## 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 I	dentification Informat	ion						
For	calend	ar plan year 2009 or fis	cal plan year beginning 0	1/01/200	9	and ending	12/31/2	2009		
Α	This ret	turn/report is for:	x single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan		
В	This ret	turn/report is for:	first return/report	Ī	final retur	n/report		_		
			an amended return/repor	t 🗖	short plan	year return/report (less than 12 m	onths)			
C	Chack I	box if filing under:	☐ Form 5558	H	automatic	extension	,	☐ DFVC program		
•	CHECK	box ii iiiiig dilder.	special extension (enter of	Ll descriptic		Oxionolori				
D	art II	Pacia Plan Infor	<u> </u>							
	art II Name		mation—enter all requeste	ea inform	ation		1h	Three-digit		
			PROFIT SHARING PLAN AN	ND			10	plan number		
	,	WONDO BBOT O TOTAL						(PN) • 001		
							1c	Effective date of plan		
								01/01/2001		
		ponsor's name and add MONDS DDS, PS	Iress (employer, if for single-e	employer	plan)		26	Employer Identification Number (EIN) 91-1990852		
		AKE DENTAL CARE					2c	Plan sponsor's telephone number		
2210	6 E CO	OUNTRY VISTA DR SU	ITE D					509-893-1119		
LIBE	RTY LA	AKE, WA 99019					2d	Business code (see instructions)		
- 20	Disco	destatatore (code occurrence)	d a ddae a CC a a a a Blanca			m.	2 h	621210		
		oministrator's name and MONDS DDS, PS	d address (if same as Plan sp 2210			STA DR SUITE D	30	Administrator's EIN 91-1990852		
		,	LIBE	ERTY LA	KE, WA 99	0019	3c	Administrator's telephone number		
								509-893-1119		
			lan sponsor has changed sin er from the last return/report.			port filed for this plan, enter the	4b	EIN		
	name, i	Eliv, and the plan humb	er nom me iast return/report.	Sponso	n S name		4c	PN		
5a	5a Total number of participants at the beginning of the plan year					. 5a	7			
<b>b</b> Total number of participants at the end of the plan year					. 5b	6				
С	Total ı	number of participants v	with account balances as of the	he end of	f the plan y	ear (defined benefit plans do not				
	compl	lete this item)					. 5c	7		
6a		•	. ,	•		(See instructions.)		X Yes No		
b						ndent qualified public accountant (loons.)		X Yes ☐ No		
			•			SF and must instead use Form 5				
Pa	rt III	Financial Inform								
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year		
а	Total	plan assets			. 7a	4598	57	671201		
b	Total	plan liabilities			. 7b					
С	Net pl	an assets (subtract line	7b from line 7a)		. 7c	4598	57	671201		
8	Incom	e, Expenses, and Trans	sfers for this Plan Year			(a) Amount		(b) Total		
а	Contri	butions received or rec	eivable from:							
	(1) E	mployers			. 8a(1)	142				
	` ,	·			. 8a(2)	385	27			
	. ,	, -	s)		` ` `					
b		` ,				1585	31			
C		, , ,	, 8a(2), 8a(3), and 8b)		. 8c			211344		
d			t rollovers and insurance prer		. 8d					
е	•	,	ctive distributions (see instruc		. 8e					
f			ers (salaries, fees, commission	,	. 8f					
g		·		,	. 8g					
h		·	, 8e, 8f, and 8g)							
i			ne 8h from line 8c)					211344		
j		` , `	see instructions)							

Form 5500-SF 2009 Page <b>2-</b>  1	Page <b>2-</b> 1
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B 4 11/	-	<b>~</b> !	
Part IV	Plan	Charact	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 2G 2J 2K 3D

If the plan provides welfar

D	if the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Co	aes in	tne ins	tructions	): }		
art	٧	Compliance Questions								
0	Duri	ing the plan year:		Yes	No		Am	ount		
а		s 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		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X					
С	Wa	s the plan covered by a fidelity bond?	Χ					75	000	
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X					
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X					
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.)	10g	X					3	415
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X					
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i		X					
art	VI	Pension Funding Compliance								
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (5))						Yes	X	No
2		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X	No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	_		
а	If a v	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru								
16 .	-	nting the waiverMor completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		Ye	ar		_
		er the minimum required contribution for this plan year		Γ	12b					
		er the amount contributed by the employer to the plan for this plan year		T T	12c					
		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left								
-		ative amount)			12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	es	No	Ν	I/A
art	VII	Plan Terminations and Transfers of Assets								
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	X	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	under	the co	ontrol			Yes	X	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t ch assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	)					
1	3c(1)	Name of plan(s):		13	<b>c(2)</b> El	iN(s)		13c(3)	) PN	(s)
			1							
`aut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ieo ie	ostah	lichad				
		periarry for the late of incomplete filling of this returning port will be assessed unless reasonable that I have examined this returning of this returning port will be assessed unless reasonable that I have examined this returning of this returning port will be assessed unless reasonable that I have examined this returning of this returning port will be assessed unless reasonable.						. a Sch	edul	e
B o	· Sch	edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and complete.				٠.	•	•		
SIGI	, Fi	iled with authorized/valid electronic signature. 07/18/2010 C ROSS SIMON	DS							

SIGN	Filed with authorized/valid electronic signature.	07/18/2010	C ROSS SIMONDS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/18/2010	C ROSS SIMONDS
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** 

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▶ 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

111111	nsion Benefit Guaranty Corporation  Complete all entries in accordance with the in	struc	tions to the	FO	m 5500-SF.	to Public I	nspection
	art I Annual Report Identification Information					2/21/222	
For	calendar plan year 2009 or fiscal plan year beginning $01/01/2009$					2/31/200	
Α	This return/report is for: X single-employer plan multiple-empl	oyer p	lan (not mul	tiem	ployer)	one-participan	t plan
В	This return/report is for: first return/report final return/re						
_		ar retu	rn/report (le	ss t	nan 12 months		
С	Check box if filing under: Form 5558 automatic ext	tensio	n			DFVC program	ו
	special extension (enter description)						
Pa	Basic Plan Information - enter all requested information						
1a	Name of plan		-		Three-digit	140	0.0.1
C	ROSS SIMONDS DDS PS 401K PROFIT SHARING	PLA			plan number (F		001
			1	С	Effective date	'.	
						1/2001	
	Plan sponsor's name and address (employer, if for single-employer plan)		2	2b		tification Numb	er (EIN)
	ROSS SIMONDS DDS, PS					990852	
	BERTY LAKE DENTAL CARE		2	2C		telephone nur	
22	106 E COUNTRY VISTA DR; SUITE D				•	893-1119	
			2	2d		e (see instruction	ons)
	BERTY LAKE WA 99019				6212		
	Plan administrator's name and address (If same as Plan sponsor, enter "Same")	)	3	SD	Administrator's	s EIN	
SA	ME						
				SC	Administrator's	s telephone nu	mber
_		. 611			FINI		
	f the name and/or EIN of the plan sponsor has changed since the last return/repo			łD	EIN		
ķ	olan, enter the name, EIN, and the plan number from the last return/report. Sp	onsor	s name		DN		
				łc	PN		
<u>-</u>	Tatal a walk and facilities at the horizonia of the plantage			Ба	I	7	
ъа b	Total number of participants at the beginning of the plan year		_	5b		6	
C	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of the plan ye	or (det		<i>,</i> ,,			<del></del>
-	benefit plans do not complete this item)		1 -	ōС		7	
60	Were all of the plan's assets during the plan year invested in eligible assets? (Se				1	XY	es No
_	Are you claiming a waiver of the annual examination and report of an independent			ac.	countant		
_	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and co					XY	es No
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF						
D.	Financial Information	and n	idat iliateat	<u> </u>	<u>e i omi 5000.</u>		
7	Flan Assets and Liabilities		(a) Begi	inni	ng of Year	(b) End	of Year
′ 2		7a	(1)		459857		671201
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c			459857		671201
8	Income, Expenses, and Transfers for this Plan Year		(a)	An	ount	(b) 1	Γotal
а							
_	(1) Employers	8a(1)			14286		
	(;2) Participants	8a(2)			38527		
	(3) Others (including rollovers)	8a(3)					
b	CEE COAMEMENTO 1	8b			158531		
c	· · · · · · · · · · · · · · · · · ·	8c					211344
d		8d					
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g g	Other expenses	8g					
h		8h					
i	Net income (loss) (subtract line 8h from line 8c)	8i					211344
i	Transfers to (from) the plan (see instructions)	8j					

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	Form 5500-SF (2009)			aye		<u>ئ</u> ـ ــ.		-	
Par	Plan Characteristics								
9a	if the plan provides pension benefits, enter the applical	ole pension feature	codes from the List of	Plan (	herac	teristi	Codes:	in the instr	uctions:
	2G 2J 2K 3D								
ь	If the plan provides welfare benefits, enter the applicab	ie welfare feature co	odes from the List of F	Plan Ch	aracte	rietic	Codes in	the instruc	ctions:
Par	V Compliance Questions					·			
10	During the plan year.				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant cont	ributions within the tim	e period described			i i			
	ir 29 CFR 2\$10.3-102? (See instructions and DOL's Volume	ntary Fiduciary Corr	eotion Program.)	10a		X			
b	Were there any nonexempt transactions with any party	r-in-interest? (Do not	include		! .	v			
				106	X	<u>X</u>			75000
	Was the plan covered by a fidelity bond?			10c					_, 2000
cl	Did the plan have a loss, whether or not reimbursed by			10d	1	X			
				100		_ <b></b>	<b></b>		
€:	Were any fees or commissions paid to any brokers, ag- carrier, insurance service or other organization that pro-						ł		
				10e		Х			
f	the plan? (See instructions.) Has the plan failed to provice any benefit when due un			10f	1	X			··········
,	Did the pian have any participant loans? (If "Yes," enter	•		109	X				3415
i i	If this is an individual account plan, was there a blacko								
,-	and 29 CFR 2520.101-3.)			10h		X			
į	If 10h was answered "Yes," check the box if you either			1					
	of the exceptions to providing the notice applied under	r 29 CFR 2520.101-	3	10i	: 	X	1181		
Par	t Vi Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum fund							77	7.0
	Schedule SB (Form 5500))						منعاضيت نــ	Yes	X No
12	la this a defined contribution plan subject to the mining							Yes	X No
	section 302 of ERISA? (If "Yes," complete 12a or 12b,	12c, 12d, and 12e l	pelow, as applicable.)						
(3	if a waiver of the minimum funding standard for a prior		A A	See III	De De		IIO BIRBI	Year	uie ieusi
	ruling granting the waiver.			o line	-	,		1001	
	you completed line 12a, complete lines 3, 9, and 10					12b	· · · · · · · · · · · · · · · · · · ·		
	Enter the minimum required contribution for this plan to the employer to the plants.					12c	1		
	Subtract the amount to line 12c from the amount in line						1		
u	the left of a negative amount					124			
4	Will the minimum funding amount reported on line 12d						Yes	No	N/A
	Tyle Plan Terminations and Transfers								
	Has a resolution to terminate the plan been adopted of	luring the plan year	or any prior year?					Yes	X No
	If 'Yes,' enter the amount of any plan assets that reve	erted to the employe	rthis year			13e	]		
lo	Were all the plan assets distributed to participants or	beneficiaries, transf	erred to another plan.	or bro	ught			[-7	Ξŝ
		/a		<u>,</u>				Yes	X No
(2	If during this plan year, any assets or liabilities were tri	ansferred from this p	an to another plan(s)	), ident	ify the	plan(s	) to whic	h assets o	r
	liabilities were transferred. (See instructions.)				·			r	
	3c(1) Name of plan(s):				13c(2	EIN(	3)	13c(3	) PN(s)
			;					1	
					· · ·			L	
								İ	
	ition: A penalty for the lete or incomplete filing of thi	e roturn/ranort will	ha accepted unless	(AASO	nable	CAUS	is estal	lished.	*****
	penalties of perjury and other penalties set forth is the instructions, I deci								en aco
onga∋ eign∋	persons of perjury and out-of persons section in the induductions, t deci- top or annothed actuary, as well as the electronic version of this return/rep	ort, and to the best of my t	inowledge and belief, it is tru	e, somec	tard ox	mplete.		ie ir a bailipie	
							~~~~		~
313		7/08/2010	C ROSS SIM	ONDS	3	_			
紙		ate	Enter name of individ	duel sig	uing e	e plan	adminis	trator	
		,			-				
SIS		7/08/2010	C ROSS SIM	ONDS	3				
		ate	Enter name of Individ	dual sig	ning a	s emp	loyer or	plan spens	SOF .

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