## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Department of Labor

## 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).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	Pension Be	nefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 55	00-SF.	inspection
P	art I	Annual Report	Identification Information				
For	calenda		scal plan year beginning 01/01/200	)9	and ending	12/31/2	2009
Α	This ret	urn/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
		urn/report is for:	first return/report	final retur	rn/report		
_	11113 100	um/report is ion.	an amended return/report	1	n year return/report (less than 12 m	onths)	
_	011-1	2.00	Form 5558	<u> </u>		Oriano)	□ DEVC program
C	Cneck b	oox if filing under:		1	cextension		DFVC program
_			special extension (enter descripti	,			
	art II		rmation—enter all requested inform	nation		141	
	Name					16	Three-digit
RICE	HARD C	. DOWNING, D.D.S., I	P.S. 401(K) PROFIT SHARING PLAN	& IRUST			plan number (PN) 001
						10	Effective date of plan
							01/01/1998
2a	Plan sp	oonsor's name and add	dress (employer, if for single-employer	r plan)		2b	Employer Identification Number
		. DOWNING, D.D.S., I		. ,			(EIN) 20-2603856
						2c	Plan sponsor's telephone number
		PIC HIGHWAY NORTI NA 98584	Н			24	360-426-4712
OFF	L1011, 1	777 00004				Zu	Business code (see instructions) 621210
3a	Plan ad	dministrator's name an	d address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN
		. DOWNING, D.D.S., I	P.S. 1626 OLYM	PIC HIGHV	VÁY NORTH		20-2603856
			SHELTON, 1	WA 98584		3с	Administrator's telephone number
	16.41	I/ EIN (4)				4.	360-426-4712
			plan sponsor has changed since the la per from the last return/report. Sponse		eport filed for this plan, enter the	40	EIN
	namo, E	int, and the plan ham	or nom and last retain, report. Opened	or o manno		4c	PN
5a	Total n	number of participants	at the beginning of the plan year		. 5a	10	
b	Total r	number of participants	at the end of the plan year			-	10
С	Total r	number of participants	with account balances as of the end c	of the plan v	vear (defined benefit plans do not		
					•	. 5c	10
6a	Were	all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No
b			the annual examination and report of				V v □ v.
			(See instructions on waiver eligibility		•		X Yes   No
Pa	rt III	Financial Inform	ther 6a or 6b, the plan cannot use F	·OIIII 3300-	SF and must instead use Form 5	500.	
7		ssets and Liabilities	nation		(a) Daminuium of Van		(h) Ford of Voca
_				7-	(a) Beginning of Year	26	(b) End of Year 448213
a					3027	30	440213
b	•		7h from line 7a)		2027	26	448213
<u>C</u>			e 7b from line 7a)	. 7с	30278	50	
8			nsfers for this Plan Year		(a) Amount		(b) Total
а		outions received or rec	:eivable from:	8a(1)	265 <sup>-</sup>	72	
					389	14	
	` '	•	rs)				
b		, ,			799	11	
C		` ,	), 8a(2), 8a(3), and 8b)		700	<u>'</u>	145427
d			ct rollovers and insurance premiums	. 60			170721
-				8d		0	
е			ective distributions (see instructions)	8e			
f			lers (salaries, fees, commissions)				
g		·					
h		•	I, 8e, 8f, and 8g)				0
i			ne 8h from line 8c)				145427
i			see instructions)	3.			

Form 5500-SF 2009	Page <b>2-</b> 1
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Part IV	Plan	Characteristics	c
railiv i	ГІАП	CHALACLEH SUC:	

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

If the plan provides

D	if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cterist	iic Cod	ies in t	ne instru	ctions:		
art	V Compliance Questions							
0	During the plan year:		Yes	No		Amou	nt	
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		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				Ę	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?	10d		X				
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		Χ				
f	Has 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 year end.)	10q		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					. [] \	⁄es 🄉	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of I	ERISA?.	. 🔲 ነ	⁄es >	No
	(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 instruction granting the waiver.  Mont							-
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year		t	12c				
	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)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u>.                                    </u>		Yes	No		N/A
art								
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						⁄es >	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 u of the PBGC?			ntrol 			⁄es >	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EI	N(s)	13	<b>c(3)</b> P	N(s)
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.	l		
Во	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r it is true, correct, and complete.		,	,	<i>-</i>	,		
	Filed with outborized/valid electronic cignature 07/49/2010 PICHARD DOWN	IING						

SIGN iled with authorized/valid electronic signature. 07/19/2010 HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Filed with authorized/valid electronic signature. 07/19/2010 RICHARD DOWNING 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

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4055 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection.

	Penalon Benefit Guaranty Corporation	➤ Complete all entries in accor	rdance with	the instruction	ons to the Form 5500	-SF,	, ""	spection.	
P	art Annual Report is	dentification information					· · · · · · · · · · · · · · · · · · ·		-
For	the calendar plan year 2009 or	fiscal plan year beginning	2009-	-01-01	and ending	20	09-12-31		
Α	This return/report is for:	x single-employer plan	multiple-er	mployer plan (n	ot multlemployer)	Γ	one-participa	nt plan	
В	This return/report is for:	first return/report	final return	/report		_			
	·	an amended return/report	short plan	vear return/reco	ort (less than 12 months	s)			
c	Check box if filing under:	Form 5558	₹	extension		" 「	DFVC progra	·m	
_	Chack box ii ming under.	<u> </u>	<b>.</b>	avtalisióti		L	T DEAC blodis	UN	
_		special extension (enter description							
	Name of plan	mation — enter all requested info	rmation.			4 5		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	_
ıa	Name of plan						Three-digit plan number		
	RICHARD C. DOWNING, D	D.D.S., P.S. 401(K) PROFIT	T SHARIN	G PLAN & TR	RUST		(PN) >	001	
						1¢	Effective date o	f plan	
20	Discourage and a state of the	46-01-01					1998-01-01		
<b>4</b> a	RICHARD C. DOWNING, D	ess (employer, if for single-employer p	olan)				Employer identi (EIN) 20-26	fication Number	
	ALCHED C. DONALAG, D	E.S.			-			telephone number	
	1626 OLYMPIC HIGHWAY	NORTH					(360) 426-		
us	SHELTON	WA 98584						(see Instructions)	
3a	The state of the s	address (if same as plan employer, e	nter "Same"	<u>,                                      </u>			621210 Administrator's	FIN	-
	Same	artitud (ii amiii aa pimii siii pioyei) e		,			Administration 5		
					-	30	Administratoris	lelephone number	
						<b>5</b> 0 .	Volumetrator &	leiephone number	
									_
4		lan sponsor has changed since the later from the last return. Sponsor's Nam		ort filed for this	plan, enter the	4b	EIN		
						4c	PN		
5 <b>a</b>		the beginning of the plan year				5a 10			
þ	Total number of participants at t	the end of the plan year			<u>.</u>	5b	<b></b>	10	
C	complete this item)	th account balances as of the end of t	ne pian yeai	r (defined benef	it plans do not	5c		10	
ва		ring the plan year invested in eligible						X Yes No	
þ	Are you claiming a waiver of the	annual examination and report of an	n independe:	nt qualified publ					
		see instructions on waiver eligibility an						X Yes No	
		r 6a or 6b, the plan cannot use For	m 5500-8F	and must inste	ad use Form 5500.				_
P	Financial Inform	ation	Frenche Strate			1			_
<i>-</i>	Plan Assets and Liabilities		1	(a) Be	ginning of Year	<u> </u>	(b) End	of Year	
a	Total plan assets		· 7a		302,786	ļ		448,213	_
b	Total plan liabilities		. 7b						
C	Net plan assets (subtract line 7b		. 7a		302,786	<u> </u>		448,213	
8	Income, Expenses, and Transfe			(8	ı) Amount		(b)	rotel .	
а	Contributions received or received (1) Employers	able from:	8=(4)		26,572				
	(1) Employers		• 8a(1)		38,944		7-17-	7.4	
	(3) Others (including rollovers).		8a(2) 8a(3)		49,744		6		200
b	Other income (loss)				79,911	+400			3
c	Total income(add lines 8a(1), 8a	4/0) 8a/3) and 9h)	. 8b		A TO A STATE OF THE STATE OF TH				2
ď	Benefits paid (Including direct ro	a(2), sa(3), and sb)	. 8c	- VINES CHARLES		1000	28/26/2010 PM	145,427	磨
-	A		. 8d		0				
θ	Certain deemed and/or correctly	ve distributions (see instructions) .	. 8e						1
f		(salaries, fees, commissions)	. 8f			4			4
g	Other expenses		. 8g				1 317 30	4.02	1
h	Total expenses (add lines 8d, 8e	e, 8f, and 8g)	8h	4 M 1 7 7 1	* ***		The second second second second second	0	16
i	Net income (loss) (subject line 8	· · · <del>-</del>	. 81		NAME OF STREET			145,427	-
j		instructions)	. 8j	- Company of the		4	A. 图 2 4 4 /4		ä
-						11.175 p.36	CONTRACTOR OF THE PARTY OF THE	THE RESERVE OF THE PARTY OF THE	-

	Form 5500-SF (2009)	Pa	ge <b>2-</b>						
Pat	V Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feat  2E 2F 2R 3D  If the plan provides welfare benefits, enter the applicable welfare featu							•	
	If the plan provides wertains benefits, enter the applicable wertare reach	ind coops from the East	DIT IES CHUICOS						
Pa	Compliance Questions					1		- <del>-</del>	
10	During the plan year:		1		Yes	No	Ал	nount	
	Was there a fallure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest?)	ry Correction Program)		10a		X			
	on line 10a.)			10Ь		X		<del></del>	
C	Was the plan covered by a fidelity bond?			100	х				50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?			10d		x			
8	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all of instructions.)	f the benefits under the	plan? (See	10e		x			
ŧ	Has the plan failed to provide any benefit when due under the plan?	, , , , , , , ,		101		х			
g	Did the plan have any participant loans? (if "Yes," enter amount as	of year end.)		10g		x		_	
ħ	If this is an Individual account plan, was there a blackout period? (S 2520.101-3.)		CFR	10h		x			1
<u> </u>	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101-	required notice or one	of the	101				, the	
	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requireme 5500))		* * * * * * *				• • • • •		X No
12	is this a defined contribution plan subject to the minimum funding re (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica	bie.)							
a	If a walver of the minimum funding standard for a prior year is being granting the waiver		Mon	ns, a th	nd ent	er the Day	date of the le	tter ruling 'ear	
b	Enter the minimum required contribution for this plan year				, [	125			
C	Enter the amount contributed by the employer to the plan for this pla	an year				12c			
C	Subtract the amount in line 12c from the amount in line 12b. Enter t negative amount)	•	***		. [	12d			powers,
e	Will the minimum funding amount reported on line 12d be met by the	ne funding deadline? .		•			Yes	No_	□ N/A
Pal	Plan Terminations and Transfers of Assets								
13ε	Has a resolution to terminate the plan been adopted during the plan if "Yes," enter the amount of any plan assets that reverted to the en				ٔ. ٔ .	13a	· · · ·	Yes	X No
				der th	e cont				
Č	of the PBGC?							Yes	X No
	13c(1) Name of plan(s):				10	3c(2) E	IN(s)	13c(3)	PN(s)
Cau	tion: A penalty for the late or incomplete filing of this return/report	t will be assessed uni	ess reasonable ca	use	s esti	ablish	ed.		
Und SB (	er penalties of perjury and other penalties set forth in the instructions, is schedule MB completed and signed by an enrolled actuary, as well a fit is truepeogrect, and complete.	declare that I have ex	amined this return/r	eport	, inclu	ding, if	applicable, a	i Schedule ledge and	•
			Richard	i	) 0 0	Jn 10	24		
3 325	RE Signature of plan administrator	Date	Enter name of inc	ilvidu				trator	
10000		-	Richard		Π.	ا ما	,		
	Signature of employer/plan aponeor	Date	Enter name of inc	dividu		-		plan spon	sor
	Addition of curbin toutient abouton	7000	1		31				