## 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	<ul> <li>Complete all entries in accor</li> </ul>	dance wit	h the instructions to the Form 550	0-SF.	1			
Pa	rt I Annual Report Id	entification Information							
For	calendar plan year 2010 or fisca	l 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			
	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)				
C	Check box if filing under:	Form 5558	automatio	extension	,	DFVC program			
		special extension (enter description	1						
Do	rt II   Pacia Blan Inform	, ,							
		nation—enter all requested inform	iation		1h	Three-digit			
	Name of plan (A A. LOVING, D.D.S. 401(K) P	LAN			טו	plan number			
1011	1777. 20 VIIVO, D.D.O. 40 I(IV) I					(PN) ▶ 001			
					1c	Effective date of plan			
						01/01/1998			
		ess (employer, if for single-employer	r plan)		2b	Employer Identification Number			
TON	A A. LOVING, D.D.S., P.L.L.C.				20	(EIN) 91-1843828 Plan sponsor's telephone number			
	- 255TH AVE. N.E.				20	425-392-4222			
REDI	MOND, WA 98053				2d	Business code (see instructions)			
						621210			
3a TON	Plan administrator's name and a A A. LOVING, D.D.S., P.L.L.C.	address (if same as Plan sponsor, e 8407 - 255T			36	Administrator's EIN 91-1843828			
	2, 2,	REDMOND,			3c	Administrator's telephone number			
						425-392-4222			
	•	n sponsor has changed since the la		eport filed for this plan, enter the	4b EIN				
ı	name, EIN, and the plan number		4c PN						
5a	Total number of participants at	5a	11						
b		the end of the plan year			5b	12			
C		th account balances as of the end o			ac				
U				•	5с	7			
6a	Were all of the plan's assets de	uring the plan year invested in eligit	ole assets?	(See instructions.)		Yes No			
b				ndent qualified public accountant (IQ					
	,			ions.)		Yes   No			
Do	rt III Financial Informa		orm 5500-	SF and must instead use Form 55	00.				
		ition		T					
7	Plan Assets and Liabilities		_	(a) Beginning of Year	1	(b) End of Year 667307			
	Total plan assets		7a	00000-		007007			
b	•			609994	1	667307			
<u></u>		b from line 7a)	. 7с						
8	Income, Expenses, and Transfe			(a) Amount		(b) Total			
а	Contributions received or received (1) Employers	vable Irom.	8a(1)						
	• • • •		` '	18678	3				
	` '		` '						
b	,		1	87140	)				
С	,	Ba(2), 8a(3), and 8b)				105818			
d	Benefits paid (including direct rollovers and insurance premiums			4000					
			8d	43398	_				
е	Certain deemed and/or correcti	ve distributions (see instructions)	8e	5107	_				
f	Administrative service providers	s (salaries, fees, commissions)	8f						
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8	se, 8f, and 8g)	. 8h			48505			
i	Net income (loss) (subtract line	8h from line 8c)	. 8i			57313			
j	Transfers to (from) the plan (se	e instructions)	. 8i						

Form 5500-SF 2010	Page <b>2-</b>

Part IV	Plan	Chara	cte	ristics
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Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 3D

b	lf th	e plan provides welfare benefits, enter the applicable welfare featu	ure codes from the	List of Plan Charac	terist	tic Cod	les in tl	he instruct	ions:	
Part	٧	Compliance Questions								
10	Du	ring 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 Fiduciar			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (D line 10a.)			10b		X			
С	W	as the plan covered by a fidelity bond?			10c	Χ				25000
d		the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?			10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	e benefits under the	e plan? (See	10e		X			
f	На	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10q		X			
h		nis is an individual account plan, was there a blackout period? (See		9 CFR	10h		Х			
i		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 '	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements							Yes	s No
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code of	or se	ction 3	02 of E	ERISA?	Yes	s X No
		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								
	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB			·		Day _		Teal	
-		er the minimum required contribution for this plan year	•	-		Г	12b			
		er the amount contributed by the employer to the plan for this plan			Т		12c			
d	Sub	otract the amount in line 12c from the amount in line 12b. Enter the lative amount)	result (enter a min	us sign to the left of	fa		12d			
е	Wil	the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No	N/A
Part '	VII	Plan Terminations and Transfers of Assets								
13a	Has	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	s X No
		es," enter the amount of any plan assets that reverted to the empl					13a			
	We	re all the plan assets distributed to participants or beneficiaries, tra					ntrol		Yes	s X No
		uring this plan year, any assets or liabilities were transferred from t ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e plai	n(s) to				
1;	3c(1	) Name of plan(s):				130	(2) EIN	V(s)	13c(	<b>3)</b> PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	unless reasonable	cau	se is	establi	shed.		
Under SB or	r pe Sch	nalties of perjury and other penalties set forth in the instructions, I can be dule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have	examined this retur	n/rep	ort, in	cluding	, if applica		
SIGN	ı	iled with authorized/valid electronic signature.	05/13/2011	TONYA A. LOVING	G					
HERE	Т	Signature of plan administrator	Date	Enter name of inc	dividu	ıal sinı	ning as	plan adm	inistrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

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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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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

		ntification Information				****	
For	calendar plan year 2010 or fiscal			and ending	_	_	
Α -	This return/report is for:	single-employer plan	☐ multiple-e	mployer plan (not multiemployer)		one-participa	int plan
В	This return/report is for:	first return/report	final return	n/report			
		an amended return/report	short plan	year return/report (less than 12 mor	nths)		
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am
		special extension (enter descri	<u> </u>				455
		ation—enter all requested info	ormation				
	Name of plan	E 200			1b	Three-digit	
TON	YA A. LOVING, D.D.S. 401(K) PL	.AN				plan number (PN)	001
					1c	Effective date of	f plan
V-W-		A Million and William				01/01/	1998
	Plan sponsor's name and addres YA A. LOVING, D.D.S., P.L.L.C.	s (employer, if for single-emplo	yer plan)		2b	Employer Identi (EIN) 91-184	
8407	- 255TH AVE. N.E.				2c	Plan sponsor's	telephone number
	MOND WA 98053				2d		(see instructions)
20	Disa administrated a series of	ddana (if and a Discourse		JD.		621210	)
<b>SAM</b>	Plan administrator's name and ad E	uuress (ii same as Plan sponso	or, enter "Same	<del>"</del> )		Administrator's 91-184	3828
					3с	Administrator's 425-39	telephone number 2-4222
4 1	the name and/or EIN of the plan	sponsor has changed since the	e last return/re	port filed for this plan, enter the	4b	EIN	Wild Control
	name, EIN, and the plan number t	rrom the last return/report. Spo	onsor's name		4c	PN	
5a	Total number of participants at the	ne beginning of the plan year			5a		11
b	Total number of participants at the		5b		12		
С							7
6a	Were all of the plan's assets du	ring the plan year invested in ei	ligible assets?	(See instructions.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X Yes No
b	Are you claiming a waiver of the under 29 CFR 2520 104-462 (Se	annual examination and report	t of an indeper	ident qualified public accountant (IQ ions.)	PA)		∑ Yes ∏ No
	If you answered "No" to either	r 6a or 6b, the plan cannot us	se Form 5500-	SF and must instead use Form 55	 00.		N tes ∏ No
Pa	rt III   Financial Informat					750 W W T T T T T T T T T T T T T T T T T	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year
а	Total plan assets		7a	609994			667307
b	Total plan liabilities		***				
_ <u>c</u>	Net plan assets (subtract line 7b			609994			667307
8	Income, Expenses, and Transfer			(a) Amount	5,60710	(b)	Total
а	Contributions received or received (1) Employers	able from:	8a(1)				41.
		•••••		18678	- 88		4 4 14 3 3 5 5
	(3) Others (including rollovers)				A SUPERIOR PROPERTY.		
b	Other income (loss)			87140			
C	Total income (add lines 8a(1), 8a		CONTRACTOR				105818
d	Benefits paid (including direct ro to provide benefits)	llovers and insurance premium	ns 8d	43398			
е	Certain deemed and/or corrective			5107			.,
f	Administrative service providers	(salaries, fees, commissions).	:				
g	Other expenses	•••••••••••••••••	8g				
h	Total expenses (add lines 8d, 8e				8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	48505
i	Net income (loss) (subtract line				id		57313
<u>j</u> _	Transfers to (from) the plan (see	e instructions)	8j				

-	Form 5500-SF 2010 Page <b>2-</b> 1					
Parl	IV Plan Characteristics	.1.000°/105	ecettal	-		
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char E 2J 3D					
b 	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cod	ies in t	ne instruction	ns:
Part	V Compliance Questions					
10	During the plan year:		Yes	No	А	mount
	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		х	**	
С	Was the plan covered by a fidelity bond?	10c	Х			25000
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		х	-17073	
е	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		Х		V-1
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Х		- N
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х		
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				
Part	(GWCCOM)	1			Participate Addition to	CONTRACT STATE DISCUSSION
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500)).	nplete	Sched	lule SE	3 (Form	☐ Yes ☐ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes X No
	(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 instrugranting the waiver	ctions oth	, and o	enter th Day	ne date of the	e letter ruling ⁄ear
25	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		_ F	12b	77.00	
C	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 negative amount)		-	12d		
PORE CLARK PROBLE	Will the minimum funding amount reported on line 12d be met by the funding deadline?		*********		Yes	No N/A
Part						
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 of the PBGC?					Yes X No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	he pla	in(s) to	) 		
	3c(1) Name of plan(s):		13	c(2) E	IN(s)	13c(3) PN(s)
(C)						
Cau	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole ca	use is	estab	lished.	N/11000C (0)
	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re					ole, 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 HERE Signature of plan administrator

Date Enter name of individual signing as employer or plan sponsor