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).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.	·			
		dentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200)9	and ending 1	2/31/	2009			
Α -	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В -	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plar	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	X Form 5558	automatio	extension		DFVC progra	am		
		special extension (enter descripti	on)						
Pa	rt II Basic Plan Inform	nation—enter all requested inform	nation						
	Name of plan				1b	Three-digit			
MAR	K M. SODORFF, DDS, PC 401	K PROFIT SHARING PLAN				plan number	001		
					10	(PN) Feffective date of	of plan		
					10	01/01/2			
2a	Plan sponsor's name and addr	ess (employer, if for single-employer	r plan)		2b	Employer Identi	fication Number		
MAR	K M. SODORFF, DDS, PC				_	(EIN) 11-368			
1270	S EAST MISSION AVE				2c	Plan sponsor's 509-92	telephone number		
	6 EAST MISSION AVE. KANE, WA 99216				2d		(see instructions)		
						621210)		
	Plan administrator's name and K.M. SODORFF, DDS, PC	address (if same as Plan sponsor, e			3b	Administrator's			
IVIAIN	K W. SODOKFF, DDS, FC	SPOKANE,		AVL.	3c	11-3686894 3c Administrator's telephone number			
						509-928-3131			
	•	an sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
ı	name, EIN, and the plan numbe	er from the last return/report. Sponso	ors name		4c	PN			
5a	Total number of participants at	t the beginning of the plan year			5a		10		
		t the end of the plan year			5b				
	· ·	ith account balances as of the end c			0.0		3		
					5c		8		
				(See instructions.)			X Yes No		
b				ndent qualified public accountant (IQI ions.)			X Yes No		
				SF and must instead use Form 55					
Pa	rt III Financial Inform								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year		
а	Total plan assets		7a	110984	1		176029		
b	Total plan liabilities		7b						
С	Net plan assets (subtract line	7b from line 7a)	7с	110984	1		176029		
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) ·	Total		
а	Contributions received or rece		90(4)	10816					
			` '	27191	-				
	, ,)	` '	27191	'				
h	` ` ` ` ` `			32266					
C	,	8a(2), 8a(3), and 8b)		32200			70273		
d		rollovers and insurance premiums							
			8d	5228	3				
е	Certain deemed and/or correct	tive distributions (see instructions)	8e	()				
f	Administrative service provide	rs (salaries, fees, commissions)	8f	()				
g	·)				
h		8e, 8f, and 8g)					5228		
į		e 8h from line 8c)					65045		
J	ransters to (from) the plan (se	ee instructions)	8i						

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

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: 2E 2F 2G 2J 2K 2T 3D

	1 (11)	pian provides welfare benefits, enter the applicable welfare featur	c codes from the t	ist of Flair Offarac	torio		203 111	uic iiistido	auoris.
Part	٧	Compliance Questions							
10	Dur	ing 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		re there any nonexempt transactions with any party-in-interest? (Do ne 10a.)		·	10b		X		
С	Wa	s the plan covered by a fidelity bond?			10c	X			1000000
	insı	re any fees or commissions paid to any brokers, agents, or other per rance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	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 y	rear end.)		10g		X		
h	If th	is is an individual account plan, was there a blackout period? (See i	instructions and 29) CFR	10h		X		
i	lf 1	th was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	10i		X		
art '	۷I	Pension Funding Compliance							
		is a defined benefit plan subject to minimum funding requirements?	•					`	Yes X No
12	ls t	nis a defined contribution plan subject to the minimum funding requi	irements of section	1 412 of the Code	or se	ction 3	302 of	ERISA?	Yes X No
	grai	waiver of the minimum funding standard for a prior year is being am ting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule MB	·	Month			Day		
		er the minimum required contribution for this plan year				T	12b		
		er the amount contributed by the employer to the plan for this plan y					12c		
	neg	tract the amount in line 12c from the amount in line 12b. Enter the reative amount)					12d	<u> </u>	
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						Yes	No N/A	
Part \		Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?		r		Г	Yes X No
		es," enter the amount of any plan assets that reverted to the employ					13a		
	of th	e all the plan assets distributed to participants or beneficiaries, transle PBGC?							Yes X No
	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
13	13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3)			13c(3) PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report w	vill be assessed ι	ınless reasonable	cau	ıse is	estab	lished.	
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.							
SIGN	F	led with authorized/valid electronic signature.	8/16/2010	MARK M. SODOR	FF				
HERE	Ξ	Signature of plan administrator	Date	Enter name of inc	dividu	ıal sigi	ning a	s plan adm	ninistrator

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 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

	art I Annual Report Identification Information					
For		1/01/2	009	and ending		12/31/2009
Α	This return/report is for: $oxed{X}$ single-employer plan $oxed{\Box}$	multiple-e	mployer pla	n (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report			
	an amended return/report	short plar	year return	report (less than 12 mor	nths)	
С	Check box if filing under: X Form 5558	automatio	extension			DFVC program
	special extension (enter description	n)				-
Pá	art II Basic Plan Information—enter all requested information	ation		-110 100 -		
	Name of plan		- "		1b	Three-digit
	Mark M. Sodorff, DDS, PC 401k Profit Sha	ring				plan number
	Plan				10	(PN) ▶ 001 Effective date of plan
					10	01/01/2005
2a	Plan sponsor's name and address (employer, if for single-employer Mark M. Sodorff, DDS, PC	plan)			2b	Employer Identification Number
	Mark M. Soudill, DDS, PC					(EIN) 11-3686894
	12706 Back Minning Dec				2C	Plan sponsor's telephone number (509) 928-3131
	12706 East Mission Ave.				2d	Business code (see instructions)
	Spokane			99216		621210
За	Plan administrator's name and address (if same as Plan sponsor, el	nter "Same	e")		3b	Administrator's EIN 11-3686894
					3с	Administrator's telephone number (509) 928-3131
4	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	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	DN
5a	Total number of participants at the beginning of the plan year				4с 5а	
b	Total number of participants at the end of the plan year					10
-	Total number of participants with account balances as of the end of				5b	8
	complete this item)				5c	8
6a	• • • • • • • • • • • • • • • • • • • •					X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepe	ndent qualifi	ed public accountant (IQ	PA)	X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo					X Yes No
Pa	rt III Financial Information					
7	Plan Assets and Liabilities	·	(a)	Beginning of Year		(b) End of Year
а	Total plan assets	7a		110,98	4	176,029
b	Total plan liabilities	7b		_		
С	Net plan assets (subtract line 7b from line 7a)	7c		110,98	4	176,029
8	Income, Expenses, and Transfers for this Plan Year	* * · ·		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		10,81	: ا	
	(2) Participants	8a(2)		27,19	⊣ :	
	(3) Others (including rollovers)	8a(3)		27,19	∸ :	
b	Other income (loss)	8b		32,26		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		32,20	1	70,273
d	Benefits paid (including direct rollovers and insurance premiums		•		_	70,273
	to provide benefits)	8d		5,22	8	
е	Certain deemed and/or corrective distributions (see instructions)	8e			의	
f	Administrative service providers (salaries, fees, commissions)	8f			이	
g	Other expenses	8g		1/2	<u> </u>	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				5,228
!	Net income (loss) (subtract line 8h from line 8c)	8i	* * * * *		1	65,045
J	Transfers to (from) the plan (see instructions)	8 <u>j</u>				

_		_	
Form	5500	SF.	2009

		 1
Page	2-	

Par	rt IV Plan Characteristics							
9a			es from the List of Plan Chai	acteris	itic Co	des in	the instruct	ions:
b	2E 2F 2G 2J 2K If the plan provides welfare benefits, enter the app	2T 3D olicable welfare feature code	es from the List of Plan Chara	acteris	tic Cod	des in t	the instructi	ons:
Part	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any pa 29 CFR 2510.3-102? (See instructions and DOL			10a		X		
b	Were there any nonexempt transactions with any on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			1,000,000
d	Did the plan have a loss, whether or not reimburs or dishonesty?			10d		х		
е		rs, agents, or other persons des some or all of the benef	by an insurance carrier, ts under the plan? (See	10e		х		- · · · · · · · · · · · · · · · · · · ·
f	Has the plan failed to provide any benefit when o			10f		Х		<u> </u>
g				10g		Х		
_	If this is an individual account plan, was there a t	lackout period? (See instruc	tions and 29 CFR	10g	*****	Х	,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
i	If 10h was answered "Yes," check the box if you exceptions to providing the notice applied under	either provided the required	notice or one of the	10ii		X		
Part		:		1 101				
11	Is this a defined benefit plan subject to minimum 5500))	funding requirements? (If "Yo	es," see instructions and con	nplete	Sched	ule SB	(Form	☐ Yes ☒ No
ify	If a waiver of the minimum funding standard for a granting the waiveryou completed line 12a, complete lines 3, 9, an Enter the minimum required contribution for this p	d 10 of Schedule MB (Form	Mor 5500), and skip to line 13.	nth		nter th Day 12b	e date of th	e letter ruling Year
С	Enter the amount contributed by the employer to	the plan for this plan year	***************************************	,	[12c		
	Subtract the amount in line 12c from the amount negative amount)	n line 12b. Enter the result (enter a minus sign to the left	of a	Γ	12d		
е	Will the minimum funding amount reported on line	e 12d be met by the funding	deadline?	.,,,,,,,,,			Yes	No N/A
Part	VII Plan Terminations and Transfer	s of Assets						
13a	Has a resolution to terminate the plan been adop	ed during the plan year or a	ny prior year?	·	<u></u>			Yes X No
	If "Yes," enter the amount of any plan assets that					13a		
	Were all the plan assets distributed to participant of the PBGC?							Yes X No
С	If during this plan year, any assets or liabilities we which assets or liabilities were transferred. (See		to another plan(s), identify t	he plai	n(s) to			
1	13c(1) Name of plan(s):			1	130	c(2) El	N(s)	13c(3) PN(s)
Cauti	tion: A penalty for the late or incomplete filing of	of this return/report will be	assessed unless reasonal	le cau	se is	establ	ished	
Unde SB o	er penalties of perjury and other penalties set forth or Schedule MB completed and signed by an excell of, it is true, correct, and complete.	in the instructions, I declare	that I have examined this ret	urn/rer	ort. in	cluding	o, if applicat	ole, a Schedule nowledge and
SIGI	N /	11 13411	Mark M. Sc	dorí	f			
HER		Date	Enter name of i			ning as	- s plan admir	nistrator
SIG		11 100	,	.)0.	fl			•
HER		Date	Enter name of i	ndividu	ıal sigi	ning as	employer	or plan sponsor