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).

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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	n the instructions to the Form 550	0-SF.				
		lentification Information							
For	calendar plan year 2010 or fisca	al 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	mployer plan (not multiemployer)		one-participa	ant plan		
	This return/report is for:	first return/report	final retur						
		an amended return/report	short plar	year return/report (less than 12 mor	nths)				
С	Check box if filing under:	Form 5558	automatic	extension		▼ DFVC progr	am		
		special extension (enter descripti	on)						
Pa	rt II Basic Plan Inform	nation—enter all requested inform	nation					_	
	Name of plan	enter an requested milom	lation		1b	Three-digit		_	
	CREEK DENTAL P.S. 401(K) F	PLAN				plan number	001		
						(PN) ▶	001		
					1c	Effective date			
						04/01/			
	CREEK DENTAL P.S.	ess (employer, if for single-employe	r plan)		∠D	(EIN) 91-200	ification Number		
	ORELIN BENTALT TO.				2c Plan sponsor's telephone numb				
	8 MILL CREEK BLVD STE 130 CREEK, WA 98012					425-74	15-0931		
IVIILL	ORLER, WA 90012				2d	Business code 62111	(see instructions)		
32	Dlan administrator's name and	address (if some as Plan spansor	antor "Com	\ <u>\</u> \\	3h	Administrator's		_	
MILL	CREEK DENTAL P.S.		CREEK BL	.VD STE 130	35	91-200			
		MILL CREE	K, WA 980 ²	2	3с	Administrator's	telephone number	r	
							l5-0931 	_	
		an sponsor has changed since the la or from the last return/report. Spons		port filed for this plan, enter the	4b	EIN		_	
'	name, Env, and the plan numbe	Thom the last return report. Opons	or 3 manne		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a		(6	
b	Total number of participants at	the end of the plan year			5b			6	
С	Total number of participants wi	ith account balances as of the end c	of the plan y	ear (defined benefit plans do not				_	
				` .	5c			5	
6a	Were all of the plan's assets d	luring the plan year invested in eligil	ole assets?	(See instructions.)			X Yes N	lo	
b				dent qualified public accountant (IQI			X Yes N	ما	
				ons.)SF and must instead use Form 55				U	
Pa	rt III Financial Informa		01111 0000	or and must mistead use rorm oo	.			_	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	d of Year	_	
· a	Total plan assets		7a	258748	3	(D) Line	31117	4	
C		7b from line 7a)		258748	3		31117	4	
8	Income, Expenses, and Transf	·		(a) Amount		(b)	Total	_	
a	Contributions received or recei					(2)	10141	Г	
	(1) Employers		8a(1)	7141					
	(2) Participants		8a(2)	14282	_				
	(3) Others (including rollovers)	8a(3)	2054	1				
b	Other income (loss)		8b	28949	9				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				52420	6	
d		rollovers and insurance premiums	8d	C					
е	Certain deemed and/or correct	tive distributions (see instructions)	8e						
f	Administrative service provider	rs (salaries, fees, commissions)	8f						
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)						0	
i		e 8h from line 8c)					52420	6	
_		ee instructions)							

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		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGH SHOS

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2K 2R 3D

If the plan provides welfare ben

D	ii the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	iciens	lic Coc	ies in	ne instru	Ction	15:	
art	٧	Compliance Questions							
0	Duri	ng the plan year:		Yes	No		A	mount	
а		s 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					14282
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	re 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 ructions.)	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					41148
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
2	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?.		Yes	X No
	(If "\	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Ente	er the minimum required contribution for this plan year			12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
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							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year		Γ	13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to PBGC?			ntrol			Yes	X No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					_
1	3c(1)	Name of plan(s):		130	c(2) EI	N(s)		13c(3) PN(s)
					•	, ,		,	
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
SB o	· Sch	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retued edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	03/14/2012	DAVID KAVANAUGH					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	03/14/2012	DAVID KAVANAUGH					
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 Inspection

► Complete all entries in accordance with the instructions to the Form 5500-SF.

Pa	art I Annual Report Identification Information								
For	the calendar plan year 2010 or fiscal plan year beginning	01/01	/2010	and ending	12	/31/2010			
Α -	This return/report is for: x single-employer plan	multiple-em	ployer plan (no	t multiemployer)		one-participant plan			
в -	This return/report is for:	final return/	report		_				
	an amended return/report	short plan v	ear return/repo	rt (less than 12 month	s)				
c /	Check box if filing under: Form 5558	automatic e			x	DFVC program			
•	special extension (enter description)		Atonsion		F	Br vo program			
_									
	Basic Plan Information enter all requested information	nation.			4h 3	Thursday, and the state of the			
ıa	Name of plan					Three-digit plan number			
	MILL CREEK DENTAL P.S. 401(K) PLAN					PN) ▶ 001			
						Effective date of plan 04/01/2006			
	Plan sponsor's name and address (employer, if for single-employer plan	n)				Employer Identification Number			
_u	MILL CREEK DENTAL P.S.	''',				EIN) 91-2007653			
						Plan sponsor's telephone number			
	15808 MILL CREEK BLVD STE 130					(425) 745-0931 Business code (see instructions)			
υs	MILL CREEK WA 98012					521111			
3a	Plan administrator's name and address (If same as plan employer, enter	er "Same")			3b /	Administrator's EIN			
	Same								
					3c /	Administrator's telephone number	,		
4	If the name and/or EIN of the plan sponsor has changed since the last	return/repor	t filed for this pl	an, enter the	4b E	IN			
	name, EIN and the plan number from the last return/report. Sponsor's N		,	·	4c PN				
50	Total number of participants at the beginning of the plan year				5a	T 6	_		
b	Total number of participants at the end of the plan year				5b	6			
c	Total number of participants with account balances as of the end of the								
	complete this item)				<u>5c</u>	5	_		
	Were all of the plan's assets during the plan year invested in eligible as				• • •	X Yes No			
b	Are you claiming a waiver of the annual examination and report of an ir under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	•		accountant (IQPA)		X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Form	•			, ,				
Pa	rt III Financial Information					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End of Year			
а	Total plan assets	. 7a		258,748		311,174	_		
b	Total plan liabilities	, 7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		258,748		311,174	_		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	Ī	(b) Total	_		
а	Contributions received or receivable from:						2		
	(1) Employers	8a(1)	<u> </u>	7,141					
	(2) Participants	. 8a(2)		14,282					
l.	(3) Others (including rollovers)	8a(3)		2,054					
b	Other income (loss)	8b	nga raska	28,949	950536 91		67		
c d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				52,426	519		
u	to provide benefits)	8di		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f			1000				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				0			
i	Net income (loss) (subtract line 8h from line 8c)	8i				52,426	_		
i	Transfers to (from) the plan (see instructions)	8j					1		
		, ~,			Committee				

Par	t IV	Plan Characteristics									
9a	If the	plan provides pension benefits, enter the applicable pension feature	codes from the List	of Plan Characte	eristi	c Cod	es in th	ne inst	tructions:		
L.		2E 2F 2J 2K 2R 3D		(D)		٠ı.					
Ь	it the	plan provides welfare benefits, enter the applicable welfare feature of	codes from the List o	it Plan Character	ISUC	Code	s in the	e instr	uctions:		
Pai	+ V	Compliance Questions									
10						1	es N	lo	Aı	nount	
a		ring the plan year: is there a failure to transmit to the plan any participant contribution w	vithin the time neriod	described in	ſ						
	29	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary (Correction Program)		. [10a	X				14,282
b		ere there any nonexempt transactions with any party-in-interest? (Do				10ь		x			
		line 10a.)			_			, 			
ç		is the plan covered by a fidelity bond?			•	10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fidelity	•	· · · · ·	. .	10d		x			
е	104	ere any fees or commisions paid to any brokers, agents, or other pers	eone hy an incurance	carrier							,
C		urance services or other organization that provides some or all of the						x			
_		tructions.)			. L	10e					
t	Ha	s the plan failed to provide any benefit when due under the plan? .			•	10f		X			
g		the plan have any participant loans? (If "Yes," enter amount as of ye			·	10g	х				41,148
h		nis is an individual account plan, was there a blackout period? (See i 20.101-3.)				10h		x			
i		0h was answered "Yes," check the box if you either provided the req			.	1011					
		ceptions to providing the notice applied under 29 CFR 2520.101-3			. -	10i					
Par	t VI	Pension Funding Compliance									
11		his a defined benefit plan subject to minimum funding requirements?	•	•				•		Yes	TY No
12		00))					•				X No
12		his a defined contribution plan subject to the minimum funding requir 'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		12 of the Code o	sec	สเดก 3	02 01 6	KISA			<u> </u>
а		waiver of the minimum funding standard for a prior year is being am		ear see instructi	ione	and e	nter th	e date	of the lette	r rulina	
u		nting the waiver									
lf	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB ((Form 5500), and sk	tip to line 13.			_	— т			
b	En	ter the minimum required contribution for this plan year						2b			
С	En	er the amount contributed by the employer to the plan for this plan y	ear				1:	2c			
d		otract the amount in line 12c from the amount in line 12b. Enter the regative amount)	•	sign to the left of	fa		1:	2d			
_		I the minimum funding amount reported on line 12d be met by the ful		• • • • •		• •	L		Yes	No	N/A
Par	-	Plan Terminations and Transfers of Assets	ilding deadline?		•	• •	····	•			
		s a resolution to terminate the plan been adopted during the plan year								□Yes	X No
138	Ha If "	s a resolution to terminate the plan been adopted during the plan yea Yes," enter the amount of any plan assets that reverted to the emplo	ar or any prior year? ver this vear					3a	• • • •		122,10
h		ere all the plan assets distributed to participants or beneficiaries, trans						Ja			
D		he PBGC? • • • • • • • • • • • • • • • • • • •	sierred to another pr	an, or brought ur	·					Yes	X No
С		uring this plan year, any assets or liabilities were transferred from thi	is plan to another pla	ın(s), identify the	plar	ı(s) to					
	wh	ich assets or liabilities were transferred. (See instructions.)		·	Т					1	
	13c() Name of plan(s):			\dashv		13c(2) EIN	l(s)	13c(3)	PN(s)
					+						
Caut	ion:	A penalty for the late or incomplete filing of this return/report wil	II be assessed unle	ss reasonable o	aus	e is e	stablis	hed.			
		alties of perjury and other penalties set forth in the instructions, I dec							licable, a So	chedule	
SBo	r Śch	edule MB completed and signed by an enrolled actuary, as well as th									
belie	f, it is	true, correct, and complete.	11/3	1	1 3	1	7.7	,	<i>i</i>		
SIC	SN	410	1805/C	LCV	O*	1.	K	د ب	nes >		
HE	RE	Signature of plan administrator	Date	Enter name of	indiv	idual s	signing	as pl	an administr	ator	
SIC	SN		i feb/2	Irid		1.	Keva	ne	<u> </u>		
HE	RE	Signature of employer/plan sponsor	Date	Enter name of	indiv	idual s	signing	as er	nployer or p	lan spons	or

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