	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089						
				Plan	_	2009					
Department of Labor I his form is required to be filed Retirement Income Security Ad				ctions 104 and 4065 of the Employe (ERISA), and section 6058(a) of the ode (the Code).	This Form is Open to Public						
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Forr						Inspection					
Pa	art I Annual Report Id	entification Information									
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/2009	9	and ending 1	2/31/2	2009					
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan					
<b>B</b> -	This return/report is for:	first return/report	final retur	n/report							
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)						
C Check box if filing under:						DFVC program					
		special extension (enter descriptio	n)								
Pa	rt II Basic Plan Inform	nation—enter all requested informa	ation		1						
	Name of plan				1b	Three-digit					
MED	STAFF 401K PROFIT SHARING	5 PLAN			plan number (PN) ▶ 001						
					1c	Effective date of plan 01/01/1995					
		ess (employer, if for single-employer	plan)		2b	Employer Identification Number					
	STAFF, INC.				2c	(EIN) 91-1538950 Plan sponsor's telephone number					
	N. 107TH STREET, SUITE 210 TTLE, WA 98133				2d	206-361-8419 Business code (see instructions)					
		address (if same as Plan sponsor, er			3b	541990 Administrator's EIN					
MED	STAFF, INC.	2150 N. 107T SEATTLE, W		T, SUITE 210	2.0	91-1538950					
						Administrator's telephone number 206-361-8419					
		n sponsor has changed since the las r from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN					
	iano, Ent, and the plan humbe		i o name		4c	PN					
5a Total number of participants at the beginning of the plan year					5a	25					
b	Total number of participants at	5b	19								
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do no complete this item)					5c	18					
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No					
b	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
Pa	rt III Financial Informa		5111 5500-	or and must instead use rorm 55	00.						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		7a	112033	3	144807					
b	Total plan liabilities		7b	1906	1906						
C	Net plan assets (subtract line 7b from line 7a)		7c	110127	139114						
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or recei		80(1)	6672	,						
	., .,		8a(1) 8a(2)	13733	-						
			8a(3)	13730	<u>,</u>						
b			8b	20019	7						
c	· · · ·	8a(2), 8a(3), and 8b)	8c	20010		40424					
-		ollovers and insurance premiums									
	to provide benefits)		8d	10342	2						
e		ive distributions (see instructions)	8e 8f	1095	5						
f	Administrative service providers (salaries, fees, commissions)										
g	•		8g	(	)						
h :		8d, 8e, 8f, and 8g)			11437						
1 i		e 8h from line 8c) e instructions)				28987					
1	indialors to (noin) the plan (se		8j	(	)						

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

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## 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: 2E 2F 2G 2J 2K 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	During the plan year:		Yes	No		Amo	unt	
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)			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					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			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.)		x		509			509
f	Has the plan failed to provide any benefit when due under the plan?		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					3361
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						
Part	VI Pension Funding Compliance							
11								
lf y	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru- granting the waiver	ctions, th of a	and e	nter th	e date of	the let		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
Part								
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X 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						X No	
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.)						100	
13c(1) Name of plan(s):				<b>13c(2)</b> EIN(s) <b>13c(3)</b> PN(s)			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.	04/30/2010	DAVID G. ERBES, TRUSTEE				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	04/30/2010	DAVID G. ERBES, TRUSTEE				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				