## Form 5500-SF

Department of the Treasury

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.

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

**Annual Report Identification Information** For calendar plan year 2009 or fiscal plan year beginning and ending 12/31/2009 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number TYLER SHOFMAKER, DMD 401K PLAN 001 (PN) ▶ 1c Effective date of plan 12/01/2005 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 20-3568277 TYLER SHOEMAKER, DMD, PS (EIN) 2c Plan sponsor's telephone number PINEVIEW DENTAL 509-468-0490 101 W. CASCADE WAY, SUITE 101 SPOKANE, WA 99208 2d Business code (see instructions) 621210 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN 101 W. CASCADE WAY, SUITE 101 TYLER SHOEMAKER, DMD, PS 20-3568277 SPOKANE, WA 99208 **3c** Administrator's telephone number 509-468-0490 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 5b 8 C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 392703 581967 a Total plan assets..... 7a **b** Total plan liabilities..... 7b 581967 Net plan assets (subtract line 7b from line 7a)..... 7с 392703 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 19123 8a(1) (1) Employers ..... 63972 8a(2) (2) Participants ..... (3) Others (including rollovers)..... 8a(3) Other income (loss)..... 8b 114807 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с 197902 Benefits paid (including direct rollovers and insurance premiums 8638 to provide benefits)..... 8d Λ Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f 0 0 Other expenses..... 8g 8638 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 189264 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) .....

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

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

		1 01111 0000 O1 2000	: age <b>=</b>	<del>_</del>
Par	t IV	Plan Characteristics		
9a	If the p	olan provides pension benefits,	enter the applicable pension feature codes from the List of Plan	Characteristic Codes in the instructions:

Part	V Compliance Questions												
10	V Compliance Questions  During the plan year:				Yes	No		Amaunt					
	Was there a failure to transmit to the plan any participant contribution	eriod described in		163	110		Amount						
_	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci		10a		X								
b	Were there any nonexempt transactions with any party-in-interest? (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 fic or dishonesty?	•	10d		X								
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	he plan? (See	10e		X								
f	Has the plan failed to provide any benefit when due under the plan?			10f		X							
g													
	If this is an individual account plan, was there a blackout period? (Se	-		10g									
	2520.101-3.)			10h		X							
i	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			10i		X							
Part '	VI Pension Funding Compliance												
11													
12	Is this a defined contribution plan subject to the minimum funding re								X No				
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	ole.)							_				
	If a waiver of the minimum funding standard for a prior year is being												
	granting the waiverou completed line 12a, complete lines 3, 9, and 10 of Schedule M			in		Day		Year					
	Enter the minimum required contribution for this plan year					12b							
	Enter the amount contributed by the employer to the plan for this plan					12c							
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	ne result (enter a m	nus sign to the left of	of a		12d							
е	Will the minimum funding amount reported on line 12d be met by the				-		Yes	No	N/A				
Part '		ranang acaamie.											
	Has a resolution to terminate the plan been adopted during the plan							Yes	X No				
						 13a		163	140				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							Yes	X No				
С	of the PBGC?  If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to anothe	er plan(s), identify th	ne pla	n(s) to			□ .ee [					
1:	13c(1) Name of plan(s):						13c(2) EIN(s) 13c						
	root i) realite of pictife).												
Cauti	on: A penalty for the late or incomplete filing of this return/report	rt will be assessed	l unless reasonabl	e cau	ıse is	establ	ished.						
Under SB or	r penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well, it is true, correct, and complete.	I declare that I have	e examined this retu	ırn/rep	ort, in	cluding	g, if applica						
SIGN	Filed with authorized/valid electronic signature.  08/16/2010  S. TYLER SHOEMAK						ŒR						
HERI						ndividual signing as plan administrator							

Date

Date

Enter name of individual signing as plan administrator

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

	and I American Description	L.L 4151		•								
	art I Annual Report calendar plan year 2009 or fis	Identification Information scal plan year beginning	01/01/2	009	and ending		12/31/2009					
	This return/report is for:	X single-employer plan			(not multiemployer)		one-participant					
	This return/report is for:	first return/report	final retur		(not multiemployet)	one-participant plan						
U	rins returnieport is for.	nthe)										
<u> </u>	Diagram in the state of the sta	an amended return/report  X Form 5558	H `	extension	report (less than 12 mo	ишъ)	□ DEVC ******					
C i	Check box if filing under:	H	ш	extension			DFVC program					
	special extension (enter description)											
		rmation—enter all requested infe	ormation			16	There diels					
	Name of plan TYLER SHOEMAKER, I	DMD 401K PLAN				10	Three-digit plan number					
	•						(PN) <b>•</b>	001				
						1c	Effective date of p	lan				
22	Plan enoneor's name and ad-	dress (employer if for single-emplo	wer plan)		· · ·	2h	Employer Identific	ation Number				
Za	TYLER SHOEMAKER,	dress (employer, if for single-emplo DMD , PS	yei piaii)			20	(EIN) 20-3568					
	PINEVIEW DENTAL				·	2c	Plan sponsor's tel					
	101 W. CASCADE WAY	Y, SUITE 101				2d	(509) 468-04 Business code (se					
	SPOKANE			WA	99208	Zu	621210	e instructions)				
3a	Plan administrator's name an	d address (if same as Plan sponso	or, enter "Same	<del>)</del> ")		3b	Administrator's El	N				
						3с	Administrator's tel					
4	f the name and/or EIN of the p	plan sponsor has changed since the	e last return/re	port filed for t	this plan, enter the	4b	(509) 468-04 EIN	190				
1	name, EIN, and the plan numb	per from the last return/report. Spo	nsor's name	,	,							
	Total mumbar of martiainants	at the beginning of the plant year			***	4c	PN					
		at the beginning of the plan year										
b		at the end of the plan year				5b		8				
		with account balances as of the en				5c						
		during the plan year invested in el	-					X Yes No				
b		f the annual examination and repor						X Yes No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
Pa	Part III Financial Information											
7	Plan Assets and Liabilities		No.	(a) E	Beginning of Year		f Year					
а	Total plan assets		7a		392,7	33		581,967				
b	Total plan liabilities	***************************************	7b									
c	Net plan assets (subtract line	e 7b from line 7a)	7c		392,7	581,9						
8	Income, Expenses, and Tran				(a) Amount		(b) Total					
а	Contributions received or rec	ceivable from:	90/1\		19,12							
	• • • •					-	•	No.				
	• •	thers (including rollovers)						* * *				
b	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		114,8	77	1, 1					
C	, ,	), 8a(2), 8a(3), and 8b)			114,80			197,902				
d		ct rollovers and insurance premium						151,7502				
	to provide benefits)		8d		8,63		Maria					
е	Certain deemed and/or corre	ective distributions (see instructions	) <mark>8e</mark>			0						
f	Administrative service provide	lers (salaries, fees, commissions)	8f			0		The second of th				
g					· · · · · · · · · · · · · · · · · · ·	0						
h		i, 8e, 8f, and 8g)						8,638				
į		ine 8h from line 8c)				-		189,264				
j	Transfers to (from) the plan (	(see instructions)	8i				•					

		Form 5500-SF 2009	Pag	e <b>2-</b> [		]							
Par	+ 1\	Plan Characteristics									<del></del>		
		e plan provides pension benefits, enter the applicable pension feat  2E 2F 2G 2J 2K 2R 3D	ture codes from the Li	st of F	Plan C	haracter	stic Co	odes in	the instru	ictions	;		
b	lf ti	e plan provides welfare benefits, enter the applicable welfare feat	ure codes from the Lis	t of P	lan Ci	haracteri	stic Co	des in	the instru	ctions:			
Part	t V	Compliance Questions											
10	Dı	ring the plan year:					Yes	No		Amo	ount		
а													
b		ere there any nonexempt transactions with any party-in-interest? (I line 10a.)			•	ed 10b		Х	- Andrews				
С	V	as the plan covered by a fidelity bond?				10c	Х				50,000		
d		the plan have a loss, whether or not reimbursed by the plan's fide				ud 10d		Х					
е	W	ere any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	persons by an insuran he benefits under the p	ce ca	rrier, (See	10e		х			<del></del>		
f	Ha	s the plan failed to provide any benefit when due under the plan?				10f		х					
g	Di	the plan have any participant loans? (If "Yes," enter amount as of	vear end )			10g	+	Х			<del></del>		
h	lf t	his is an individual account plan, was there a blackout period? (Se 20.101-3.)	e instructions and 29 (	CFR		10g		X			<u></u>		
i	lf	Oh was answered "Yes," check the box if you either provided the r ceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or one	of the	:	10i.		X					
Part		Pension Funding Compliance							l				
11	ls	his a defined benefit plan subject to minimum funding requirement									Yes X No		
12		this a defined contribution plan subject to the minimum funding req									Yes X No		
a	lf a	'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a stigg the waiter.	mortized in this plan y										
lf :		inting the waivercomplete lines 3, 9, and 10 of Schedule M						. Day		rea	'		
b	-	ter the minimum required contribution for this plan year	,	•			Г	12b					
c		ter the amount contributed by the employer to the plan for this plan					۲	12c					
d	Su	otract the amount in line 12c from the amount in line 12b. Enter the	result (enter a minus	sign i	to the	left of a	Ī	12d					
е	Wi	I the minimum funding amount reported on line 12d be met by the	funding deadline?						Yes	_ N	√o ∏ N/A		
Part	VII	Plan Terminations and Transfers of Assets											
13a	Ha	s a resolution to terminate the plan been adopted during the plan y	ear or any prior year?								Yes X No		
		Yes," enter the amount of any plan assets that reverted to the emp					(	13a					
b	We	re all the plan assets distributed to participants or beneficiaries, traite PBGC?	ansferred to another p	lan, o	r brou	ght unde	r the c				Yes X No		
С	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.)												
13c(1) Name of plan(s):						13	3c(2) E	IN(s)	.	13c(3) PN(s)			
		···											
Caut	tion	A penalty for the late or incomplete filing of this return/report	will be assessed un	less	reaso	nable ca	use is	estab	lished.	- '			
SB o	r Śc	nalties of perjury and other penalties set forth in the instructions, I hedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.											
SIGN 5.7/16 S. TY					TYLER SHOEMAKER								
HER						of individ	individual signing as plan administrator						
SIG	NJ				74lestaemales								
HER		Signature of employer/plan sponsor	8. /	Enter	name	of individ	lual sig	gning a	s employe	er or pl	lan sponsor		
1 - 3 years 2 - annual							of individual signing as employer or plan sponsor						

Signature of employer/plan sponsor