	Form 5500-SF	Short Form Annual R	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service	E This form is required to be filed	2010							
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A Internal	This Form is Open to Public							
Р	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
	Part I Annual Report Identification Information									
For	calendar plan year 2010 or fisca	7		g	2/31/2					
	This return/report is for:	single-employer plan	•	mployer plan (not multiemployer)		one-participant plan				
B	This return/report is for:	first return/report	final retur							
-		an amended return/report	•	year return/report (less than 12 mo	nths)					
C	C Check box if filing under:									
		special extension (enter descriptio	,							
	Int II Basic Plan Inform	nation—enter all requested informa	ation		1h	Three-digit				
	TAL SERVICE, LLC 401K PROF	FIT SHARING PLAN			10	plan number 001				
	,					(PN) ►				
					1c	Effective date of plan 01/01/2000				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 05-0572255				
	1 N.E. 20TH AVE, STE 2204				2c	Plan sponsor's telephone number 360-571-8181				
	COUVER, WA 98686				2d	Business code (see instructions) 621210				
3a	Plan administrator's name and TAL SERVICE, LLC	") STE 2204	3b	Administrator's EIN 05-0572255						
DEN		3c	Administrator's telephone number							
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN										
name, EIN, and the plan number from the last return/report. Sponsor's name										
50	Total availables of a outicine starts	the beside of the plant term			4c					
		the beginning of the plan year			5a 5b	109				
b Total number of participants at the end of the plan yearc Total number of participants with account balances as of the end of the plan year (defined benefit plans do not						122				
	complete this item)		5c	84						
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	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.) Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	1		7a	1472544		1821201				
b			7b	1472544	_	1821201				
<u> </u>		b from line 7a)	7c							
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total				
u			8a(1)							
	(2) Participants		8a(2)	219225	_					
	(3) Others (including rollovers)	Others (including rollovers)								
b	Other income (loss)		8b	155846	5	007540				
C		8a(2), 8a(3), and 8b)	8c		_	387510				
d		ts paid (including direct rollovers and insurance premiums vide benefits)								
е	1 ,	ive distributions (see instructions)	8e							
f	Administrative service provider	ninistrative service providers (salaries, fees, commissions)								
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			38853				
i	Net income (loss) (subtract line	8h from line 8c)	8i			348657				
j	Transfers to (from) the plan (se	e instructions)	8j							

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

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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 2K 2S 2T 3B 3D
- **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 C	Compliance Questions							
10	During	g the plan year:		Yes	No		Amount		
а		here a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported e 10a.)	10b		X				
С	Wast	the plan covered by a fidelity bond?	10c	Х				183000	
d		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud nonesty?	10d		Х				
e	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ince service or other organization that provides some or all of the benefits under the plan? (See ctions.)	10e		X				
f	Has th	ne plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did th	e plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	2520.	is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		Х				
i		was answered "Yes," check the box if you either provided the required notice or one of the tions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI F	Pension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	•			•	Yes	No	
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	× No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	a 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 granting the waiver								
lf	you coi	mpleted 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				
С									
d									
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	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?					Yes	× No	
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year			13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?					Yes	X No	
C		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
1	3c(1) ℕ	lame of plan(s):		130	:(2) El	N(s)	13c(3)	PN(s)	
							1		
Caut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ISA is i	establ	ished	<u> </u>		
Jaul		penalty for the falle of moomplete ming of this return/report will be assessed dilless reasonab	ie cau	30 13	oscabi	ionicu.			

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.	06/02/2011	PENSION PLANNERS NORTHWEST
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	Short Form Annual		Report of Small Employ	yee	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2010				
-	Department of Labor Employee Benefits Security Administration	Retirement Income Security Intern	This Form is Open to Public							
	Pension Benefit Guaranty Corporation	00-SF.								
	art I Annual Report Id	entification Information								
-10	r calendar plan year 2010 or fisca		01/01/	2010 and ending		12/31/2010				
Α	This return/report is for:	K single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	first return/report	final retu	rn/report						
		an amended return/report	short pla	n year return/report (less than 12 mor	nths)					
С	Check box if filing under:] Form 5558 [automati	c extension		DFVC program				
		special extension (enter descript	ion)			_				
P	art II Basic Plan Inforn	nation—enter all requested inform	nation							
1a	Name of plan				1b	Three-digit				
	DENTAL SERVICE, LLC	2 401K PROFIT SHARING	PLAN			plan number				
					4.	(PN) 001				
					IC	Effective date of plan 01/01/2000				
2a	Plan sponsor's name and addre DENTAL SERVICE, LLC	ess (employer, if for single-employe	r plan)		2b	Employer Identification Number				
	DEMIND SERVICE, DDC	-			<u> </u>	(EIN) 05-0572255				
	14201 N.E. 20TH AVE	E, STE 2204			20	Plan sponsor's telephone number 360-571-8181				
	VANCOUVER				2d	Business code (see instructions)				
		WA 98686				621210				
3a	Plan administrator's name and a DENTAL SERVICE, LLC	address (if same as Plan sponsor,	enter "Sam	e")	3b	Administrator's EIN 05-0572255				
	14201 N.E. 20TH AVE VANCOUVER	E, STE 2204 WA 98686			3c	Administrator's telephone number				
4		n sponsor has changed since the la	ast return/re	eport filed for this plan, enter the	4h	360-571-8181 EIN				
	name, EIN, and the plan number	from the last return/report. Spons	or's name	port med for the plan, chief the						
					4c	PN				
					5a	109				
b					5b	122				
с 	Total number of participants wit complete this item)	th account balances as of the end o	of the plan y	year (defined benefit plans do not	5c	84				
6a	Were all of the plan's assets du	uring the plan year invested in eligi	ble assets?	(See instructions.)		X Yes No				
b	under 29 CFR 2520.104-46? (S	See instructions on waiver eligibility	and condit	ndent qualified public accountant (IQF ions.)		X Yes No				
	If you answered "No" to eithe	er 6a or 6b, the plan cannot use f	orm 5500-	SF and must instead use Form 550	ю.					
	rt III Financial Informa	tion	· · · · · · · · · · · · · · · · · · ·	1	· •					
7	Plan Assets and Liabilities		1	(a) Beginning of Year	_	(b) End of Year				
a				1472544	1	1821201				
b					_					
<u></u>		b from line 7a)		1472544	ŧ	1821201				
8	Income, Expenses, and Transfe Contributions received or received			(a) Amount		(b) Total				
а		able from:	. 8a(1)							
	• • •			21922!	5					
				12439	-					
b	Other income (loss)			155846						
с		a(2), 8a(3), and 8b)				387510				
d	Benefits paid (including direct ro	bllovers and insurance premiums	8d	38603						
е		ctive distributions (see instructions) 8e				1 - Andrew (* 1988) 19 - Andrew (* 1988)				
f		s (salaries, fees, commissions)	250	250						
g			-		+					
h		e, 8f, and 8g)			†	38853				
i		8h from line 8c)			+	348657				
i		e instructions)		······································	†					
		OMB Control Numbers, see the instructi)	L	1					

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Form 5500-SF 2010

Par	t IV	Plan Characteristics								
9a		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char $2F$ $2G$ $2J$ $2K$ $2S$ $2T$ $3B$ $3D$	acteris	stic Co	des in	the instru	ction	5:		
b	lf the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Coo	des in t	he instru	ctions	:		
Part	έV	Compliance Questions								
10		ng the plan year:		Yes	No		Am	ount		
a					х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				х			-		
c	Wa	s the plan covered by a fidelity bond?	10c	х				1	830	00
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		x					
e	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		x					
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		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		x					
i		In 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							
Part	VI	Pension Funding Compliance								
11	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nplete	Sched	lule SB	(Form	г	1		
	5500	D))					<u>L</u>	Yes		No
12	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection 3	302 of I	ERISA?	L	Yes	Χı	No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	a 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									
14	•	ting the waiver			Day		Yea	nr		•
-	-	•		Г	12b					
D		er the minimum required contribution for this plan year								
С		er the amount contributed by the employer to the plan for this plan year			12c					
đ		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				<u> </u>	
<u>e</u>	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/	A
Part	: 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?		·····				Yes	Σ	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under		ontrol			Yes	XI	No
C		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t th assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	,			-		
	13c(1)	Name of plan(s):		13	c(2) El	N(s)		13c(3) PN(s)
	·									
Cau	tion: /	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le ca	use is	establ	ished.	i			
SBC	or Sch	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and complete	urn/re /repor	port, ir t, and i	to the b	g, if applie best of m	cable, y knov	a Sch vledge	edule and	•
sig		Margetter. 6/1/2011 L. Theodor	e Va	anEe	rden					

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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