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 acco	rdance wit	h the instructions to the Form 550	0-SF.					
Pa	rt I Annual Report Identif	fication Information								
For	calendar plan year 2010 or fiscal plan	year beginning 01/01/20	10	and ending	2/31/2	2010				
Α -	his return/report is for:	s return/report is for: single-employer plan multiple-employer plan (not multiemployer)								
	· —	t return/report								
_		amended return/report	final retur	n year return/report (less than 12 mo	nths)					
_	봄		╡		111113)	□ pc/0				
C		m 5558		extension		DFVC program				
	spe	ecial extension (enter descript	ion)							
Pa	rt II Basic Plan Informatio	n—enter all requested inform	mation							
	Name of plan				1b	Three-digit				
JOH	I STIEBER, D.D.S., P.S. 401(K) PRO	FIT SHARING PLAN				plan number 001				
					4.0	(PN) •				
					10	Effective date of plan 01/01/1990				
22	Plan sponsor's name and address (e	mployer if for single employe	or plan)		2h	Employer Identification Number				
	I STIEBER, D.D.S., P.S.	mployer, ir for single-employe	i pian)		20	(EIN) 91-1347910				
					2c	Plan sponsor's telephone number				
	153RD STREET SE NO. 102 CREEK, WA 98012					425-745-6322				
IVIILL	OKELK, WK 30012				2d	Business code (see instructions) 621210				
20	Dian administratoria nama and addus	/:f Dl		- "\	2 h	Administrator's EIN				
JOH	Plan administrator's name and addre I STIEBER, D.D.S., P.S.	1025 153RI	D STREET :	SE NO. 102	30	91-1347910				
		MILL CREE	K, WA 980	12	3c	Administrator's telephone number				
						425-745-6322				
	the name and/or EIN of the plan spo			port filed for this plan, enter the	4b EIN					
-	name, EIN, and the plan number from	the last return/report. Spons	or's name		4c PN					
52	Total number of participants at the be	aginning of the plan year				4				
					5a					
b	Total number of participants at the en				5b	0				
С	Total number of participants with accomplete this item)			•	5c	0				
62	Were all of the plan's assets during					X Yes □ No				
	Are you claiming a waiver of the ann	. ,		'						
~	under 29 CFR 2520.104-46? (See in					Yes No				
	If you answered "No" to either 6a		Form 5500-	SF and must instead use Form 55	00.					
Pa	rt III Financial Information	1								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	917096	5	0				
b	Total plan liabilities		7b	90)	0				
С	Net plan assets (subtract line 7b from	n line 7a)	7с	917000	6	0				
8	Income, Expenses, and Transfers for	r this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable					` ,				
	(1) Employers		8a(1))					
	(2) Participants		8a(2)		0					
	(3) Others (including rollovers)		8a(3)		0					
b	Other income (loss)		8b	-473	7					
С	Total income (add lines 8a(1), 8a(2),	8a(3), and 8b)	8c			-4737				
d	Benefits paid (including direct rollove	•		91150	,,					
		provide benefits)								
е	Certain deemed and/or corrective dis	stributions (see instructions)	8e		2					
f	Administrative service providers (sala	aries, fees, commissions)	<u>8f</u>	763	_					
g	Other expenses		8g)					
h	Total expenses (add lines 8d, 8e, 8f,	and 8g)	8h			912269				
i	Net income (loss) (subtract line 8h fro	om line 8c)	8i			-917006				
i	Transfers to (from) the plan (see inst)					

	Form 5500-SF 2010 Page 2-								
ar	IV Plan Characteristics								
a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characas 2E 2J 2G 2A 2R 2F	cteris	tic Co	des in	the instru	iction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cterist	ic Cod	les in t	he instru	ctions	S :		
art	V Compliance Questions								
0	During the plan year:		Yes	No		Am	ount		
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					2500)00
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		Χ					
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							
art	VI Pension Funding Compliance	•	•						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				`	. [Yes	X ,	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						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 instructions, and enter the date of the letter ruling granting the waiver								
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							-	
b	b Enter the minimum required contribution for this plan year								
С	Enter the amount contributed by the employer to the plan for this plan year			12c					
d	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)							_	
е	Will 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								

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? Yes If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

X Yes No

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)

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.	08/01/2011	TOM A. KRUSIC						
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-\$F	Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-011			
	Internal for an a Manual of			IT Plan sections 104 and 4065 of the Employe	10.	2010			
_	Department of Labor Employee Benefits Security Administration	Retirement Income Securit	Act of 1974 (ERISA), and section 6058(a) of the Revenue Code (the Code).			This Form is Open		Public	
	Pension Benefit Guaranty Corporation	uh 10.00	I In	spection	1 40000				
	Paris Annual Report k	dentification Information	ordence w	ith the instructions to the Form 550	U-31				
Fo	r celendar plan year 2010 or fisc	al plan year beginning	01/01/	2010 and ending		12/31/20	ľ0		
A	This return/report is for:	X single-employer plan	-	employer plan (not multiemployer)		one-participa	nt plan		
B	This return/report is for:	first return/report	X final ret	um/report		_			
		an amended return/report	ahort pi	an year return/report (less than 12 mo	nths)				
Ç	Check box if filing under:	Form 5558	automa	lic extension		DFVC progn	MTR		
P. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.		special extension (enter descrip	*						
		mation—enter all requested infor	mation						
18	l Name of plan John Stieber, D.D.:	S., P.S.			1b	Three-digit			
	401(k) Profit Shar					(PN)	00	1	
	TOT (K) PIOLIC DUME.	Factor			10	Effective date o			
20	Disp special days and add-	(01/01/199			
20	John Stieber, D.D.	ess (employer, if for single-employe	er plan)		26	Employer Identif		nber	
					2c	Plan aponsor's t	elephone n	umber	
	1025 153rd Street &	SE No. 102			2d	(425) 745-6 Business code ((lons)	
30	Mill Creek	addreas (if seme es Plan sponsor,		WA 98012		621210			
, See	SWE LIGHT SOME SIDE OF STREET OF STREET	accioss (a strict as Liet: shouset.	enter San	re)	30	Administrator's 6	: IN		
					3с	Administrator's t	elephone n	umber	
4	If the name and/or EIN of the pla	n sponsor has changed since the to	ast return/r	eport filed for this plan, enter the	4b	EIN			
	name, Est, and the plan number	r from the lest return/report. Spons	ors name		4c	PN			
5a	Total number of participants at	the beginning of the plan year		***************************************	5a		· · · · · · · · · · · · · · · · · · ·	4	
b	Total number of participants at	the end of the plan year						0	
C	Total number of participants wit	th account balances as of the end o	of the plan	year (defined benefit plans do not	5c		· · · · · · · · · · · · · · · · · · ·	0	
ва		uring the alon was invested in clini		(See Instructions.)		1	X Yes	□ No	
	Are you claiming a waiver of th	e annual examination and report of	f an indepa	ndent qualified public accountant (IQI	PAI		E 100		
	under 29 CFR 2520.104-46? (\$	See instructions on waiver eligibility	and condi	ions.)	4444		X Yes	No	
8 - 7 - 5	If you answered "No" to either the life of	ar 6a or 6b, the plan cannot use F More	оли 5500-	SF and must instead use Form 550	0		i		
7	Plan Assets and Liabilities			(a) Beginning of Year	T	/hit Marie	d Van-		
a				(a) beginning of Year 917, 096	1	(b) End (r tear	Ó	
ь	•			90	+	-		- 0	
_c	-	from (ine 7a)	. 7c	917,006	-			0	
8	income, Expenses, and Transfe			(a) Amount		(b) To	tal		
8	Contributions received or receive	able from:		_			11/2/2017		
			. 8a(1)						
	•		8a(2)						
h		4145584544444464,f6.f4.64.64.e		(4.777)					
		a(2), 8e(3), and 8b)		(4,737)	1 SERIE		/ /	737)	
d	Benefits paid (including direct ro		ac		166.88				
	to provide benefits)		8d	911,506					
8		e distributions (see instructions)	Se .	0					
f		(salaries, fees, commissions)	8f	763					
g		17445574547854444057554444444444444444444			400				
n		o, 6f, and 8g)				······································		, 269	
1		3h from line 8c)			54453	V AN VERTICAN AND AN	(917,	006)	
FOF P		MB Control Numbers, see the Instruction		6900-88	100				
- 44 8	-4	······		maker make t		IP.	SYD 5500-8F	LEV (V)	

	Form 5500-SF 2010		Page 2-						
	r IV Plan Characteristics						· ·		
9a	If the plan provides pension benefits, enter the applicable pension feature of the plan provides pension feature. 3D 2E 2J 2G 2A 2R 2F	ire codes from th	e List of Plan Cha	racteris	tic Co	des is	the instr	uctions:	
þ	If the plan provides welfare benefits, enter the applicable welfare feature	ns codes from the	List of Plan Char	acterisi	ic Cos	les in	the instru	ctions:	
	Compliance Questions								
10	During the plan year.				Yes	No		Amount	
4	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	within the time p	eriod described in	10a		х		Auoun	
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10s.)	not include tran	barroger anothed	10b		х			-
C				10c	X			250,0	00
d		ty bond, that was	caused by fraud	10d		x		230,0	
	Were any fees or commissions peld to any brokers, agents, or other per			100				****	-
_	insurance service or other organization that provides some or all of the instructions.)	benefits under th	ne plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?			101		x			
a	Did the plan have any participant loans? (If "Yes," enter amount as of ye	(Ane see			-				
h	If this is an individual account plan, was there a blackout period? (See is 2520.101-3.)	Instructions and 2	29 CFR	10g	\neg	x x			
1	If 10h was answered "Yes," check the box if you either provided the requestrons to providing the notice applied under 29 CFR 2520.101-3	uired notice or o	ne of the	101		45			
57210 ST	VI Pension Funding Compliance			-41 1			421-2013-2013-201	State of the state	mer.
11	Is this a defined benefit plan subject to minimum funding requirements?							Yee X N	, lo
12	is this a defined contribution plan subject to the minimum funding requir					·		Yes X N	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			01 004	Kemii da	w w.	HI ANDRES V.	L L	_
a	If a walver of the minimum funding standard for a prior year is being amogranting the waiver.	ortized in this pla	n year, see instruc	tiona, a	and en	ter the	a date of t	he latier ruling Year	
173	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (
b	Enter the minimum required contribution for this plan year				. 1	2b			_
C	Enter the amount contributed by the employer to the plan for this plan ye	par	10110-101110-1110-110-110-110-110-110-1		. 13	2c			_
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)				1	2 d			
•	Will the minimum funding amount reported on line 12d be met by the fun	nding deadline?				Yes		□ No □ N/A	
Park	Plan Terminations and Transfers of Assets								_
13a	Has a resolution to terminate the plan been adopted during the plan year	r oz sav prior ves	17					X Yes No	_
	if "Yes," enter the amount of any plan assets that reverted to the employe					3a			<u></u>
	Were all the plan assets distributed to participants or beneficiaries, transf of the PBGC?	ferred to another	plan, or brought u	nder th	e con		-	X Yes No	<u>~</u>
Ç	If during this plan yeer, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See Instructions.)	s plan to another	plan(s), identify the	e plan(:	s) to				
1:	3c(1) Name of plan(a):				13c(2	EIN	(8)	13c(3) PN(s)	_
									_
	**************************************								***
Cauti	on: A penalty for the late or incomplete filling of this return/report wil	ll he assessed t	inless seesaahle	- Cauda	la an	to bille	had	1	_
Under SB or	penalties of perjury and other penalties set forth in the instructions, I deci Schedule MB completed and signed by an enrolled actuary, as well as the it is true; college, and complete.	lare that I have e	examined this return	n/repor	t. incl	sdina.	if applical	ble, a Schedule mowledge and	_
SIGN		7/29/11	John Stiebe	r Y	-			······································	7
		<i>*</i>	Enter name of ind		Rignin	(1 #9 I)	dan edmi	nistrator	+
	< (DAM 1/1 < 7 1 -	150/11	John Stiebe		ABH 101/	و منه بع		mod and	7
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