plan year beginning 0.1/01/2011 and ending 1. This return/report is for: a single-employer plan an untiple-employer plan first return/report to: the first return/report an an amended return/report and amended return/report (less than 12 modes) and the first return/report and the plan part of the plan part of the plan part (less than 12 modes) and the plan number of participants at the beginning of the plan year. Total number of participants at the beginning of the plan year. Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Total number of participants with account balances as of the end of the plan year (defined benefit plans do not compl	calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2 This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) This return/report is: the first return/report as hort plan year return/report (less than 12 months) Check box if filing under: Form 5558 automatic extension Special extension (enter description) art.III. Basic Plan Information—enter all requested information Name of plan OR-MADE SMILES 401(K) PROFIT SHARING PLAN 1c Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) In GK. BARNEY, DMD, PLLC 2d 3W. DESCHUTES AVE, SUITE E NEWICK WA 98336 Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Efficient in the plan number from the last return/report. Sponsor's name 4c Total number of participants at the beginning of the plan year. 5a Total number of participants at the end of the plan year. 55 Number of participants with account balances as of the end of the plan year (defined benefit plans do not. complete this item). Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 20 CF2 Se20.104-467 (See instructions). If you answered "No" to either Sa or 6b, the plan year report of an independent qualified public accountant (IQPA) independent plans assets and Labilities 1 rotal plan assets and Labilities 1 rotal plan assets and Labilities 1 rotal plan assets and Labilities 2 ag(1) 2-260-74 1 rotal plan assets and Labilities 2 ag(2) 2-26671 3 other (income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 12-200 1 report of the plan year of the annual examination and report of an independent qualified public accountant (IQPA) income, Expenses, and Transfers for this Plan Year 1 rotal plan assets and Labilities 2 ag(3) 0 0 3 other (income, Expenses, and Transfers for this Plan Year 1 rotal plan assets and Labilities 3 ag(3) 0 0 4 ag(4)		

	Form 5500-SF 2011 Page 2 - 1				
Par	Plan Characteristics				
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char. 2E 2F 2G 2J 2K 3B 3D	acteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterist	ic Cod	les in t	he instructions:
Part	V. Compliance Questions				
10	During the plan year:		Yes	No	Amount
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.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		25000
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		Х	
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		х	
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.)	10a	Х		62487
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		×	
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	
Part	VI Pension Funding Compliance				
11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes 🛛 No

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scho 5500))	edule SB (Form	Yes X No					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver			e letter ruling ear					
If :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Security (Part Care)					
b	Enter the minimum required contribution for this plan year.	12b							
c	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 of a negative amount)	12d							
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		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	s X 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 under the of the PBGC?			Yes 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.)								
1	3c(1) Name of plan(s):	3c(2) EIN	(s)	13c(3) PN(s)					
Caut	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

Date

Date

CRAIG BARNEY

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

belief, it is true, correct, and complete.

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

SIGN HERE