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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	1		
		dentification Information						
For	calendar plan year 2010 or fisc	cal plan year beginning 01/01/201	0	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:		_					
an amended return/report short plan year return/report (less t								
C Check box if filing under: Form 5558 automatic extension						DFVC program		
_	special extension (enter description)							
Do	ort II Pacia Plan Infor							
		mation—enter all requested inform	ation		1h	Throo digit		
	Name of plan	E, D.D.S., P.L.L.C. 401(K) PLAN & T	DUCT		ID	Three-digit plan number		
KUB	EKT J. LEE & STEPHEN J. LE	E, D.D.S., P.L.L.C. 401(K) PLAN & 1				(PN) • 001		
						Effective date of plan		
						01/01/2008		
2a	Plan sponsor's name and add	ress (employer, if for single-employer	plan)		2b	Employer Identification Number		
ROB	ERT J. LEE & STEPHEN J. LE	E, D.D.S., P.L.L.C.				(EIN) 20-2008974		
1001	0 19TH AVENUE SE				2c	Plan sponsor's telephone number 425-337-4200		
	RETT, WA 98208				24			
					Zu	Business code (see instructions) 621210		
3a	Plan administrator's name and	d address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN		
ROB	ERT J. LEE & STEPHEN J. LE	E, D.D.S., P.L.L.C. 10810 19TH EVERETT, V	AVENUE :	SÉ		20-2008974		
		LVEICETT, V	VA 30200		3с	Administrator's telephone number		
4 .	Cultura and a series of the cultural series o	la company de la	-1 1 1	and Clark for this plant and and a	41.	425-337-4200		
		lan sponsor has changed since the last er from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN		
	name, Ent, and the plan name.	or morn and lade retain proports. Opened	n o namo		4c	PN		
5a	Total number of participants a	at the beginning of the plan year			5a	8		
b	Total number of participants a		5b	9				
С	• •	with account balances as of the end of			O.D			
	•			` .	5c	9		
6a	Were all of the plan's assets	during the plan year invested in eligib	le assets?	(See instructions.)		Yes No		
b		the annual examination and report of						
		(See instructions on waiver eligibility		•		Yes No		
Do	rt III Financial Inform	her 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.			
		lation						
7	Plan Assets and Liabilities			(a) Beginning of Year 292713	,	(b) End of Year 410589		
а	Total plan assets		. 7a	292713	,	410369		
b			. 7b	000746		44.0500		
<u> </u>		7b from line 7a)	. 7c	292713	5	410589		
8	Income, Expenses, and Trans			(a) Amount		(b) Total		
а	Contributions received or rece		90(1)	52574				
	• • • •		8a(1) 8a(2)	29118	1118			
	.,		\dashv					
L	, ,	s)	, ,	36184	-			
b	` ,			30104	'	117876		
C		, 8a(2), 8a(3), and 8b)	8c			117676		
d		rollovers and insurance premiums	. 8d					
е		ctive distributions (see instructions)	. 8e					
f		ers (salaries, fees, commissions)						
g	g Other expenses							
h	·	8e, 8f, and 8g)				0		
i		ne 8h from line 8c)				117876		
i		see instructions)						
	, , , - I (-	,	. 01	i e	1			

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Part IV	Dian	('harac	tarietice
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

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

	11 (11)	e plan provides wellare benefits, enter the applicable wellare realtire codes from the cist of Flan Chara	0.0110		200 111		CHOITS.		
art	٧	Compliance Questions							
0	Dur	ring the plan year:		Yes	No		Amo	unt	
а		s 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		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					25000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insı	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	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 year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					[Yes	X No
12	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
lf y	ou o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Т					
b	Ente	er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left lative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wei	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?			ntrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
1	13c(1) Name of plan(s):				13c(2) EIN(s)			13c(3)	PN(s)
							\top		
Cauti	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cai	ıse is	estab	lished.			
Jnde BB o	r per Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ needule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ strue, correct, and complete.	ırn/rep	oort, in	cludin	g, if appli			

SIGN	Filed with authorized/valid electronic signature.	05/12/2011	STEPHEN LEE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	05/12/2011	STEPHEN LEE
HERE	Signature of employer/plan sponsor	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).

Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

_	art II Annual Report Identification Information								
For	the calendar plan year 2010 or fiscal plan year beginning	01/01	1/2010	and ending	12	/31/2010			
Α	This return/report is for: x single-employer plan	multiple-er	mployer plan (no	t multiemployer)	Γ	one-participa	nt plan		
В	This return/report is for:	final return	/report		•		·		
	an amended return/report	Short plan	vear return/repo	rt (less than 12 mont	ns)				
С	Check box if filing under: Form 5558	automatic	,	. Todo man 12 mone	.с, Г	DFVC progra			
•	special extension (enter description)		CALCITISION		L	T DEAC blogia	rri		
-									
	art II Basic Plan Information enter all requested in Name of plan	formation.			T 41		1		
IQ	·					Three-digit plan number			
	ROBERT J. LEE & STEPHEN J. LEE, D.D.S., P.L.I	L.C. 401(K) PLAN & TI	RUST		(PN) ►	001		
						Effective date of	plan		
22	Plan sponsor's name and address (employer, if for single-employer					01/01/2008			
La	ROBERT J. LEE & STEPHEN J. LEE, D.D.S., P.L.I					Employer Identif EIN) 20-206			
		u. C.					elephone number		
	10810 19TH AVENUE SE					(425) 337-4			
US	EVERETT WA 98208					,	see instructions)		
3a	Plan administrator's name and address (If same as plan employer, e	enter "Same")				<u>521210</u> Administrator's E	=1N		
	Same	,			/	idimiorator o c			
					30	\dministratorio t			
					3c Administrator's telephone number				
4	Make and the first of the first				<u> </u>		······································		
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN and the plan number from the last return/report. Sponsor	ast return/repo r's Name	rt filed for this pla	an, enter the	4b EIN				
					4c F	N			
	Total number of participants at the beginning of the plan year				5a		8		
b	Total number of participants at the end of the plan year				<u>5b</u>		9		
С	Total number of participants with account balances as of the end of complete this item)	the plan year (defined benefit i	olans do not	50		•		
6a	complete this item)								
b	Are you claiming a waiver of the annual examination and report of a	n independent	qualified public		• • •	• • • •	ET 162		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility as	nd conditions.)					X Yes No		
-	If you answered "No" to either 6a or 6b, the plan cannot use For	rm 5500-SF ai	nd must instead	l use Form 5500.					
_	rt III Financial Information	PRINCE NAME OF THE PRINCE NAME O	r						
7	Plan Assets and Liabilities	22000	(a) Beç	inning of Year		(b) End	of Year		
a	Total plan assets	. 7a		292,713			410,589		
D	Total plan liabilities	. 7b							
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		292,713			410,589		
8	Income, Expenses, and Transfers for this Plan Year		(a)	Amount		(b) T	otal		
а	Contributions received or receivable from:						自14年1月20日 (A)		
	(1) Employers	· 8a(1)		52,574					
	(2) Participants	8a(2)		29,118	THE REAL PROPERTY.				
h	(3) Others (including rollovers)	· 8a(3)							
b	Other income (loss)	. 8b	Action and the second	36,184					
d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c					117,876		
-	to provide benefits)								
е	Certain deemed and/or corrective distributions (see instructions)	· 8d							
f	Administrative service providers (salaries, fees, commissions)								
g	Other expenses								
		· 8g		Secretary for the second	1000	A WOMEN TO THE			
n :	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			134	····	0		
!	Net income (loss) (subject line 8h from line 8c)	-					117,876		
J	Transfers to (from) the plan (see instructions)	. 8j			1-25				

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Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension	feature codes from the L	st of Plan Characteristic (Codes i	n the i	neta ectione:		
	2J 3D 2F							
	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes from the Lis	t of Plan Characteristic Co	odes in	the in:	structions:		
Par	t V Compliance Questions						· · · · · · · · · · · · · · · · · · ·	
10	During the plan year:			Yes	No	T	Amount	
а	Was there a failure to transmit to the plan any participant contrib	ution within the time perio	od described in		x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidt Were there any nonexempt transactions with any party-in-interes	uciary Correction Program	1) <u>10</u>	3	 ^	-	****	
	on line 10a.)	· · · · · · · · ·		,	x			
С	Was the plan covered by a fidelity bond?			_				25,00
d	Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bond, that was c	aused by fraud		 	-		23,00
	or dishonesty?		· · · · · <u>10</u>	1	х			
е	Were any fees or commissions paid to any brokers, agents, or oth	er persons by an insuran	ce carrier,					
	insurance services or other organization that provides some or a instructions.)	ll of the benefits under the	e plan? (See	,	x			
f	Has the plan failed to provide any benefit when due under the pla				х	<u> </u>		
g	Did the plan have any participant loans? (If "Yes," enter amount				x		····	
h	If this is an individual account plan, was there a blackout period?	(See instructions and 29	CER	 	+			
	2520.101-3.)		10F		х			
1	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required notice or one	of the					
Parl	VI Pension Funding Compliance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				自然的		
11	Is this a defined benefit plan subject to minimum funding requirer	nents? (If "Yes," see instr	uctions and complete Sch	nedule	SB (Fo	orm		
42	5500))	<u> </u>		<u></u>			. Yes	X No
12	Is this a defined contribution plan subject to the minimum funding	requirements of section	412 of the Code or section	n 302 c	f ERIS	A? .	. Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as appli							
u	If a waiver of the minimum funding standard for a prior year is being ranting the waiver	ng amortized in this plan	year, see instructions, an	d enter	the da	ite of the le	tter ruling	
if y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form 5500), and s	kip to line 13.		, Day		1 ear	
b	Enter the minimum required contribution for this plan year			. [12b			
C	Enter the amount contributed by the employer to the plan for this				12c		*****	
d	Subtract the amount in line 12c from the amount in line 12b. Ente negative amount)	r the result (enter a minus	sign to the left of a	Γ	12d			
е	Will the minimum funding amount reported on line 12d be met by	the funding deadling?	• • • • • • •	٠ ـ		☐Yes	□No	□N/A
Part			• • • • • • • •	• •	• •	L i es	LINO	N/A
	Has a resolution to terminate the plan been adopted during the plan						Пусс	TTE No.
	If "Yes," enter the amount of any plan assets that reverted to the	employer this year	• • • • • • • • •	Ė	 13a	• • •	. Lites	X No
b	Were all the plan assets distributed to participants or beneficiaries		lan, or brought under the	control			T	
_	of the PBGC?						. Yes	X No
С	If during this plan year, any assets or liabilities were transferred fr which assets or liabilities were transferred. (See instructions.)	om this plan to another pl	an(s), identify the plan(s)	to				
1	3c(1) Name of plan(s):				(0) =		T	
				13	c(2) El	N(s)	13c(3)	PN(s)
·								
	n: A penalty for the late or incomplete filing of this return/repo							
Jnder SB or S	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well	I declare that I have example the electronic version	nined this return/report, in	cludin	g, if ap	plicable, a	Schedule	
elief,	t is true, correct, and complete.	as the electronic Aet.210U	or this return/report, and	to the b	est of	my knowle	dge and	
SIGN	Wohn I ha	5/5/2011	STEPHEN J. LEE			······································		
HER	Signature of plan administrator	Date	Enter name of individua	l signin	a as n	lan adminis	trator	
SIGN	Juntu 1 Lie	5/5/2011	STEPHEN J. LEE	3	<u>, p</u>			
HER	Signature of employer/plan sponsor	Date	Enter name of individua	siania	U 56 C	moloves	nlan onen-	or
			,		g 43 B	inproyer or	Piair shous	UI.