	Form 5500-SF Short Form Annual Return/Report of Small Employee								
	Department of the Treasury Internal Revenue Service	ctions 104 and 4065 of the Employe	۵	2009					
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ct of 1974	• (ERISA), and section 6058(a) of the ode (the Code).		This Form is Open to Public			
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	h the instructions to the Form 550	0-SF.	Inspection			
	art I Annual Report Id calendar plan year 2009 or fisca	entification Information)	and ending 1	2/31/2	2009			
_	This return/report is for:	single-employer plan		employer plan (not multiemployer)	_/0 ///	one-participant plan			
	This return/report is for:	first return/report	final retur						
D		an amended return/report) year return/report (less than 12 mo	nths)				
C	Check box if filing under:	Form 5558		extension	/	DFVC program			
•		special extension (enter descriptio							
Pa	rt II Basic Plan Inform	nation—enter all requested information							
1a	Name of plan	1			1b	Three-digit			
DENI	NIS M. O'CONNELL M.D., P.C.	401(K) PLAN				plan number (PN) ▶ 001			
					1c	Effective date of plan			
						05/29/2003			
		ess (employer, if for single-employer	plan)		2b	Employer Identification Number			
DEINI	NIS M. OCONNELL M.D., P.C.				2c	(EIN) 43-2019394 Plan sponsor's telephone number			
	0 NE 76TH ST A3					360-538-0629			
PMB 55 VANCOUVER, WA 98662						Business code (see instructions) 621111			
	Plan administrator's name and NIS M. OCONNELL M.D., P.C.	address (if same as Plan sponsor, er 11500 NE 76		e")	3b	Administrator's EIN 43-2019394			
PMB 55 VANCOUVER, WA 98662					3c	Administrator's telephone number 360-538-0629			
		n sponsor has changed since the las		port filed for this plan, enter the	4b	4b EIN			
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN			
5a	Total number of participants at	the beginning of the plan year				2			
b		the end of the plan year			5b	2			
с		th account balances as of the end of							
					5c	2			
	•	uring the plan year invested in eligibl e annual examination and report of a				X Yes No			
N N		See instructions on waiver eligibility a				X Yes 🗌 No			
De		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.				
	rt III Financial Informa	ation							
7 a			7a	(a) Beginning of Year 165934	1	(b) End of Year 161759			
b			7a 7b	10000		101100			
с		b from line 7a)	7c	165934	1	161759			
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or recei		0-(4)						
	., .,		8a(1) 8a(2)		4				
			8a(3)		╡				
b			8b	4558	3				
с		8a(2), 8a(3), and 8b)	8c			4558			
d		ollovers and insurance premiums	8d	873	3				
е	Certain deemed and/or correct	ive distributions (see instructions)	8e						
f	Administrative service provider	s (salaries, fees, commissions)	8f						
g	Other expenses		8g						
h		3e, 8f, and 8g)	8h			8733			
i		8h from line 8c)				-4175			
J	i ransiers to (from) the plan (se	e instructions)	8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2-1

Part IV Plan Characteristics

- **9a** 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 2R
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	ount	
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	Х					17000
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				
e	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		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	Х					86399
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		x				
Part	/I Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				•		Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	ERISA?		Yes	X 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 instruct granting the waiver.						ter ruli	-
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)		🗋	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	lo	N/A
Part	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	nder	the co			Γ	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)							
1	Sc(1) Name of plan(s):		130	:(2) Ell	N(s)		13c(3)	PN(s)
								. *
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable		ise is i	establi	ished			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/15/2010	DENNIS M OCONNELL
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

F	Form 5500-SF	Short Form Annual Return/Repo Benefit Plar	rt of S	imall Em	plo	yee		OMB No	s. 1210-0 ⁻ 1210-00	
	Department of the Treasury Unterest Review Service This form is required to be filed under sections 104 and 4065 of the Employe					mployee	-	20	ng	
	Department of Labor	Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the					-			
	yee Benefits Security Administration	Complete all entries in accordance with the			For	rm 5500-SF	-	This Form to Public II		
Per	sion Benefit Guaranty Corporation	rt Identification Information								
	calendar plan year 2009 or f			and	len	ding	12	/31/200	9	
A	This return/report is for:	X single-employer plan multiple-emp	lover pla					one-participant		
B	This return/report is for:	first return/report								
0		an amended return/report short plan ye	•	n/report (le:	ss tł	han 12 mon	it <u>hs</u>)			
С	Check box if filing under:	X Form 5558 automatic ex						OFVC program	1	
	Check box in hing chech	special extension (enter description)								
Pa	rt II Basic Plan Ir	formation - enter all requested information								
	Name of plan			1	b	Three-digit	(
		IELL M.D., P.C. 401(K) PLAM	1			plan numbe	er (Pl	N)	001	
				1	С	Effective da				
								/2003		
2a	Plan sponsor's name and a	address (employer, if for single-employer plan)		2	2b			fication Numb	er (EIN)	
		IELL M.D., P.C.						19394		
				2	2C			telephone nur		
11	500 NE 76TH SI	- A3						38-0629		
PM	в 55			2	2d			(see instructio	ns)	
	NCOUVER	WA 98662				621				
3a	Plan administrator's name	and address (If same as Plan sponsor, enter "Same	")	3	a	Administrat	tor's	EIN		
SA	ME									
				×	SC	Administra	tors	telephone nu	nber	
				for this 1	lh	EIN				
		e plan sponsor has changed since the last return/rep			rij					
p	plan, enter the name, EIN, ar	nd the plan number from the last return/report. S	ponsor's		lc	PN				
		to at the basissing of the plan year			Ба			2		
		ts at the beginning of the plan year			5b			2		
b C	Total number of participan	its at the end of the plan year								
•		ete this item)			ōc			2		
60	Denetit plans do not comp	ts during the plan year invested in eligible assets? (\$	See instr						es	No
b	Are you claiming a waiver	of the annual examination and report of an independ	dent qua	alified public	aco	countant		_		
	(IODA) under 29 CEB 252(0.104-46? (See instructions on waiver eligibility and o	condition	ns.)				X Y	es 🗌	No
	If you answered "No" to	either 6a or 6b, the plan cannot use Form 5500-S	F and m	nust instea	d us	e Form 550	00.			
P	art III Financial Inf									
7	Plan Assets and Liabilities			(a) Beg	inni	ng of Year		(b) End	of Year	
a			7a		1	<u>165,93</u>	4		161,	<u>759</u>
b										
С		line 7b from line 7a)			1	L65,93	4		161,	759
8		ransfers for this Plan Year		(a) An	nount		(b) ⁻	Fotal	
а	Contributions received or									
	(1) Employers		8a(1)							
	(3) Others (including rolloy	vers)	8a(3)							
b	Other income (loss)	SEE STATEMENT 1	8b			4,55	8		A	<u> </u>
С	Total income (add lines 8a	a(1), 8a(2), 8a(3), and 8b)	8c			0 7 2	-	003 0010		558
d	Benefits paid (including direc	t rollovers and insurance premiums to provide benefits) \ldots	8d			8,73	3	STATEM	ENT 2	
е		prrective distributions (see instructions)								
f		oviders (salaries, fees, commissions)								
g									0	733
h		8d, 8e, 8f, and 8g)							<u> </u>	
i		ct line 8h from line 8c)		·					<u> </u>	<u> </u>
i	Transfers to (from) the pla	an (see instructions)	8j	L						

For Paperwork Reduction Act Notice and OMB Control Numbers, see instructions for Form 5500-SF.

Form 5500-SF (2009)

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Part IV Plan Characteristics

9a 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 2R

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

10	V Compliance Questions						
	During the plan year:		Yes	No		Amou	nt
	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 nonexampt transactions with any party-in-interest? (Do not include						
	transactions reported on line 10a.)	106		X			
C	Was the plan covered by a fidelity bond?	100	X				17,000
	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			
0	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.)	100	ł	x			
	Has the plan failed to provide any benefit when due under the plan?	101		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	100	X				86,399
ĥ	If this is an individual account plan, was there a blackout period? (See instructions						
	and 29 CFR 2520.101-3.)	101		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	101		x			
Par							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction	ns and	comp	ete		_	
	Schedule SB (Form 5500))					Yas	No
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 c	- a si - a - a					
•	IS THE A REMARK CONTRIPORT PRIME 200 NOT COMMINIST COMPANY AND A REMARK COMPANY A REMARK A REMARKA	a me c	ode o	٢		—	_
	section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					Yes	No No
a	section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		tructic		d enter l		
a	section 302 of ERISA? (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, i	see ins	tructic Der	ns, a r	d enter l	the date of	
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aa Hry bo	section 302 of ERISA? (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 amontized in this plan year, : ruling granting the waiver Month	see ins o line 1	tructic Da S.	MIS, ar /	d enter l	the date of	
a Hy b c	aection 302 of ERISA? (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 amontized in this plan year, i ruling granting the waiver, Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to Enter the minimum required contribution for this plan year	see ins o line 1	tructic Da S.	ns, ar / 12b	d enter l	the date of	
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a Ify b c d Pari 13a b	section 302 of ERISA? (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, or ruling granting the waiver	see ins b line 1 10 or brou	tructic Der S.	12b 12c 12d 12c 12d	es	No Yesr	of the letter
a lfy b c d d Pari 13a b c	section 302 of ERISA? (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, i nulling granting the waiver. Month ou completed line 12a, complete lines 3, 9, and 10 of Schedwie MB (Form 5500), and skip to Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or under the control of the PBGC?	see ins b line 1 10 or brou	tructic Der S.	12b 12c 12d 12c 12d	es	No Yesr	of the letter
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SIGN	Renner M. Olonnel	(9-15~~~~	DENNIS M OCONNELL
AICH 6	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE			
4 Wind Her	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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010572 05-14-09

FORM 5500-SF	OTHER INCOME (LOSS)	STATEMENT 1		
DESCRIPTION		AMOUNT		
INTEREST BEARING CASH PARTICIPANT LOANS	482. 4,076.			
TOTAL TO FORM 5500-SF, LI	4,558.			
FORM 5500-SF	BENEFITS PAID	STATEMENT 2		
DESCRIPTION		AMOUNT		
PAYMENTS DIRECTLY TO PART	ICIPANTS OR BENEFICIARIES	8,733.		
	8,733			