## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**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).

**Short Form Annual Return/Report of Small Employee** 

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.	1,000
		dentification Information				
For	calendar plan year 2010 or fisc	cal plan year beginning 01/01/201	10	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	n year return/report (less than 12 mo	nths)	
C	Check box if filing under:		extension		DFVC program	
_						
Do	rt II   Pacia Plan Infor	special extension (enter descripti mation—enter all requested inform	,			
	rt II   Basic Plan Infor	mation—enter all requested inform	nation		1h	Three-digit
	•	P.S. 401(K) PROFIT SHARING PLA	N		טו	nlan number
O/ ii c	o. EEWANDOWORN, B.B.O.,	1.0. 401(R) 1 ROTH SHARMED LER				(PN) ▶ 001
					1c	Effective date of plan
						01/01/2001
		ress (employer, if for single-employe	r plan)		2b	Employer Identification Number
	/ J. LEWANDOWSKI, D.D.S.,	P.S.			0-	(EIN) 91-1842951
	NSULA DENTAL CENTER I.E. RIDDELL RD., SUITE A				2C	Plan sponsor's telephone number 360-782-1000
BREI	MERTON, WA 98310				2d	Business code (see instructions)
					1	621210
3a	Plan administrator's name and	d address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN
	/ J. LEWANDOWSKI, D.D.S., NSULA DENTAL CENTER	BREMERTO			0 -	91-1842951
					3C	Administrator's telephone number 360-782-1000
4 1	the name and/or FIN of the pl	an sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b	FIN
	•	er from the last return/report. Spons		p		
					4c	PN
5a	Total number of participants a	t the beginning of the plan year			5a	3
b	Total number of participants a	t the end of the plan year			5b	4
С	Total number of participants v	vith account balances as of the end o	of the plan y	vear (defined benefit plans do not		4
	complete this item)				5c	4
	•	during the plan year invested in eligil		,		Yes   No
b		he annual examination and report of (See instructions on waiver eligibility				X Yes ☐ No
		her 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
-	Total plan assets		7a	565047	7	723678
b	. ota. p.a accosto					
C		7b from line 7a)		565047	7	723678
8	Income, Expenses, and Trans		70	(a) Amount		(b) Total
а	Contributions received or received			(a) Amount		(b) Total
<u> </u>			8a(1)	44549		
	(2) Participants		8a(2)	44303	3	
	(3) Others (including rollovers	s)	8a(3)			
b	Other income (loss)				3	
С	Total income (add lines 8a(1),	, 8a(2), 8a(3), and 8b)	8c			183975
d	, , ,	rollovers and insurance premiums		0447	,	
	to provide benefits)		8d	24177	4	
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e		4	
f	Administrative service provide	ers (salaries, fees, commissions)	8f		_	
g	Other expenses		8g	1167	7	
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h			25344
i	Net income (loss) (subtract lin	e 8h from line 8c)	8i			158631
	Transfers to (from) the plan (s	see instructions)	8i			

	F	orm 5500-SF 2010 Page <b>2-</b>				
Par	t IV	Plan Characteristics				
9a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2H 2J 2K 2R 2T 3D	acteris	stic Co	des in	the instructions:
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	des in t	the instructions:
Part	٧	Compliance Questions				
10	Duri	ng the plan year:		Yes	No	Amount
а		there a failure to transmit to the plan any participant contributions within the time period described in 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 ne 10a.)	10b		X	
С	Wa	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 fraud shonesty?	10d		X	
е	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		X	
g	Did	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X		
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			
Part	VI	Pension Funding Compliance				
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com				
12 a	(If "Y If a v	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrucing the waiver.	ctions	and e	enter th	ne date of the letter ruling

_				П	V
art	VII Plan Terminations and Transfers of Assets				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
d	inter the minimum required contribution for this plan year				
С					
b					

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

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)

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.	10/12/2011	GARY J. LEWANDOWSKI
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

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).

OMR Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

_	Pension Benefit Guaranty Corporation	► Complete all entries in acco	<u>rdance wi</u>	th the Instructions to the Form 560	00-8F.	mspectio		
	Part I Annual Report Identification Information  For calendar plan year 2010 or fiscal plan year beginning and ending							
		al plan year beginning  ⊠ single-employer plan Γ		and ending_				
Α	This return/report is for:	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for:							
		an amended return/report  Form 5558	short pla	in year return/report (less than 12 mc	រាវវាន)			
С	Check box if filing under:	ic extension	DFVC program					
		special extension (enter descript						
		mation—enter all requested inform	nation				1111	
	Name of plan			***	1ь	Three-digit		
GA	RY J. LEWANDOWSKI, D.D.S.,	P.S. 401(K) PROFIT SHARING PLA	AN			plan number 001		
					40	(FIN) F		
					16	Effective date of plan 01/01/2001		
<b>2</b> a	Plan sponsor's name and addr RY J. LEWANDOWSKI, D.D.S.,	ess (employer, if for single-employe	r plan)	, , , , , , , , , , , , , , , , , , , ,	2b	Employer Identification	Number	
	JINSULA DENTAL CENTER	1 - 1-47			20	(FIN) 91-1842951 Plan sponsor's telephor		
	N.E. RIDDELL RD., SUITE A				20	360-782-1000	é unwoét	
BRI	EMERTON WA 98310				2d	Business code (see inst 621210	ructions)	
<b>3a</b> SAN	. Plan administrator's name and ∄E	address (if same as Plan sponsor, o	enter "Sam	e")	3b	Administrator's EIN 91-1842951		
					Зс	Administrator's telephor 360-782-1000	e number	
4	if the name and/or EIN of the pla	an sponsor has changed since the la	st retum/re	eport filed for this plan, enter the	4b			
	name, Env, and the plan notinge	er from the last return/report. Sponso	ors name		4ç	DN		
5a	Total number of participants at	the beginning of the plan year			5a		3	
b		the end of the plan year			5b		4	
C	Total number of participants wi	ith account balances as of the end o	f the olan s	ear (defined benefit plans do not	5c			
6a	Were all of the plan's assets d	luring the plan year invested in all all	do oppoto?	(See instructions.)		<u> </u>		
b	<ul> <li>Are you claiming a waiver of th</li> </ul>	e annual examination and report of	an indono	Mont qualified public accountant (ICI	341	_	es 📗 No	
	under 29 CFR 2520,104-46? (	See instructions on waiver eligibility	and condit	ions.)			es No	
	if you answered "No" to eith irt III <u>F</u> inancial Informa	<u>er 6a or 6b, the plan cannot use F</u>	orm 5500.	SF and must instead use Form 550	<del>)</del> 0.			
7		ation	<del></del> -					
•	Plan Assets and Liabilities			(a) Beginning of Year	4	(b) End of Year		
a				565047	J		723678	
a								
8		b from line 7a)	7c _	565047			723678	
a	Income, Expenses, and Transfi Contributions received or received			(a) Amount	ļ. <u>.</u>	(b) Total		
•		vable from:	8a(1)	44549				
				44303	$\dashv$			
					$\exists$			
þ	Andrea de la companya del companya del companya de la companya de			95123	┨			
C		Ba(2), 8a(3), and 8b)			· <del></del>		183975	
ď	Benefits pald (including direct re	ollovers and insurance premiums		24177	<del> </del>		103373	
e	Certain deemed and/or correcti	ve distributions (see instructions)			4			
f		s (salaries, fees, commissions)	8e					
g		s (salaties, lees, commissions)		1167	-{			
h		e, 8f, and 8g)	8g	1167	+		4.22	
,,		8h from line 8c)			1		25344	
i		e instructions)					158631	
For		OMB Control Numbers, see the instruction		CHAN CH				
	,	wonder named as the manifold	ma for Form	DOUG-TF,		Form about		

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Form 5500-SF 2010								
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 2H 2J 2K 2R 2T 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 Compliance Questions								
10	During the plan year:		_		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducia		10a		x				
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)		10b		х				
¢	Was the plan covered by a fidelity bond?			10c		Х			
ď	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	caused by fraud	10d	-	х				
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of this instructions.)	ance carrier, e plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the plan?		r	10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	f year end.)		10g	×				0
ĥ	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 2	9 CFR	10h		Х			
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	e of the	10i	-				
Part	/I Pension Funding Compliance					•			
11	ls this a defined benefit plan subject to minimum funding requirement 5500))	ts? (If "Yes," see ins	tructions and comp	plete :	Sched	ule SB	(Form	Yes	∏ No
12	is this a defined contribution plan subject to the minimum funding red							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 a granting the waiver.		Mont	tions, h	and e	nter the Day	e date of ti	he letter n. Year	iling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M		•			1			
	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	n year	ve sign to the left of	······	··	12c			
	negative amount)					12đ			
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A
Part \	/II Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?		<u></u>			Yes	⊠ No
	if "Yes." enter the amount of any plan assets that reverted to the emp	loyer this year			.,	13a			
	Were all the plan assets distributed to participants or beneficiaries, transfer PBGC?		·	•••		ntrol 		Yes	⊠ No
	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	e plan	(\$) to				
1;	c(1) Name of plan(s):				13c	(2) EIN	l(s)	13c(3)	PN(s)
	-					<u> </u>	\-/		
	A11		"					-	
Cautio	n: A penalty for the late or incomplete filing of this return/report	will be assessed a	inless masonable	a caus	eo ie e	etabli	-had		
Under 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 o	examined this retur	m/ren	ort inc	:hudina	if applica	ble, a Sch nowledge	edule and
SIGN	X XXX	1 10/11/11	GARY J. LEWAN	NDON	/SK!				
HERE		Date	Enter name of inc	dîvidu:	al sign	ing as	plan admir	nistrator	"
SIGN	1		" 111						
HERE	Signature of employer/plan sponsor	Date	Enter name of inc	dividus	ai sion	ea bni	employer (	or plan end	neer I