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

	rt 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: single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan	
В	This return/report is for: first return/report	final retur	n/report				
	an amended return/report	short plan	year return/report (less than 12 m	onths)			
C	Check box if filing under:	DFVC program					
	special extension (enter description	on)					
Pa	rt II Basic Plan Information—enter all requested inform	nation					
1a	Name of plan			1b	Three-digit		
FREI) MELTON, DDS, PLLC 401(K) 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-employer	r plan)		2b	Employer Identi	fication Number	
FREI	MELTON, DDS, PLLC				(EIN) 20-272		
1008	5TH STREET			2c	Plan sponsor's t	elephone number 2-8815	
	ATCHEE, WA 98801			2d	Business code (
					621210	,	
3a	Plan administrator's name and address (if same as Plan sponsor, e		2")	3b	Administrator's		
TIVE	WENATCHE		01	30		telephone number	
				30	509-66	2-8815	
	the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
I	name, EIN, and the plan number from the last return/report. Sponso	or's name		40	PN		
5a	Total number of participants at the beginning of the plan year				111	8	
	Total number of participants at the beginning of the plan year			5b			
C	Total number of participants at the end of the plan year			. 30		8	
	complete this item)	. ,		. 5c		7	
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					X vaa 🗆 Na	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F		•			Yes No	
Pa	rt III Financial Information	OIIII 3300-	or and must mistead use i orm s	500.			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	. 7a	7013	37	(3) =::0	80013	
b	Total plan liabilities						
С	Net plan assets (subtract line 7b from line 7a)		701:	37		80013	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	Total .	
а	Contributions received or receivable from:		187	75			
	(1) Employers	. 8a(1)	187				
	(2) Participants	· ,	10	3			
	(3) Others (including rollovers)		612	26			
b	Other income (loss)		012	20		9876	
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				9670	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
е	Certain deemed and/or corrective distributions (see instructions)						
f	Administrative service providers (salaries, fees, commissions)						
g	Other expenses						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					0	
i	Net income (loss) (subtract line 8h from line 8c)					9876	
i	Transfers to (from) the plan (see instructions)						

	F	orm 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
Эа	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	aracteri	stic Co	des in	the instru	ctions	:	
		2F 2G 2J 2K 3D							
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	tic Co	des in t	ne instruc	tions:		
art	V	Compliance Questions							
0		ng the plan year:		Yes	No		Amo		
-		there a failure to transmit to the plan any participant contributions within the time period described i	<u> </u>	103			AIIIC	unt	
_		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			Х				
		ne 10a.)	10b						
С	Was	s the plan covered by a fidelity bond?	10c		X				
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauc shonesty?	10d		X				
е	Were	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		,			Χ				
•		the plan failed to provide any benefit when due under the plan?	10f		X				
g		he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		^				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions 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 co						Yes	No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes	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 instr							
lf v	-	ing the waiver			Day ₋		Yea	r	
		r the minimum required contribution for this plan year		Γ	12b				
				T	12c				
		r the amount contributed by the employer to the plan for this plan yearthe amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le		····					
-		tive amount)		L	12d	L			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			•	
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	t under	the co				Yes	X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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):

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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	09/23/2011	FRED MELTON
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

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public

	Pension Benefit Guaranty Corporation	► Complete all entries in acco	ordance w	ith the inetru	tions to the Form FF	00 EE	Ins	spection	
	Part I Annual Report I	dentification Information	ordance w	idi die ilistidi	dons to the Form 55	JU-3F.			
F	or calendar plan year 2010 or fisc		01/01	/2010	and ending		12/31/2010)	
Α	This return/report is for:	X single-employer plan	multiple	-employer plar	(not multiemployer)	one-participant plan			
В	This return/report is for:	first return/report	final retu	urn/report					
		an amended return/report	short pla	an year return/	report (less than 12 mo	onths)			
С	Check box if filing under:	X Form 5558	=	ic extension			DFVC progra	ım	
		special extension (enter descrip	_				☐ Di vo piogia	1111	
F	art II Basic Plan Infor	mation—enter all requested inform	•		, , , , , , , , , , , , , , , , , , ,		·		
	Name of plan	Chief an requested milon	ITALIOTI			1h	Three-digit		
	Fred Melton, DDS,	PLLC 401(k) Plan					plan number		
							(PN))	001	
						1c	Effective date of		
28	Plan sponsor's name and addr	ress (employer, if for single-employer	or plan)	-		21-	01/01/200		
	Fred Melton, DDS,	PLLC	a plan)				Employer Identit (EIN) 20 - 272		
	1008 5th Street							elephone number	
	1000 JCH BCLEEC						509-662-8	815	
	Wenatchee	WA 98801				2d	Business code (621210	see instructions)	
3a	Plan administrator's name and	address (if same as Plan sponsor,	enter "Sam	ie")		3b	Administrator's E		
	Fred Melton, DDS,	5PPC		·			20-2727360	0	
	1008 5th Street Wenatchee	WA 98801				3с	Administrator's t	elephone number	
4		an sponsor has changed since the h	ast return/r	eport filed for t	his plan, enter the	4b	509-662-88	315	
	name, EIN, and the plan numbe	er from the last return/report. Spons	or's name	-p	me plan, enter the				
50	Tatal sussban of andicinants at	Al- L				4c	PN		
		the beginning of the plan year				5a		8	
b		the end of the plan year				5b		8	
L.	complete this item)	ith account balances as of the end o	of the plan	year (defined i	enefit plans do not	5c	·	7	
6a		luring the plan year invested in eligil					<u> </u>	X Yes No	
b	Are you claiming a waiver of th	ne annual examination and report of	an indepe	ndent qualified	public accountant (IO	ΡΔΙ			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	tions.)	***************************************			X Yes No	
Pa	irt III Financial Informa	er 6a or 6b, the plan cannot use F	orm 5500	-SF and must	instead use Form 55	00.		· · · · · · · · · · · · · · · · · · ·	
7	Plan Assets and Liabilities			(-) D					
a			7a	(a) B	eginning of Year 7013	7	(b) End		
b		es -			7013	1		80013	
C		b from line 7a)			7013	7		90013	
8	Income, Expenses, and Transfe		70		a) Amount	' -	/L\ T	80013	
а	Contributions received or received	vable from:			u _l Amount		(b) To	viai	
					187	5			
					187	5			
						_			
b					612	6			
C C		Ba(2), 8a(3), and 8b)	- 8c			(i)		9876	
d	to provide benefits)	ollovers and insurance premiums	. 8d						
е		ve distributions (see instructions)						160 - 181 - 181 - 180 -	
f		s (salaries, fees, commissions)							
g			. 8g						
h		e, 8f, and 8g)				y and a	Territoria e myselfo në Mje	<u> </u>	
i		8h from line 8c)						9876	
j	Transfers to (from) the plan (see	e instructions)	. 8i		and the second residual production of the second residual seco				
-		OMB Control Numbers, see the instruction		5500 SE		1920/97/97		orm 5500-SF (2010)	

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Form	5500-	SE	2010	

Signature of employer/plan sponsor

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Page	2-	

<u>c</u>	1 0HH 3300-31 2010		Page 2-						
Part	IV Plan Characteristics					-			
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes from th	ne List of Plan Chara	cteris	tic Co	des in	the instru	ctions:	
b	$2\mathrm{E}\ 2\mathrm{F}\ 2\mathrm{G}\ 2\mathrm{J}\ 2\mathrm{K}\ 3\mathrm{D}$ If the plan provides welfare benefits, enter the applicable welfare fea	ature codes from the	a List of Plan Chara	ctorict	in Con	loc in	the impt		
	The application will be a series of the seri	atare codes non th	E LIST OF FIBER CHAPA	CIENSI	iic Coc	ies in	me instru	:uons:	
Part	V Compliance Questions								_
10	During the plan year:				Yes	No		Amou	nt
	Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducians)	ary Correction Proc	ram)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	(Do not include tran	sactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c		Х			1
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	lelity bond, that was	caused by fraud	10d		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 the instructions.)	persons by an insu	rance carrier,	10e		х			
	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 o	of year end.)		10g		X			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instructions and	29 CFR	10g 10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or o	ne of the	10i			-		
Part \									<u></u>
11	s this a defined benefit plan subject to minimum funding requirement	ts? (If "Yes," see in	structions and comp	lete S	Schedu	ie SB	(Form	— <u> </u>	
12	ls this a defined contribution plan subject to the minimum funding rec	guisomonto efti	412 - 64 - 0 - 1						es No
	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	quirements of section	on 412 of the Code (or sec	tion 30)2 of I	ERISA?	ЦΥ	es X No
a I	f a waiver of the minimum funding standard for a prior year is being a	amortized in this pla	an year, see instruct	ions.	and er	iter th	e date of t	he letter	าเปเกด
į	randing the waiver		Month	1		Day		Year _	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M		•		Γ.	121			
	Inter the minimum required contribution for this plan year					12b			
d s	nter 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	ı year e result (enter a mir	us sign to the left of		. -	12c			
r	egative amount)		-			I2d			
	Vill the minimum funding amount reported on line 12d be met by the	funding deadline?	•••••				Yes	No	N/A
Part V	II Plan Terminations and Transfers of Assets								
13a ⊦	las a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ar?		•••••			Υ	es X No
	"Yes," enter the amount of any plan assets that reverted to the emp	loyer this year				13a			
C	Vere all the plan assets distributed to participants or beneficiaries, tra					troi 			es X No
v	during this plan year, any assets or liabilities were transferred from hich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	plan	(s) to				
130	:(1) Name of plan(s):		·		13c((2) EIN	V(s)	13c	(3) PN(s)
Caution	n: A penalty for the late or incomplete filing of this return/report	will be assessed	uniess reasonable	caus	e is e	stabli	shed.	<u> </u>	
Under p SB or S	enalties of perjury and other penalties set forth in the instructions, I on the completed and signed by an enrolled actuary, as well as is true, conject, and complete.	declare that I have	evamined this return	1/ropo	rt incl	udina	if applies	ble, a So	chedule ge and
	1 0 hold	9/19/11	Erod Molt-						
SIGN HERE	Signature of plan administrator	- ' // ' / ' 	Fred Melton						
	- Special Complaint administrator	Date '	Enter name of ind	ividua	I signi	ng as	plan admi	nistrator	
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of indi		1 = ! = .				
	,,	Unite	CUIRL Damo of indi	100110	I Closs	20.00	ample	or =1	

Date

Enter name of individual signing as employer or plan sponsor