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 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

2009

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information							
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	9	and ending	12/31/	2009			
Α .	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)	one-participant plan				
В	This return/report is for: first return/report	final retur	n/report	_				
	an amended return/report	short plan	year return/report (less than 12 m	onths)				
C	Check box if filing under: Form 5558		extension	,	DFVC program			
	special extension (enter description		OMONOR					
De								
	Int II Basic Plan Information—enter all requested information Name of plan	ation		1h	Three-digit			
	ROE ELITE DENTAL GROUP 401(K) PLAN			''	plan number			
					(PN) • 002			
				1c	Effective date of plan 12/01/1979			
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number			
	JOHN E. MONROE, D.D.S., P.S.	piarij			(EIN) 91-1090012			
MON	ROE ELITE DENTAL GROUP			2c	Plan sponsor's telephone number			
	S. 19TH ST., SUITE 210 DMA, WA 98405-1151			0-1	253-752-3331			
TAC	JWA, WA 30403-1131			Za	Business code (see instructions) 621210			
	Plan administrator's name and address (if same as Plan sponsor, et			3b	Administrator's EIN			
DR.	JOHN E. MONROE, D.D.S., P.S. 4707 S. 19TH TACOMA, W.			2-	91-1090012			
				30	Administrator's telephone number 253-752-3331			
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
-	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	PN			
5a	Total number of participants at the beginning of the plan year							
b								
С	Total number of participants with account balances as of the end of	0.5	12					
	complete this item)			5c	19			
6a	Were all of the plan's assets during the plan year invested in eligible	(See instructions.)		X Yes No				
b	Are you claiming a waiver of the annual examination and report of a				X Yes □ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		•		res [] No			
Pa	rt III Financial Information	01111 0000	or and must mistead use rorm o					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	7234	47	742994			
b	Total plan liabilities	7b	13	63	3 4714			
С	Net plan assets (subtract line 7b from line 7a)	7c	7220					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:		(,)	(2) 1018				
	(1) Employers	. 8a(1)	8560					
	(2) Participants	. 8a(2)	13822					
	(3) Others (including rollovers)	8a(3)	C					
b	Other income (loss)	. 8b	148477					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			170859			
d	Benefits paid (including direct rollovers and insurance premiums	04	154663					
е	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e	1340	0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
	, , , , , , , , , , , , , , , , , , , ,			0				
g	Other expenses (add lines 2d, 2e, 2f, and 2e)	8g		U	154663			
n i	Total expenses (add lines 8d, 8e, 8f, and 8g)				16196			
 	Net income (loss) (subtract line 8h from line 8c)				10190			
J	Transfers to (from) the plan (see instructions)	8j		0				

Part IV	Plan	Characteristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 2F 2G 2J 2K

D I	II th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	list of Pian Chara	cteris	iic Coo	ies in	tne instructi	ons:		
Part	٧	Compliance Questions									
10	Du	ring 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)						X				
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							X				
С	C Was the plan covered by a fidelity bond?									150000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?										
							X				
f	Ha	s the plan failed to provide any benefit when due under the plan?			10f		X			_	
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10q	Χ				48969	
		nis is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		X				
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part \	VI	Pension Funding Compliance									
		nis a defined benefit plan subject to minimum funding requirements:							Yes	X No	
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	X No	
		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										
If y	ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB	3 (Form 5500), and	I skip to line 13.		_		1			
b	Ent	er the minimum required contribution for this plan year					12b				
		er the amount contributed by the employer to the plan for this plan y					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 negative amount)										
	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	s a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?				ı	Yes	× No	
		es," enter the amount of any plan assets that reverted to the emplo					13a				
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne plai	n(s) to			 		
13	13c(1) Name of plan(s):						13c(2) EIN(s) 13c(3) P) PN(s)	
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.			
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.									
SIGN Filed with authorized/valid electronic signature. 06/25/2010 TODD HUGHES											
HERE					individual signing as plan administrator						

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 Renefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2009

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	Complete all entries ill accord	ance with	inc monactions to the		<u></u>		
Pa	rt I Annual Report Identification Information	/01/20	0.9 and ending		12/31/2009		
	aleridar plan year 2009 of risodr plan year source malover plan		ployer plan (not multiemployer)	Г	one-participant plan		
A T	nis returnineport is 101.			L			
ВТ	his return/report is for.	final return	report /ear return/report (less than 12 mor	nthe\			
			•	iuia) T	DFVC program		
C	theck box if filing under.	automatic e	extension	L			
	special extension (enter description	1)					
Pa	rt II Basic Plan Information—enter all requested informa	tion		41.			
1a	Name of plan				Three-digit plan number		
1	Monroe Elite Dental Group 401(k) Plan				(PN) ▶ 002		
					Effective date of plan		
					12/01/1979		
2a	Plan sponsor's name and address (employer, if for single-employer port. John E. Monroe, D.D.S., P.S.	olan)		2b	Employer Identification Number (EIN) 91-1090012		
	Dr. John E. Monroe, D.D.S., P.S.				Plan sponsor's telephone number		
	Monroe Elite Dental Group			20	(253) 752-3331		
	4707 S. 19th St., Suite 210				Business code (see instructions)		
	Tacoma		<u>WA 98405-1151</u>		621210		
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	')	30	Administrator's EIN		
	Same			3c	Administrator's telephone number		
4 1	the name and/or EIN of the plan sponsor has changed since the las	t return/rep	oort filed for this plan, enter the	4b EIN			
	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c PN			
		<u> </u>		5a	19		
5a	Total number of participants at the beginning of the plan year	••••		12			
b	Total number of participants at the end of the plan year		/defined banefit plans do not	30			
C	Total number of participants with account balances as of the end of complete this item)	the plan ye	ear (defined benefit plans do not	5c	19		
	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)	*********	X Yes No		
ъa	a comparation and report of	an indeper	ident qualified public accountant (iv	JEA)	⊠ Yes ☐ No		
D	under 20 CER 2520 104-462 (See instructions on Walver eliqibility a	and contaiti	JIIS.)		🛕 163 📙 100		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	, , , , , , , , , , , , , , , , , , , 			
Pa	rt III Financial Information	skirkeren	(a) Beginning of Year		(b) End of Year		
7	Plan Assets and Liabilities	HEAD WHERE	723,4	47	742,994		
	Total plan assets	7a 7b	1,3		4,714		
b	Total plan liabilities		722,0		738,280		
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount	_	(b) Total		
8	Income, Expenses, and Transfers for this Plan Year	<u> </u>	(a) Amount				
а	Contributions received or receivable from: (1) Employers	8a(1)	8,5	60			
		8a(2)	13,8	22			
	(2) Participants	8a(3)		0			
h			148,4	77			
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				170,859		
c d	Benefits paid (including direct rollovers and insurance premiums	1	154,6	63			
	to provide benefits)		134,6	33			
е	Certain deemed and/or corrective distributions (see instructions)			씟			
f	Administrative service providers (salaries, fees, commissions)			0			
g	Other expenses				154,66		
ĥ	Total expenses (add lines 8d, 8e, 8f, and 8g)	1		arijet regis	16,196		
i	Net income (loss) (subtract line 8h from line 8c)			: 46.0 G 80	10,150		
i	Transfers to (from) the plan (see instructions)	. 8j		0			

Monroe Elite Dental

	Form 5500-SF 2009	Paş	ge 2				·	
Par	IV Plan Characteristics		of Division of	la dalia f	-adaa in	the instance	iose.	
9a	If the plan provides pension benefits, enter the applicable pension fer	ature codes from the L	ist of Plan Charact	tensuc (Joges in	the manuci	IOHS.	
b	X 3D 2E 2F 2G 2J 2K If the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the Li	ist of Plan Characte	eristic C	odes in	the instructi	ons:	
Part	V Compliance Questions							
40	During the plantager:		r	Ye	s No	<u> </u>	Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducians)	ary Correction 10810		10a	x	<u> </u>		
þ	Were there any nonexempt transactions with any party-in-Interest? (on line 10a.)	Do not include transa	ctions reported	0b	х			
C	Was the plan covered by a fidelity bond?	4	1	0c X		,	1.	50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid	lelity bond, that was ca	aused by fraud	10d	x			
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	persons by an insura he benefits under the	nce camer, plan? (See	0e	x			<u>:</u>
f	Has the plan failed to provide any benefit when due under the plan?	4		10f	X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.}	1	0g %			Here is 1917	48,969
h	was there a high-id-val percent plan, was there a high-out period? (Se	ee instructions and 29	CFR	0h	Х			77 32 37 4 3 3 4 4
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	LEGITIEG BORCE OF SHE	e OLLIRE	101				
	n Compliance							
11	the section of the se	its? (if "Yes," see Insti	ructions and compl	lete Sch	edule S	B (Form	∏ Yes	Z No
	#FARIS		***************************************				Yes	X No
12	Is this a defined contribution plan subject to the minimum funding re	de X						
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicated a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortizeo in tris pian		ons, an	d enter f Day	he date of t	ne letter n Year	uling
EF 4	ou completed line 12a, complete lines 3, 9, and 10 of Schedule E	NB (Form Savv), and	Skib to little 10.		12b	- 		
- h	Enter the minimum required contribution for this plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12c			
E	Enter the amount contributed by the employer to the plan for this pla	n year	a sign to the left of		<u> </u>	 		
đ	Subtract the amount in line 12c from the amount in line 12b. Enter to	ie leanit feiter a little			12d	☐ Yes	No	∏ N/A
e	Will the minimum funding amount reported on line 12d be met by the	runding deadline /			(,,			<u> </u>
Part	VII Plan Terminations and Transfers of Assets		-				☐ Yer	X No
13a	Has a resolution to ferminate the plan been adopted during the plan	year or any prior year	7in		13a	Τ		<u>. l-d</u>
	If "Yes," enier the amount of any plan assets that reverted to the em	ployer this year	nlan or brought ut	nder the	• • •	_1		
	If "Yes," enter the amount of any plan assets that reactes to the Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?						∐ Yes	No X
C	If during this plan year, any assets of liabilities were transferred. (See instructions.)				13c(2) E	=IN/e)	1360	3) PN(s)
1	3c(1) Name of plan(s):				TOU(Z)	-114(47)	1	7
					ic octal	hijeheri	!	
Caut	on: A penalty for the late or incomplete filing of this return/repor penalties of penjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well	rt will be assessed u I declare that I have s as the electronic vers	examined this return ion of this return/re	n/report eport, a	t, includi	ng, if applications best of my	able, a Sc knowledg	hedule e and
belie	it is true, correct and complete.							
SIG						or sign od~	inictrator	
HER		Date	Enter name of inc	imonal	signing	as plan aun	minotrator	
SIG			Enter name of inc	theids sol	einning	as employe	r or plan s	ponsor
HÉR	1 [Date	Enter name of Inc	HIVIUUUI	कात्रिम्मास्त्रे	~~ ~p.c/6	3. paner w	