## 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).

2010

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.				
		entification Information							
For	calendar plan year 2010 or fiscal	plan year beginning 01/01/201	10	and ending 1	2/31/2	2010			
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
С	Check box if filing under:	Form 5558	automatio	cextension		DFVC program			
		special extension (enter description	on)						
Da	art II Basic Plan Informa	ation—enter all requested inform	,						
	Name of plan	ation—enter all requested inform	ialion		1h	Three-digit			
	CE OF ANESTHESIA AND DENT	TISTRY 401K PLAN			15	plan number			
•						(PN) • 001			
					1c	Effective date of plan			
						01/01/2009			
		ss (employer, if for single-employer	r plan)		2b	Employer Identification Number			
	ENE PESTER DDS AND ASSOC CE OF ANESTHESIA & DENTIS				(EIN) 20-0551391				
	E. 29TH AVENUE	IKI			20	Plan sponsor's telephone number 509-536-5900			
SPO	KANE, WA 99223				2d	Business code (see instructions)			
						621210			
3a	Plan administrator's name and ac ENE PESTER DDS AND ASSOC	ddress (if same as Plan sponsor, e SIATES, PLLC 3143 E 29Th	enter "Same	e")	3b	Administrator's EIN 20-0551391			
LUU	ENET ESTER DOS AND ASSOC	SPOKANE,			20				
					30	Administrator's telephone number 509-536-5900			
4	f the name and/or EIN of the plan	sponsor has changed since the la	st return/re	eport filed for this plan, enter the	4b EIN				
- 1	name, EIN, and the plan number t		4						
					4c				
5a	Total number of participants at the	he beginning of the plan year			5a	55			
b	Total number of participants at the	he end of the plan year			5b	66			
С	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					65			
62	,			(See instructions.)	5c	X Yes No			
	•	. , ,		'					
-	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
		<u> </u>	orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III Financial Informat	tion							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	122068	3	303893			
b	Total plan liabilities		. 7b		)	0			
С	Net plan assets (subtract line 7b	from line 7a)	. 7с	122068	3	303893			
8	Income, Expenses, and Transfer	rs for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or received			117606	3				
	, , , ,								
	, ,		1	95295	_				
_	(3) Others (including rollovers)		8a(3)		)				
b	Other income (loss)		8b	19252	2	000170			
С		a(2), 8a(3), and 8b)	. 8c			232153			
d	Benefits paid (including direct ro to provide benefits)		8d	50328	3				
е		re distributions (see instructions)		(	)				
f		(salaries, fees, commissions)							
g				(	)				
h	·	e, 8f, and 8g)				50328			
i		8h from line 8c)				181825			
i		e instructions)		(	)				
	, , , - , - (	,	ı Ol						

	F	orm 5500-SF 2010 Page <b>2-</b>							
Par	t IV	Plan Characteristics							
	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instru	ictions:		
		PF 2G 2J 3D							
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Coo	des in	the instru	ctions:		
art	: <b>V</b>	Compliance Questions							
0		g the plan year:		Yes	No	T	Amo	unt	
а		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		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			X				
		e 10a.)	10b						
С	Was	the plan covered by a fidelity bond?	10c	X					35000
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e	X					3591
f	Has t	he plan failed to provide any benefit when due under the plan?	10f		X				
g	Did tl	ne plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					4654
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		X				
i		was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance				,1			
11	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com				•	 . П	Yes	X No
2		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					-	Yes	No
	(If "Ye	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling						0		
If ·	•	ing the waiverMoromore the waiverMoromore the waiver			Day		Year		
					12b	T			
		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 to the left of a negative amount)		···	12c	+			
_				<u>L</u>	12d				
е	Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
art	VII	Plan Terminations and Transfers of Assets							

13a 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 brought under the control of the PBGC?.....

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): 13c(2) EIN(s) **13c(3)** PN(s)

Yes X No

Yes X No

## Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.	05/10/2011	KEITH RICHARDSON				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	05/10/2011	KEITH RICHARDSON				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				