## 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P		dance witl	n the instructions to the Form 5500	-SF.		
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	011	
Α.	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan
В .	This return/report is: the first return/report	the final r	eturn/report			
		a short pla	an year return/report (less than 12 mo	nths)		
<b>C</b>	Check box if filing under:	•	extension	ĺ	DFVC progra	m
•			Octoriolori	L	_ Di vo piogia	
_	special extension (enter descriptio	,				
	rt II Basic Plan Information—enter all requested information	ation		41.		
	Name of plan				Three-digit plan number	
K. LA	NE WARD, D.D.S., PA PROFIT SHARING PLAN				(PN)	001
					Effective date of	
				. •	01/01/	•
	Plan sponsor's name and address; include room or suite number (el	mployer, if	for a single-employer plan)	2b	Employer Identif	ication Number
R. LA	NE WARD, D.D.S. PA				(EIN) 20-22	04565
				2c	Sponsor's telep	none number
44 S0	OUTH CENTER				208-356	6-7562
REXE	BURG, ID 83440			2d	Business code (	see instructions)
					62121	
	Plan administrator's name and address (if same as plan sponsor, er NE WARD, D.D.S. PA 44 SOUTH CI		2")	3b	Administrator's E	EIN 04565
K. LA	REXBURG, II.			30		elephone number
				30	208-356	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report.			_		
	Sponsor's name			4c	PN	
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			5b		
С	Number of participants with account balances as of the end of the p	• (	·	<b>-</b> -		
	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				••••••	ш ш
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	. 7a	357265		(2) = 114	350856
b	Total plan liabilities					
C	Net plan assets (subtract line 7b from line 7a)	7c	357265			350856
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount		(b) T	otal
а	Contributions received or receivable from:		(a) Amount		(6) 1	Otai
_	(1) Employers	8a(1)	5000			
	(2) Participants	8a(2)				
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	. 8b	-11409			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-6409
d	Benefits paid (including direct rollovers and insurance premiums					
	to provide benefits)	. 8d				
е	Certain deemed and/or corrective distributions (see instructions) $\ldots$	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	. 8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-6409
j	Transfers to (from) the plan (see instructions)					
	· · · · · · · · · · · · · · · · · · ·	ر.	l .			

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Page 2 -	1		
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Part IV	Dian	Characte	rictice

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
  - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	٧	Compliance Questions							
10	Durir	ng the plan year:		Yes	No		Am	ount	
а		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				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	X					36000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Χ				
i		h 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						
art	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?.		Yes	X No
	If a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ting the waiver	ıth						
		r the minimum required contribution for this plan year			12b				
		r the amount contributed by the employer to the plan for this plan year			12c				
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a		12d				
е	•	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	ı	No	N/A
Part		Plan Terminations and Transfers of Assets							
		a resolution to terminate the plan been adopted in any plan year?			,	Yes X	No		
		es," enter the amount of any plan assets that reverted to the employer this year		3a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ntrol			Yes	X No
С		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					_
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s)
Cauti	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.	•		
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retredule MB completed and signed by an enrolled actuary, as well as the electronic version of this return,							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	R. LANE WARD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/15/2012	R. LANE WARD
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 section 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	Part I Annual Report Identification Information						
For	the calendar plan year 2011 or fiscal plan year beginning	01/0	1/2011	and ending	12	/31/2011	
A	This return/report is for: x a single-employer plan	a multiple	e-employer plan	(not multiemployer)		a one-particip	ant plan
в	This return/report is:	the final i	eturn/report		_		
	an amended return/report	4		report (less than 12 mor	iths)		
C	Check box if filing under: X Form 5558	,	c extension	open (less than 12 me	,	DFVC program	n
C		J	Cexterision		L	] b. vo program	
-	special extension (enter description						
	art II Basic Plan Information enter all requested info	rmation.			1		
1a	Name of plan					Three-digit plan number	
	R. LANE WARD, D.D.S., PA PROFIT SHARING PLAN					(PN) ►	001
						Effective date of	plan
20						01/01/1993	
Zd	Plan sponsor's name and address; include room or suite number (em; R. LANE WARD, D.D.S. PA	ployer, if to	r single-employ	er plan)		Employer Identif	
						EIN) 20-220	
						Plan sponsor's te (208) 356-7	elephone number 562
	44 SOUTH CENTER					Business code (s	
US	REXBURG ID 83440				400,000	621210	occ mondonons,
3a		er "Same")			3b /	Administrator's E	IN
	Same						
					3c /	Administrator's te	elephone number
							2
4	If the name and/or EIN of the plan sponsor has changed since the last	return/ren	ort filed for this	nlan, enter the	4b E	EINI	
	name, EIN, and the plan number from the last return/report.	тештитер	of thed for this	plan, enter the		7111	
<u>а</u> 5а	Sponsor's Name				4c F	N .	
b	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year				5a 5b		4
C	Number of participants with account balances as of the end of the plan	vear (defi	ned benefit olar	ns do not	30		
	complete this item)				5c	i i	4
	Were all of the plan's assets during the plan year invested in eligible as						X Yes No
b	Are you claiming a waiver of the annual examination and report of an i under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	ndepender	t qualified publi				
	If you answered "No" to either 6a or 6b, the plan cannot use Form				• •		X Yes No
Pa	ert III Financial Information		ind must miste	ad use i oiiii 5500.			
7	Plan Assets and Liabilities	FL SQUAR	(a) B	eginning of Year	T	(b) End o	of Year
а	Total plan assets	. 7a		357,265	+	, ,	350,856
b	Total plan liabilities	. 7b		551,205			330,030
С	Net plan assets (subtract line 7b from line 7a)	. 7c		357,265	1		350,856
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) T	
a	Contributions received or receivable from:			F 000			
	(1) Employers	. 8a(1)	-	5,000	-		
	(2) Participants	. 8a(2)			-		
b	(3) Others (including rollovers)	. 8a(3)		(11 400)	- 33		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8b	2000年2月1日 1000年2月1日	(11,409)	1000007		MASSING TAXABLE
d	Benefits paid (including direct rollovers and insurance premiums	. 8c			1,38461		(6,409)
	to provide benefits)	. 8d					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f			\$5T.57		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
i	Net income (loss) (subtract line 8h from line 8c)	8i		A Line of the second state			(6,409)
<u>i</u>	Transfers to (from) the plan (see instructions)	8j			Party (VOLT)	A CONTRACTOR	

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Page 2-		
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	Form 5500-SF 2011		Page Z-					
Par	IV Plan Characteristics							
9a	f the plan provides pension benefits, enter the applicable pension fea	ature codes from the Li	st of Plan Characteris	stic Co	odes in	the in	structions:	
h	2E 3D f the plan provides welfare benefits, enter the applicable welfare feat	uro and an from the Link	of Blac Characterist	- 0-	dan in	the lee	terrationer.	
J	the plan provides wehate benefits, enter the applicable wehate leat	ure codes from the List	of Plan Characterist	IC CO	ies in	tne ins	tructions.	
Par	V Compliance Questions							
10	During the plan year:				Yes	No	A	mount
а	Was there a failure to transmit to the plan any participant contribution	ons within the time peri	od described in	Г				
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Program	)	10a		Х		
D	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10ь		x		
				10c	x	-		36,00
d	Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fire			100	<u> </u>	-		36,00
	or dishonesty?			10d		x		
е	Were any fees or commisions paid to any brokers, agents, or other	persons by an insuran	ce carrier					
	insurance services or other organization that provides some or all o	f the benefits under the	plan? (See	100		x		
f	instructions.)			10e		х		
t	Has the plan failed to provide any benefit when due under the plan?							
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х		
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructions and 29	CFR 	10h		х		
i	If 10h was answered "Yes," check the box if you either provided the	required notice or one	of the					
72/0/16	exceptions to providing the notice applied under 29 CFR 2520.101-	3		10i				
11	VI Pension Funding Compliance	-1-0 (15    )		0.1		D /F		
	Is this a defined benefit plan subject to minimum funding requirement (5500))	nts? (If "Yes," see instr	uctions and complete	Sche	edule S	B (Fo	rm 	Yes X No
12	Is this a defined contribution plan subject to the minimum funding re							Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical	ble.)						
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this plan	year, see instructions	s, and	enter	the da	te of the lette	r ruling
If v	granting the waiver		Mont	th		Day	Y	ear
	Enter the minimum required contribution for this plan year				Г	12b		
С	Enter the amount contributed by the employer to the plan for this pla					12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the							
	negative amount)				. L	12d		
	Will the minimum funding amount reported on line 12d be met by the						Yes	No N/A
Part								
13a	Has a resolution to terminate the plan been adopted in any plan year				٠			Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the em					13a		
b	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	ransferred to another p	lan, or brought under	the c	control			Yes X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)					• •		Tes KINO
1.	c(1) Name of plan(s):				130	(2) EI	N(s)	13c(3) PN(s)
						1	3-6	
	n: A penalty for the late or incomplete filing of this return/report							
SB or S	enalties of perjury and other penalties set forth in the instructions, I on chedule MB completed and signed by an enrolled actuary, as well as is true, correct, and complete.	declare that I have example the electronic version	of this return/report,	and to	cluding o the b	g, if ap est of	plicable, a Sc my knowledg	hedule e and
SIGN	L'have apra	10/11/17	R. LANE WARD					
HER		Date	Enter name of indiv	/idual	sianin	d as n	an administra	ator
SIGN	Kingus Was	1	R. LANE WARD	- Gatar	3.91.11	3 03 1		
HERI	Signature of employer/plan sponsor	Date /11/12	Enter name of indiv	idual	signin	n ac e	molover or ob	an snonsor
and the state of	a cignitude of employenhian sponsor	Date	Lenter name or main	nuual	agnin	y as el	inproyer or pie	an aponton

### 5500-SF Electronic Filing Authorization

Plan Name:

R. LANE WARD, D.D.S., PA PROFIT SHARING PLAN

EIN/PN:

20-2204565/001

Plan Year:

01/01/2011 - 12/31/2011

I hereby authorize Rudd and Company PLLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Sponson (sign) 10-11-12