Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number JOHN G. BRANZ, DDS CHARTERED PROFIT SHARING PLAN (PN) ▶ 002 1c Effective date of plan 04/01/1973 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number JOHN G. BRANZ, DDS CHARTERED 82-0305038 (EIN) 2c Sponsor's telephone number 208-752-4681 P.O. BOX 558 WALLACE, ID 83873 2d Business code (see instructions) 621210 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN JOHN G. BRANZ, DDS CHARTERED P.O. BOX 558 WALLACE, ID 83873 3c Administrator's telephone number 208-752-4681 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 2105423 0 Total plan assets..... 7a 7b Total plan liabilities..... 2105423 0 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 31942 **b** Other income (loss)..... 8b 31942 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 2137365 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 2137365 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -2105423 Net income (loss) (subtract line 8h from line 8c)..... 8i

Transfers to (from) the plan (see instructions)

Form 5	κ	SE 201

Part IV	Plan	Characte	aristics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Δ	moun	t	
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					
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ					
Was the plan covered by a fidelity bond?	10c	Χ					19	0000
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					
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					
Has the plan failed to provide any benefit when due under the plan?	10f		X					
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h							
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							
t VI Pension Funding Compliance								_
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Y6	es X	No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3		ERISA	.?	Ye	es X	No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3		ERISA	.?	Ye	es 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 instrugranting the waiver	ctions,	and e	302 of enter th	e date	of the	e letter	ruling)
(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 instrugranting the waiver	ctions,	and e	302 of enter th	e date	of the	e letter	ruling)
(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 instru granting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions, nth	and e	302 of enter th	e date	of the	e letter	ruling)
(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 instru granting the waiver	ctions,	and e	302 of enter th Day	e date	of the	e letter	ruling)
(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 instru granting the waiver	ctions, nth	and e	nter th Day	e date	of the	e letter	ruling]
(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 instru granting the waiver	of a	and e	12b 12c 12d	e date	of the	e letter	ruling)
(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 instru granting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a	and e	12b 12c 12d	e date	of the	e letter ear	ruling)
(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 instru granting the waiver	of a	and e	12b 12c 12d	e date	of the	e letter ear	ruling)
(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 instru granting the waiver	of a	and e	12b 12c 12d	Ye	s	e letter ear	ruling)
(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 instrugranting the waiver	of a	and e	12b 12c 12d 	Ye	s	e letter ear	ruling	N/A
(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 instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	of a	and e	12b 12c 12d 	Ye	s	e letter éar	ruling	N/A
(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 instrugranting the waiver. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify to	of a	and e	12b 12c 12d 	Yee	s	No Ye	ruling	N/A
(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 instrugranting the waiver. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	Yee	s	No Ye	ruling	N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/24/2012	JOHN BRANZ
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/24/2012	JOHN BRANZ
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

5500-SF Electronic Filing Authorization

Plan Name:

JOHN G. BRANZ, DDS CHARTERED PROFIT SHARING PLAN

EIN/PN:

82-0305038/002

Plan Year:

01/01/2011 - 12/31/2011

I hereby authorize Magnuson, McHugh & Co. PA to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

 $\frac{3}{\text{(sign)}}$ Range $\frac{8/20/12}{\text{(date)}}$ 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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Da-	th Annual Report Identification Information									
Par or the	e calendar plan year 2011 or fiscal plan year beginning	01/01/2	2011	and ending	12/	31/2011				
		multiple-em	nployer plan	(not multiemployer)		a one-participant plan				
	П.,	e final retur	n/report							
o ih	iis returnieport is:		•	eport (less than 12 mo	nths)					
	H			opon (loco titali ili ili	П	DFVC program				
C C	leck box if filling drider.	utomatic ex	tension		L	Di vo piogiai				
	special extension (enter description)									
Par	t II Basic Plan Information enter all requested information	ation.			46 7					
1a	Name of plan					hree-digit lan number				
	JOHN G. BRANZ, DDS CHARTERED PROFIT SHARING PLAN	1				PN) ▶ 002				
	•				1	ffective date of plan				
						4/01/1973				
2a	Plan sponsor's name and address; include room or suite number (emple	oyer, if for s	single-emplo	oyer plan)	1	mployer Identification Number EIN) 82-0305038				
	JOHN G. BRANZ, DDS CHARTERED									
						lan sponsor's telephone number (208) 752-4681				
	P.O. BOX 558					Business code (see instructions)				
	TD 00070				1	521210				
	WALLACE ID 83873 Plan administrator's name and address (If same as plan sponsor, enter	"Same")			3b A	Administrator's EIN				
Jd	Same	J ,								
					3c A	Administrator's telephone number				
					415 5					
4	If the name and/or EIN of the plan sponsor has changed since the last	return/repo	rt filed for th	is plan, enter the	4b EIN					
а	name, EIN, and the plan number from the last return/report. Sponsor's Name				4c PN					
	Total number of participants at the beginning of the plan year				5a					
b	Total number of participants at the end of the plan year				5b	0				
C	Number of participants with account balances as of the end of the plan	year (defin	ed benefit	olans do not	5c	0				
	complete this item)	ecte2 (See	inetruction			X Yes No				
ба	Were all of the plan's assets during the plan year invested in eligible as Are you claiming a waiver of the annual examination and report of an in	ndenenden	t qualified r	ublic accountant (IQPA	.)					
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	conditions.)			XYes No				
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	nd must in	stead use Form 5500.						
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a)	Beginning of Year		(b) End of Year				
а	Total plan assets	7a		2,105,423		0				
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		2,105,423		0				
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount	392087 2	(b) Total				
а	Contributions received or receivable from:	8a(1)								
	(1) Employers									
	(2) Participants	8a(2)								
1.	(3) Others (including rollovers)	8a(3) 8b		31,942	_					
b	Other income (loss)	8c		,		31,942				
Ç	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	- 30			riogram I					
d	to provide benefits)	. 8d		2,137,36	<u> </u>					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g								
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				2,137,365				
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				(2,105,423)				
i	Transfers to (from) the plan (see instructions)	. 8j	1							
J	Transiers to (norm) the plan (see mondeterle)					Form 5500 SE /2014				

Part	IV Plan Characteristics									
9a II	f the plan provides pension benefits, enter the applicable pens 2E	sion featur	e codes from the List	of Plan Characteris	tic C	odes	in the i	nstructions:		
b II	f the plan provides welfare benefits, enter the applicable welfa	ire feature	codes from the List of	of Plan Characteristi	ic Co	des i	n the in	structions:		
Part	V Compliance Questions									
10	During the plan year:					Yes	No	Am	ount	
а	Was there a failure to transmit to the plan any participant cor	ntributions	within the time perio	d described in			x			
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary				10a					
b	Were there any nonexempt transactions with any party-in-int on line 10a.)	-		· ·	10b		x			
	•				10c	х			1 (90,000
ر C	Was the plan covered by a fidelity bond?				.00				<u></u>	
d	Did the plan have a loss, whether or not reimbursed by the p or dishonesty?		-		10d		х			
е	Were any fees or commisions paid to any brokers, agents, o		•							
	insurance services or other organization that provides some instructions.)				10e		х			
f	Has the plan failed to provide any benefit when due under the			i i	10f		х			
				<u> </u>			x			
g	Did the plan have any participant loans? (If "Yes," enter amo		•	-	10g		├ ^-	nesta estas recursos	5.5.59 (1.055.62	
h	If this is an individual account plan, was there a blackout per 2520.101-3.)				10h					
i	If 10h was answered "Yes," check the box if you either provi exceptions to providing the notice applied under 29 CFR 252	ded the re	equired notice or one	of the						
Part	VI Pension Funding Compliance					L	.1	5000 0 1000 0 000 0 000 0 000 0 000 0 000 0 000 0		1/9 57 (4 Auto # 1) 2-1/3 (
11	Is this a defined benefit plan subject to minimum funding rec	quirement	s? (If "Yes," see instru	uctions and complet	e Sc	hedul	le SB (F	orm	Yes	x No
12	Is this a defined contribution plan subject to the minimum ful									X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as			. 12 01 110 0000 01 0	,001,1	00.	_ 0			
а	If a waiver of the minimum funding standard for a prior year		·	vear, see instruction	ıs. aı	nd en	ter the	date of the let	ter rulina	
	granting the waiver			Monti						
ify	you completed line 12a, complete lines 3, 9, and 10 of Sch	edule ME	(Form 5500), and s	kip to line 13.		г		I		
b	Enter the minimum required contribution for this plan year .				•	·	12b			
C	Enter the amount contributed by the employer to the plan for	r this plan	year		•	. [12c			
d	Subtract the amount in line 12c from the amount in line 12b. negative amount)		•	•		. [12d			<u> </u>
е	Will the minimum funding amount reported on line 12d be m	net by the	funding deadline? .					Yes	No [□N/A
Part	VII Plan Terminations and Transfers of A	ssets	•							
13a	Has a resolution to terminate the plan been adopted in any	plan year?							x Yes	□No
	If "Yes," enter the amount of any plan assets that reverted to					[13a			0
b	Were all the plan assets distributed to participants or benefit of the PBGC?	ciaries, tra	insferred to another p	olan, or brought und	er th	e con	troi		XYes	Пио
С	If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instructions		his plan to another p	an(s), identify the pl	lan(s	s) to				
	13c(1) Name of plan(s):					1	3c(2) ⊟	iN(s)	13c(3) F	PN(s)
				117117						
Cauti	ion: A penalty for the late or incomplete filing of this return	n/report v	vill be assessed unl	ess reasonable car	use	is est	ablishe	ed.	<u> </u>	
Unde SB or	r penalties of perjury and other penalties set forth in the instrur Schedule MB completed and signed by an enrolled actuary, t, it is true, correct, and complete.	ctions, I d	eclare that I have exa	mined this return/re	port	, inclu	ıding, if	applicable, a		11.
SIG	Ohn Brang		8/20/12	John Branz	V	hu	- B	rams/		
HE			Date	Enter name of indi	ividu	al sin			trator	
Adam	and the series of the series o				-,	J. 0191		r.c., canmid		
SIC										
HE	Signature of employer/plan sponsor		Date	Enter name of indi	ividu	al sig	ning as	employer or p	olan spons	or

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Form 5500-SF 2011