# 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).

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Inf				10/01						
For	calendar plan year 2010 or fiscal plan year beginnir		_	and ending	12/31/	2010 					
A	This return/report is for:	olan	multiple-e	mployer plan (not multiemployer)	one-participa	one-participant plan					
В	This return/report is for: first return/report		final retur	n/report							
	an amended retu	rn/report	short plan	year return/report (less than 12 m	nonths)						
C	Check box if filing under: Form 5558		automatic	extension		DFVC progra	am				
	special extension	(enter descrip	otion)								
Pa	urt II Basic Plan Information—enter all r	equested infor	rmation								
1a	Name of plan				1b	Three-digit					
MAR	K M. SODORFF, DDS, PC 401K PROFIT SHARING	3 PLAN				plan number	001				
					10	(PN) Feffective date o	f plan				
					''	01/01/2	•				
2a	Plan sponsor's name and address (employer, if for	single-employ	ver plan)		2b	Employer Identi	fication Number				
MAR	K M. SODORFF, DDS, PC					(EIN) 11-368					
1270	6 EAST MISSION AVE.				2c	Plan sponsor's t	telephone number 8-3131				
	KANE, WA 99216				2d	Business code (					
						621210	)				
3a MAR	Plan administrator's name and address (if same as K M. SODORFF, DDS, PC	Plan sponsor	, enter "Same	e") A\/F	3b	Administrator's 11-368	EIN 6894				
	K.M. 30501411, 550, 13	SPOKANE	, WA 99216	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30		telephone number				
						509-92	8-3131				
	f the name and/or EIN of the plan sponsor has char			port filed for this plan, enter the	4b	4b EIN					
I	name, EIN, and the plan number from the last return	1/report. Spon	isor's name		40	4c PN					
5a	Total number of participants at the beginning of the	e plan vear					10				
	b Total number of participants at the end of the plan year						10				
С	Total number of participants with account balances	•			5b						
	complete this item)			•	5c		10				
6a	Were all of the plan's assets during the plan year	invested in eliç	gible assets?	(See instructions.)			X Yes No				
b	Are you claiming a waiver of the annual examination						X Yes No				
	under 29 CFR 2520.104-46? (See instructions on If you answered "No" to either 6a or 6b, the pla	•	•	·		••••••					
Pa	rt III Financial Information										
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		7a	1760	29		245359				
b	Total plan liabilities		7b								
С	Net plan assets (subtract line 7b from line 7a)		7с	1760	29	245359					
8	Income, Expenses, and Transfers for this Plan Yea	ar		(a) Amount		(b) 1	Γotal				
а	Contributions received or receivable from:		0-(4)	159	80						
	(1) Employers			309	10						
	(2) Participants										
h	(3) Others (including rollovers)			40							
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b	00				69					
c d	Benefits paid (including direct rollovers and insural										
4	to provide benefits)										
е	Certain deemed and/or corrective distributions (see	e instructions)	8e								
f	Administrative service providers (salaries, fees, co	mmissions)	8f								
g	Other expenses		8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h				0				
i	Net income (loss) (subtract line 8h from line 8c)		8i				69330				
i	Transfers to (from) the plan (see instructions)		gi								

	F	Form 5500-SF 2010 Page <b>2-</b>							
Par	t IV	Plan Characteristics							
)a		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C 2F 2G 2J 2K 2T 3D	Characteri	stic Co	des in	the instru	uction	s:	
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	haracteris	tic Co	des in t	he instru	ictions	3:	
art	: <b>V</b>	Compliance Questions							
0	Durii	ng the plan year:		Yes	No		Am	ount	
а		there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	d in <b>10a</b>		Х				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions report ne 10a.)	ted <b>10b</b>		X				
С	Was	s the plan covered by a fidelity bond?	10c	X				4	1000000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra shonesty?	ud <b>10d</b>		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		Х				
f		the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)			X				
i	If 10	h 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		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and	•			•	[	Yes	No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the C	Code or se	ection 3	302 of I	ERISA?.	. [	Yes	X No
	`	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ting the waiver.		,					0
lf	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line							
b	Ente	r the minimum required contribution for this plan year			12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)		L	12d	<u> </u>			
е	Will t	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	X No

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 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.	05/13/2011	MARK M. SODORFF
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

## 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

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2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

	rt I Annual Report Identification Information										
For	calendar plan year 2010 or fiscal plan year beginning	01/01/2	2010	and ending		12/31/2010					
Α-	This return/report is for:	t is for: X single-employer plan					nt plan				
	This return/report is for:     first return/report	n/report									
	an amended return/report		•	oort (less than 12 mc	nths)						
<u> </u>		•	extension	5011 (1005 than 12 the		DFVC progra	m				
C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- extension			DI VO piogra	111				
	special extension (enter description										
	rt II Basic Plan Information—enter all requested information	ation			1 41						
	Name of plan	חדאות ה	T 7 3 T		่าเม	Three-digit plan number					
	MARK M. SODORFF, DDS, PC 401K PROFIT SHA	ARING PLAN				(PN) ▶	001				
					1c	1c Effective date of plan					
						01/01/2009	•				
2a	Plan sponsor's name and address (employer, if for single-employer	plan)			2b Employer Identification Number						
	MARK M. SODORFF, DDS, PC					(EIN) 11-368					
	12706 EAST MISSION AVE.				20	509-928-31	elephone number । ২ 1				
					2d	Business code (					
	SPOKANE WA 99216					621210					
3a	Plan administrator's name and address (if same as Plan sponsor, el MARK M. SODORFF, DDS, PC	nter "Same	e")		3b	Administrator's E					
	12706 EAST MISSION AVE.				30	11-3686894	elephone number				
	SPOKANE WA 99216				"	509-928-3					
	the name and/or EIN of the plan sponsor has changed since the las		port filed for thi	s plan, enter the	4b	4b EIN					
ı	name, EIN, and the plan number from the last return/report. Sponso	r's name			4c	DM					
52	Total number of participants at the beginning of the plan year				5a	Tiv.	1.0				
_			<b>├</b>			_	10				
b Total number of participants at the end of the plan year					5b		10				
С	Total number of participants with account balances as of the end of complete this item)		•	•	5с		10				
6a	Were all of the plan's assets during the plan year invested in eligib						X Yes No				
	Are you claiming a waiver of the annual examination and report of										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,				X Yes   No				
- B-	If you answered "No" to either 6a or 6b, the plan cannot use Fort III   Financial Information	orm 5500-	SF and must i	nstead use Form 55	00.						
	rt III   Financial Information				<del></del>						
7	Plan Assets and Liabilities	· · · · <u> </u>	(a) Be	ginning of Year		(b) End					
a	Total plan assets			17602	9		245359				
b	Total plan liabilities			17605		245359					
	Net plan assets (subtract line 7b from line 7a)	7c			176029						
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		( <del>(</del>	) Amount		(b) T	otal				
а	(1) Employers	8a(1)		1598	0						
	(2) Participants	. 8a(2)		3091	.0						
	(3) Others (including rollovers)										
b	Other income (loss)					40					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		1			69330					
d	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)				4						
е	Certain deemed and/or corrective distributions (see instructions)				4						
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses										
_		1			1						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				<del>, ,</del>	0				
h i	Total expenses (add lines 8d, 8e, 8f, and 8g)  Net income (loss) (subtract line 8h from line 8c)		~~~~~~				69330				

	Form 5500-SF 2010	P	age <b>2-</b>									
Part	IV Plan Characteristics											
	If the plan provides pension benefits, enter the applicable pension fe	ature codes from the	List of Plan Chara	acteris	stic Co	des in	the instru	uction	s:			
b	2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fea	sture codes from the	List of Plan Chara	cteris	tic Co	des in I	the instru	ctions				
ņ	in the plan provides we have bettered, enter the applicable we have need	itare codes itom the	est of Fight Office	icicii3	00	ucs iii (	.110 1113010	Cuons	•			
Part	V Compliance Questions											
10	During the plan year:				Yes	No		Am	ount			
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in											
b	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)</li> <li>Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported</li> </ul>											
_	on line 10a.)			10b		Х			v			
C	Was the plan covered by a fidelity bond?			10c	X				10	00000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?			<b>10</b> d		х						
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	the benefits under th	e plan? (See	10e		х						
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 year end.)	******	10g		Х						
h	If this is an individual account plan, was there a blackout period? (Sc 2520.101-3.)			10h		Х						
Ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i								
Part	VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))							. [	Yes	No		
12	Is this a defined contribution plan subject to the minimum funding re	equirements of section	on 412 of the Code	or se	ction	302 of	ERISA?.	. [	Yes	X No		
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicat	•										
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.											
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule I	VIB (Form 5500), an	d skip to line 13.		_		r					
	Enter the minimum required contribution for this plan year					12b		·····				
	Enter the amount contributed by the employer to the plan for this pla				-	12¢						
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)				1,	12d		<u> </u>	. F	7		
	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?	***************************************				Yes	Ш	No	N/A		
Part			<del> </del>						1	<del></del>		
13a	Has a resolution to terminate the plan been adopted during the plan				Γ				Yes	X No		
h	If "Yes," enter the amount of any plan assets that reverted to the em Were all the plan assets distributed to participants or beneficiaries, to	·			$\overline{}$	13a		<del></del>				
•	of the PBGC?								Yes	X No		
С	C 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.)											
1	13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3) F				PN(s)		
				+					*****			
Cauti	on: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	unless reasonab	le cau	ıse is	establ	ished.					
SB or	r penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolfed actuary, as well , it is true, correct, and complete.	l declare that I have as the electronic ver	examined this return/	rebort rebort	port, ir i, and	cluding to the b	g, if appli- pest of m	cable, y knov	a Sche wledge	edule and		
		12 Mo(24)	MARK M. SO	DORF	F							
SIGN		Date	Enter name of in			ning as	plan ad	minist	rator			
SIGN	1											
HERE   Signature of employer/plan sponsor   Date   Enter name of i					of individual signing as employer or plan sponsor							

Date

Enter name of individual signing as employer or plan sponsor

Signature of employer/plan sponsor