## 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).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1	
		lentification Information					
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009	
Α -	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan	
В -	Γhis return/report is for:	first return/report	final retur	n/report			
	·	an amended return/report	short plar	n year return/report (less than 12 mor	nths)		
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program	
		special extension (enter description	on)				
Pa	rt II Basic Plan Inform	nation—enter all requested inform	nation				
	Name of plan	Tiation chief an requested mon	iation		1b	Three-digit	
	ES M. AUSTIN, D.D.S., P.S. RE	TIREMENT PLAN				plan number	
						(PN) • 001	
					1c	Effective date of plan	
	DI				26	01/01/1996	
	Pian sponsor's name and addr ES M. AUSTIN, D.D.S., P.S.	ess (employer, if for single-employer	r pian)		20	Employer Identification Number (EIN) 91-1623914	
07					2c	Plan sponsor's telephone number	
4100	FACTORIA BLVD. S.E., SUITE	≣ A				425-643-5778	
BELL	EVUE, WA 98006				2d	Business code (see instructions) 621210	
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same		3b	Administrator's EIN	
	S M. AUSTIN, D.D.S., P.S.	4100 FACTO	ORIA BLVD	S.E., SUITE A		91-1623914	
		BELLEVUE,	WA 98006		3с	Administrator's telephone number	
<b>4</b> H	the name and/or FIN of the nic	port filed for this plan, enter the	425-643-5778 <b>4b</b> EIN				
		er from the last return/report. Sponso		port med for this plan, enter the	40	EIIN	
	· 				4c	PN	
5a	Total number of participants at		5a	9			
b	Total number of participants at	t the end of the plan year			5b	9	
С		ith account balances as of the end of			5c	9	
62	•	luring the plan year invested in clinik		(See instructions.)			
				ndent qualified public accountant (IQI			
-				ions.)		X Yes No	
			orm 5500-	SF and must instead use Form 55	00.		
Pa	rt III   Financial Inform	ation			-		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
а	Total plan assets		7a	167970	)	281849	
b	Total plan liabilities		. 7b				
С	Net plan assets (subtract line	7b from line 7a)	. 7с	167970	)	281849	
8	Income, Expenses, and Trans			(a) Amount		(b) Total	
а	Contributions received or rece	ivable from:	. 8a(1)	16777	,		
	• • • • • • • • • • • • • • • • • • • •			56555	⊣		
		)		6738	_		
b	• • • • • • • • • • • • • • • • • • • •		- · · ·	33907	_		
C	, ,	8a(2), 8a(3), and 8b)		33307		113977	
d		rollovers and insurance premiums	60			110077	
-			. 8d	98	3		
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e				
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f				
g	Other expenses		. 8g				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h			98	
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i			113879	
j	Transfers 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: 2C 2G 2R 2T 3D

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	ies in	ine instruct	ions:				
Part '	٧	Compliance Questions											
10	Dui	ing the plan year:		_		Yes	No		Amount	:			
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X						
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)	· ·	10b		X							
С	Wa	as the plan covered by a fidelity bond?			10c	X				15000			
		the plan have a loss, whether or not reimbursed by the plan's fideli		10d		X							
	ins	re any fees or commissions paid to any brokers, agents, or other per per ance service or other organization that provides some or all of the ructions.)	plan? (See	10e		X							
f	Has	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.)		10g		X						
		is is an individual account plan, was there a blackout period? (See 20.101-3.)		) CFR	10h		X						
		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 \	۷I	Pension Funding Compliance											
		nis a defined benefit plan subject to minimum funding requirements?							Пуе	s X No			
		0))his a defined contribution plan subject to the minimum funding requ							☐ Ye				
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 01 1110 0000	01 00	Otion	002 01	LI (10/ (	ш	- Ц			
а	lf a	waiver of the minimum funding standard for a prior year is being am	nortized in this plar							ruling			
	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB			h		Day		Year				
		er the minimum required contribution for this plan year		•		Γ	12b						
		er the amount contributed by the employer to the plan for this plan y					12c						
d	Sub	stract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a minu	us sign to the left o	of a		12d						
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A			
Part \	۷II	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?					Ye	s X No			
	lf "Y	es," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a						
		re all the plan assets distributed to participants or beneficiaries, tran ne PBGC?	nsferred to another	plan, or brought u	ınder	the co	ntrol		Ye	s X No			
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	e plai	n(s) to			-				
13	3c(1	) Name of plan(s):			<b>13c(2)</b> EIN(s) <b>13c(3</b>				( <b>3)</b> 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	F	iled with authorized/valid electronic signature.	10/07/2010	JAMES M. AUSTI	N								
HERE	FDF							individual signing as plan administrator					

Date

Enter name of individual signing as employer or plan sponsor

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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2009

OMB Nos. 1210-0110 1210-0089

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- Р		dance with	the instructions to the Form 5500	-SF.		pection
	art I Annual Report Identification Information					1.0.000
For	calendar plan year 2009 or fiscal plan year beginning		and ending			200 102-102
A ·	This return/report is for: x single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan
В	This return/report is for:	final retur	n/report			
	an amended return/report	short plan	year return/report (less than 12 mon	ılhs)		
C	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	ım
	special extension (enter descriptio	n)				
Pa	rt II Basic Plan Information—enter all requested informa	ation				
1a	Name of plan			1b	Three-digit	
JANI	ES M. AUSTIN, D.D.S., P.S. RETIREMENT PLAN				plan number	W-00/02/0
			-		(PN) ▶	001
			r	10	Effective date o	
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2h	Employer Identi	
	ES M. AUSTIN, D.D.S., P.S.	E			(EIN) 91-162	
				2c	Plan sponsor's	elephone number
	FACTORIA BLVD. S.E., SUITE A .EVUE WA 98006		<u>,</u>	24	425-64	2023 2000 2000 200
DELL	EVDE WA 90000		il de la companya de	20	Business code ( 621210	see instructions)
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	e")	3b	Administrator's	The second secon
SAM	in the second se		· ·		91-162	3914
				3c		lelephone number
4 1	the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4h	425-64 EIN	3-5//8
ļ	name, EIN, and the plan number from the last return/report. Sponso	r's name	parameter and planty or leaf and	70	LIN	THE STATE OF THE S
E -	T. C.			4c	PN	
	Total number of participants at the beginning of the plan year		WHEN I SEE THE CONTRACTOR AND CONTRA	5a		9
	Total number of participants at the end of the plan year			5b		9
С	Total number of participants with account balances as of the end of complete this item)	the plan y	ear (defined benefit plans do not	5с	6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6
6a	Were all of the plan's assets during the plan year invested in eligible			25771000		9 D N=
b	Are you claiming a waiver of the annual examination and report of a	an indeper	ident qualified public accountant (IOP	Δ١		X Yes ∐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)			X Yes No
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	0.		
	AND	r	William Willia	1		
7	Plan Assets and Liabilities		(a) Beginning of Year	-	(b) End	of Year
b	Total plan assets	7a	167970			281849
C	Net plan assets (subtract line 7b from line 7a)			-		
8	Income, Expenses, and Transfers for this Plan Year	7c	167970	+	Without the	281849
	Contributions received or receivable from:		(a) Amount	+-	(b) 7	otal
_	(1) Employers	8a(1)	16777			
	(2) Participants	8a(2)	56555	1		
	(3) Others (including rollovers)	8a(3)	6738	1		
b	Other income (loss)	8b	33907	7		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				113977
d	Benefits paid (including direct rollovers and insurance premiums	VVV 20	100		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
=	to provide benefits)	8d	98	4		
e	Certain deemed and/or corrective distributions (see instructions)	8e		4		
t	Administrative service providers (salaries, fees, commissions)	8f		-		
g	Other expenses	8g	2	-		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			,	98
1	Net income (loss) (subtract line 8h from line 8c)	8i				113879
J	Transfers to (from) the plan (see instructions)	8j				

Form	EEAA	0	$\gamma \gamma \gamma \gamma \gamma \gamma \gamma$
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			_
Page	2-	1	

Pai	t IV	F	Plan	Cha	racteristi	es	
9a	If th	e plar	prov	ides p	ension bene	fits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction	s:
		2G					#####

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	27.50			***************************************							
art	V	Compliance Questions	40								
10		ing the plan year:			800	Yes	No	٨	mount		
	29	s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progr	am)	10a		Х			- 11800	
b	Wei	re there any nonexempt transactions with any party-in-interest? (Eine 10a.)	actions reported	10b		x					
C	Wa	s the plan covered by a fidelity bond?		************	10c	Х				15000	
d	Did or d	the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?		х		***************************************					
е	Wei	re any fees or commissions paid to any brokers, agents, or other parance service or other organization that provides some or all of the ructions.)	10d		х	10.53 og <u></u>					
f	Has	the plan failed to provide any benefit when due under the plan? .	**************	***************************************	10f		Х				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	f year end.)	*****	10g		Х	¥	- 199. 52.5		
h	If th	is is an individual account plan, was there a blackout period? (Sec 0.101-3.)	e instructions and 2	9 CFR	10h		Х				
İ	If 10	Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or or	ne of the	10i			200	200ME)		
art		Pension Funding Compliance			N-1						
11	Is th 550	is a defined benefit plan subject to minimum funding requirements  ))	s? (If "Yes," see ins	tructions and com	plete	Sched	lule SB	(Form	Yes [	× No	
lf y b c d e art	(If ") If a signar ou control Enter Sub negative Will Has	ris a defined contribution plan subject to the minimum funding request." complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a string the waiver.  completed line 12a, complete lines 3, 9, and 10 of Schedule Mean the minimum required contribution for this plan year.  cer the amount contributed by the employer to the plan for this plan tract the amount in line 12c from the amount in line 12b. Enter the ative amount)  the minimum funding amount reported on line 12d be met by the plan Terminations and Transfers of Assets  a resolution to terminate the plan been adopted during the plan year.	le.)  amortized in this pla  B (Form 5500), and  year  r year  funding deadline?	n year, see instruction	otions,	and 6	12b 12c 12d	e date of the	Yes	g N/A	
h	Wer	es," enter the amount of any plan assets that reverted to the emple all the plan assets distributed to participants or beneficiaries, tra	loyer this year				13a	×***			
	of th	ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)				· · · · · · · · · · · ·			Yes 2	No.	
1:	3c(1)	Name of plan(s):		200	13c(2) EIN(s			V(s)	13c(3) PN(s)		
			-								
	ALDED TO			10 SER							
Jauti	on: /	A penalty for the late or incomplete filing of this return/report	will be assessed	uniess reasonab	le cau	se is	establi	shed.			
וט סכ	OCH	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have is the electronic ver	examined this retusion of this return/	ırn/rep report	ort, ir , and i	icluding to the b	, if applicablest of my kn	e, a Sched owledge a	lule nd	
SIGN	( x	la ma to mes	10/7/10	JAMES M. AUS	STIN						
HERE	_	Signature of plan administrator	Date	Enter name of in	individual signing as plan administrator						
SIGN				Enter hame of th	- JIVIUU	iai siy	miy as	pian aumini	ora(0)		
HERE	-   ;	Signature of employer/plan sponsor	individual signing as employer or plan sponsor								