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 Information			10/01		
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	_	and ending	12/31/	2010 	
A	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participa	int plan
В	This return/report is for: first return/report	final retur	n/report			
	an amended return/report	short plar	year return/report (less than 12 m	onths)		
C	Check box if filing under: Form 5558	automatio	extension		DFVC progra	am
	special extension (enter description	on)				
Pa	Irt II Basic Plan Information—enter all requested inform	nation				
1a	Name of plan			1b	Three-digit	
J. SA	M SAGE, DDS RETIREMENT PLAN				plan number	001
				10	(PN) Feffective date o	f plan
				10	01/07/2	
2a	Plan sponsor's name and address (employer, if for single-employer	r plan)		2b	Employer Identi	fication Number
J. SA	M SAGE, DDS, PLLC				(EIN) 35-235	
1130	4 - 8TH AVE. N.E., SUITE B			2c	Plan sponsor's t	telephone number 2-6677
	ITLE, WA 98125			2d	Business code ((see instructions)
					621210)
3a	Plan administrator's name and address (if same as Plan sponsor, e M SAGE, DDS, PLLC 11304 - 8TH	enter "Same	e") SUITE B	3b	Administrator's 35-235	EIN 4630
0. 0/	SEATTLE, V		, 00112 3	30		telephone number
					206-36	2-6677
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN	
ı	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	PN	
5a	Total number of participants at the beginning of the plan year					7
	Total number of participants at the end of the plan year			. 5b		7
	Total number of participants with account balances as of the end of			35		
	complete this item)		•	. 5c		6
6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use F		•			
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	4869	94		111042
b	Total plan liabilities	7b				
C	Net plan assets (subtract line 7b from line 7a)	7с	4869	94		111042
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	Total
а	Contributions received or receivable from:	0=(4)	999	92		
	(1) Employers	8a(1)	4780	03		
	(2) Participants					
b	(3) Others (including rollovers) Other income (loss)		569	98		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					63493
d	Benefits paid (including direct rollovers and insurance premiums	60				
_	to provide benefits)	8d	114	45		
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1145
i	Net income (loss) (subtract line 8h from line 8c)	8i				62348
i	Transfers to (from) the plan (see instructions)	Qi				

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ar	t IV Plan Characteristics				
-	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	tic Co	des in	the instructions:
	2E 2G 2J 2K 2T 3D				
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	ecterist	ic Cod	des in 1	the instructions:
art	V Compliance Questions				
)	During the plan year:		Yes	No	Amount
а	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		X	
С	Was the plan covered by a fidelity bond?	10c		X	
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		X	
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		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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			
ırt	VI Pension Funding Compliance				
ĺ	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				·
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes 🖺 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 instruction granting the waiver				
lf :	you 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			12b	
С	Enter the amount contributed by the employer to the plan for this plan year		[12c	

e Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?	Yes	
Part VII	Plan Terminations and Transfers of Assets		

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

d 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)

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)

12d

No

N/A

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.	06/23/2011	J. SAM SAGE
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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▶ 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

	rt Annual Report Identification Information	200						
For	For calendar plan year 2010 or fiscal plan year beginning and ending							
A	his return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant p	olan		
	his 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	H	extension	,	DFVC program			
•	special extension (enter descr		CATCHOLOT		☐ pr vc brogram			
Da	rt II Basic Plan Information—enter all requested info		1113 - 1113 - 1113 - 1113 - 1113 - 1113 - 1113 - 1113 - 1113 - 1113 - 1113 - 1113 - 1113 - 1113 - 1113 - 1113					
	Name of plan	ormation		4h	There also			
	M SAGE, DDS RETIREMENT PLAN			10	Three-digit plan number			
J. OF	WIGAGE, DUG RETINEWERT FEAR					001		
				1c	Effective date of pla 01/07/2009			
2a	Plan sponsor's name and address (employer, if for single-emplo	ver plan)		2h	Employer Identificat			
	M SAGE, DDS, PLLC	yer plany		1	(EIN) 35-235463			
4400	4 OTH AVE NE CHITED			2c	Plan sponsor's telep	phone number		
	4 - 8TH AVE. N.E., SUITE B TLE WA 98125			24	206-362-66	511 1		
	ALC THEODOMORE HAS CONTROLLED			Zu	Business code (see 621210	: instructions)		
3a SAM	Plan administrator's name and address (if same as Plan sponso ≘	r, enter "Same	2")	3b	Administrator's EIN 35-235463			
				3с	Administrator's telep	phone number 677		
	the name and/or EIN of the plan sponsor has changed since th		port filed for this plan, enter the	4b	EIN			
1	name, EIN, and the plan number from the last return/report. Spo	nsor's name	e e					
5a	Total number of participants at the beginning of the plan year			4c	PN			
b	Total number of participants at the end of the plan year			5a		7		
-	rotal number of paradiparts at the one of the plan year	***************************************	***************************************	5b		1		
C	Total number of participants with account balances as of the er	d of the plan s	year (defined benefit plans do not					
С	Total number of participants with account balances as of the er complete this item)			5c		6		
6a	complete this item) Were all of the plan's assets during the plan year invested in e	ligible assets?	(See instructions.)	5c		6 X Yes No		
	complete this item)	ligible assets?	(See instructions.)	5c	The state of the s	Yes No		
6a	Were all of the plan's assets during the plan year invested in e Are you claiming a waiver of the annual examination and repor under 29 CFR 2520.104-46? (See instructions on waiver eligib	ligible assets? t of an indeper lity and condit	(See instructions.)	5c	The state of the s			
6a b	complete this item)	ligible assets? t of an indeper lity and condit	(See instructions.)	5c	The state of the s	Yes No		
6a b	Were all of the plan's assets during the plan year invested in e Are you claiming a waiver of the annual examination and repor under 29 CFR 2520.104-46? (See instructions on waiver eligib If you answered "No" to either 6a or 6b, the plan cannot us	ligible assets? t of an indeper lity and condit	(See instructions.)	5c		X Yes No X Yes No		
6a b Pa	were all of the plan's assets during the plan year invested in e Are you claiming a waiver of the annual examination and repor under 29 CFR 2520.104-46? (See instructions on waiver eligib If you answered "No" to either 6a or 6b, the plan cannot us Till Financial Information	ligible assets? t of an indeper lity and condit se Form 5500-	(See instructions.)	5c PA)	The state of the s	X Yes No X Yes No		
6a b Pa	Complete this item)	ligible assets? t of an indeper lity and condit se Form 5500-	(See instructions.)	5c PA)		X Yes No X Yes No Year		
6a b Pa 7 a b	Complete this item)	ligible assets? t of an indeper lity and condit e Form 5500- 7a 7b	(See instructions.)	5c PA)		X Yes No X Yes No Year		
6a b Pa 7 a b	Complete this item)	ligible assets? t of an indeper lity and condit e Form 5500- 7a 7b	(See instructions.)	5c PA)	(b) End of	Yes No No Year 111042		
6a b Pa 7 a b	Complete this item)	ligible assets? t of an indeper lity and condit se Form 5500- 7a 7b 7c	(See instructions.)	5c		Yes No No Year 111042		
6a b Pa 7 a b	complete this item)	ligible assets? t of an indeper lity and condit se Form 5500- 7a 7b 7c 8a(1)	(See instructions.)	5c PA) 00.	(b) End of	Yes No No Year 111042		
6a b Pa 7 a b	Complete this item)	ligible assets? t of an indeper lity and condit se Form 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.)	5c PA) 00.	(b) End of	Yes No No Year 111042		
Pa 7 a b c	complete this item)	igible assets? t of an indeper lity and condit se Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.)	5c PA)	(b) End of	Yes No No Year 111042		
6a b Pa 7 a b	Complete this item)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(See instructions.)	5c PA)	(b) End of	Yes No Yes No 111042 111042		
Pa b c 8 a b	Complete this item)	7a 7b 7c 8a(1) 8a(2) 8b 8c	(See instructions.)	5c PA)	(b) End of	Yes No No Year 111042		
Pa b Pa b c	Complete this item)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8s	(See instructions.)	5c	(b) End of	Yes No Yes No 111042 111042		
Pa b c 8 a b c d	Complete this item)	Sa(1) Sa(2) Sa(3) Sb Sc Sa(4) Sc Sa(4) Sc Sa(5) Sa(5) Sa(6)	(See instructions.)	5c	(b) End of	Yes No Yes No 111042 111042		
Pa b c 8 a b c d	Complete this item)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c ss 8d 8s 8e	(See instructions.)	5c	(b) End of	Yes No Yes No 111042 111042		
Pa 7 a b c 8 a b c d	Complete this item)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8s 8d 8f	(See instructions.)	5c	(b) End of	Yes No Yes No 111042 111042		
Pa b c B a b c d e f	Complete this item)	### Total Page 1 February Feb	(See instructions.)	5c	(b) End of	Yes No Yes No 111042 111042		
Pa b c b c d e f g	Complete this item)	### Table ### Ta	(See instructions.)	5c	(b) End of	Yes No Yes No 111042 111042 al		

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١	CO. C.	Plan Characteristics	
1	LIGHT IV	Ulan Characteristics	
١		riali 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 2G 2J 2K 2T 3D

b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes from the	List of Plan Characte	eristic Co	des in	the instruction	ons:
Part	V Compliance Questions						II-
10	During the plan year:	33.320 pm		Yes	No		mount
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				х		anount
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)	Do not include trans	actions reported	0a 0b	x		
C	MED SET 1/18 MED 18 MED				x	77	
d					x		
е					×		
f	Has the plan failed to provide any benefit when due under the plan?			Of	Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.))a	Х		
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 2	9 CFR	oh .	×		
i	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	required notice or or	ne of the	01			
Part	VI Pension Funding Compliance					STEED THE ACCOUNT	initial and deficiently series
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	ts? (If "Yes," see ins	tructions and comple	te Sche	dule SE	3 (Form	∏ Yes ∏ No
12	Is this a defined contribution plan subject to the minimum funding rec	quirements of sectio	n 412 of the Code or	section	302 of	ERISA?	Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	le.)					
	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.		Month	ns, and	enter th Day	ne date of the	e letter ruling 'ear
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N			Г		r	
	Enter the minimum required contribution for this plan year				12b		
d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enler a min	us sign to the left of a	a f	12c		
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?		L		│ │ Yes	No ∏ N/A
Part				••••••			NO MA
13a	Has a resolution to terminate the plan been adopted during the plan y	vear or any prior vea	nr?				Yes X No
_	If "Yes," enter the amount of any plan assets that reverted to the emp	plover this year			13a		I ica M No
b	Were all the plan assets distributed to participants or beneficiaries, trof the PBGC?	ansferred to another	nian or brought und	ler the e	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the p	olan(s) to)		
1	3c(1) Name of plan(s):			13	c(2) El	N(s)	13c(3) PN(s)
							,,,,,,,,
Cauti	on: A penalty for the late or incomplete filing of this return/repor	t will be assessed	uniess reasonable d	ause is	establ	ished.	
Unde SB or	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	declare that I have	evamined this return			21 - ** LEONAL ** 1070 ** 0	le, a Schedule owledge and
SIGN		16/22/2011	J. SAM SAGE				
HER		Date	Enter name of indiv	idual sid	ınina ə	nlan admini	etrator
SIGN				. audi bil	ring a	PIGIT GUITIIII	ou a (UI
HER		Date	Enter name of indiv	ridual sid	ning as	employer or	r plan sponsor
		1000					abanda