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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1			
		dentification Information							
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant 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 mor	nths)				
C	Check box if filing under:	X Form 5558	automatio	extension		DFVC program			
	9	special extension (enter description	on)						
Da	rt II Basic Plan Infori	mation—enter all requested inform							
	Name of plan	mation—enter all requested inform	ialion		1h	Three-digit			
	•	FIT SHARING PLAN AND TRUST			וו	plan number			
						(PN) ▶ 002			
					1c	Effective date of plan			
						01/01/1984			
	•	ress (employer, if for single-employer	· plan)		2b	Employer Identification Number			
DALE	C. BOBB, D.D.S.				20	(EIN) 91-1002964			
1152	1 GRAVELLY LAKE DRIVE,				20	Plan sponsor's telephone number 253-581-2777			
TAC	DMA, WA 98499				2d	Business code (see instructions)			
						621210			
3a	Plan administrator's name and C. BOBB, D.D.S.	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN 91-1002964			
DALE	: C. BOBB, D.D.S.	TACOMA, W		RE DRIVE,	2-				
					30	Administrator's telephone number 253-581-2777			
4 1	the name and/or EIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN			
		er from the last return/report. Sponso		,					
					4c 5a	PN			
5a	5a Total number of participants at the beginning of the plan year					10			
b Total number of participants at the end of the plan year					5b	9			
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not					_	9			
	•				5c	□ □ □			
	•	during the plan year invested in eligib		,		Yes No			
D	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.)								
		ner 6a or 6b, the plan cannot use F		•					
Pa	rt III Financial Inform								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	2119697	7	2258663			
b	Total plan liabilities		. 7b						
С	Net plan assets (subtract line	7b from line 7a)	. 7c	2119697	7	2258663			
8	Income, Expenses, and Trans			(a) Amount	(b) Total				
а	Contributions received or rece					(5) 1015			
	(1) Employers			38402)2				
	(2) Participants		. 8a(2)	43650	650				
	(3) Others (including rollovers	s)	. 8a(3)						
b	Other income (loss)		8b	197443	3				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			279495			
d	Benefits paid (including direct	rollovers and insurance premiums		140229					
			. <u>8d</u>	140228	_				
е	Certain deemed and/or correc	tive distributions (see instructions)	. 8е						
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f						
g	Other expenses		. 8g	300)				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h			140529			
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i			138966			
j	Transfers to (from) the plan (se	ee instructions)	. 8i						

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ar	IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara E 2F 2G 2J 2K 2R 3B 3D	acteris	tic Co	des in t	the instruct	ions:	
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	les in tl	he instructi	ons:	
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				300000
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					
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver						-
_ `	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b			
	Enter the minimum required contribution for this plan year						
	C Enter the amount contributed by the employer to the plan for this plan year						
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
	VII Plan Terminations and Transfers of Assets			<u>L</u>			_

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?

which assets or liabilities were transferred. (See instructions.)

 13c(1) Name of plan(s):
 13c(2) EIN(s)
 13c(3) PN(s)

Yes X

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.	09/26/2011	KEVIN BOERCKER
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 Regenue Service

Department of Labor Employee Banefits Security Administration Pension Penefit 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

		Identification Information									
For	calendar plan year 2010 or fis	<u></u>	01/01/201	0 and ending		12/31/201	.0				
Α	This return/report is for:	x single-employer plan	multiple-emp	loyer plan (not multiemployer)		one-participa	nt plan				
В	This return/report is for:	first return/report	final return/re	eport							
		an amended return/report	short plan ye	ar return/report (less than 12 mor	nths)						
С	Check box if filing under:	X Form 5558	automatic ex	tension		DFVC progra	m				
•											
Pa	art II Basic Plan Info	special extension (enter descrip									
	Name of plan	THE DITTO OF THE PROPERTY OF T	······································		1b	Three-digit					
	DALE C. BOBB, D.D.	S.				plan number					
	401(K) PROFIT SHAR	RING PLAN AND TRUST				(PN) ▶ 002					
					10	Effective date of 01/01/1984	•				
22	Plan enoneor's name and add	tress (employer if for single-employer	er nlan)		2h						
2 a	DALE C. BOBB, D.D.	dress (employer, if for single-employers S .	or plany		2b Employer Identification Number (EIN) 91-1002964						
					2c Plan sponsor's telephone numbe						
	11521 GRAVELLY LAK	Œ DRIVE,			24	(253) 581-2					
	TACOMA			WA 98499	2 u	Business code (9621210	see instructions)				
3a	Plan administrator's name and	d address (if same as Plan sponsor,	enter "Same")		3b Administrator's EIN						
	SAME				-						
					3C	Administrator's t	elephone number				
4	f the name and/or EiN of the p	lan sponsor has changed since the	last return/repor	t filed for this plan, enter the	4b EIN						
	name, EIN, and the plan numb	per from the last return/report. Spons	sor's name		4c PN						
	5a Total number of participants at the beginning of the plan year						1				
h		at the end of the plan year		•	5a 5b						
	• •	· ·			อม						
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).				5c							
6a	Were all of the plan's assets	during the plan year invested in elig	ible assets? (Se	ee instructions.)			X Yes No				
b		the annual examination and report					X Yes ∏ No				
		(See instructions on waiver eligibility ther 6a or 6b, the plan cannot use					M Tes 140				
Pa	rt III Financial Inform		1 01111 0000 01	una mast misteau ase i oim oot	, , , , , , , , , , , , , , , , , , , 						
7	Plan Assets and Liabilities			(a) Beginning of Year	T	(b) End	of Year				
а	Total plan assets		7a	2,119,69	7	2,258,					
	Total plan liabilities		7b								
C		7b from line 7a)		2,119,69	7	2,258,66					
8	Income, Expenses, and Trans			(a) Amount		(b) Total					
а	Contributions received or rec	eivable from:									
				38,40							
	(O) Destining and				ΛI						
	(2) Participants		8a(2)	43,65	4						
	• •	s)									
b	(3) Others (including rollover Other income (loss)	s)	8a(3) 8b	197,44			ing salah Merikan				
c	(3) Others (including rollover Other income (loss)	s) , 8a(2), 8a(3), and 8b)	8a(3) 8b				279,49				
	(3) Others (including rollover Other income (loss)	s) , 8a(2), 8a(3), and 8b) t rollovers and insurance premiums	8a(3) 8b	197,44	3		279,49				
c d	(3) Others (including rollover Other income (loss)	s) , 8a(2), 8a(3), and 8b) t rollovers and insurance premiums	8a(3) 8b 8c		3		279,49				
c d	(3) Others (including rollover Other income (loss)	s)t, 8a(2), 8a(3), and 8b)t rollovers and insurance premiums	8a(3) 8b 8c 8c 8d	197,44	3		279,49				
c d e f	(3) Others (including rollover Other income (loss)	t rollovers and insurance premiums ctive distributions (see instructions)	8a(3) 8b 8c 8d 8e 8f	197,44	9		279,49				
c d e f g	(3) Others (including rollover Other income (loss)	t rollovers and insurance premiums ctive distributions (see instructions)	8a(3) 8b 8c 8d 8e 8f	197,44 140,22	9						
c d e f	(3) Others (including rollover Other income (loss)	s)	8a(3) 8b 8c 8d 8e 8f 8g	197,44 140,22	9		140,52				
c d e f g	(3) Others (including rollover Other income (loss)	t rollovers and insurance premiums ctive distributions (see instructions)	8a(3) 8b 8c 8d 8e 8f 8g 8h	197,44	9						

		Form 5500-SF 2010 Page 2							
Par									
9a	If th	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 2G 2J 2K 2R 3B 3D	acteri	stic Co	odes in	the instri	uctions:		
b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions:		
Parl	١V	Compliance Questions							
10	Du	ring the plan year:		Yes	No		Amoi	unt	
а									
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		х				
C	W	as the plan covered by a fidelity bond?	10c	Ж				30	0,000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		х				
е		re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,							
	ins	urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		х				
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х				
h	252	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			х				
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							ч	
Part	VI	Pension Funding Compliance							
11	Is ti 550	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))	plete	Sched	lule SE	3 (Form		Yes	No
12							X No		
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			•				
b	Ent	er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year		***	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)				12d				
е	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?		<u></u>				Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a	_			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control					X No			
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to					
13c(1) Name of plan(s): 13c(2) EIN(s)					N(s)	13	3c(3)	PN(s)	
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	ie cau	se is	establ	ished.			
SB o	r Šch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete.							

Date

Date

SIGN HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

DALE C. BOBB

Enter name of individual signing as plan administrator

BOBB

Enter name of individual signing as employer or plan sponsor