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

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Pension Be | enerit Guaranty Corporation | ▶ Complete all entries in ac | cordance with the instru | uctions to the Form 550 | 0-SF. | | | | |
|--|-----------------------------|--|-------------------------------|------------------------------|---|---|--|--|--|
| Part I | Annual Report | Identification Information | | | | | | | |
| For calenda | ar plan year 2012 or fi | scal plan year beginning 06/01/ | 2012 | and ending 0 |)5/31/2 | 2013 | | | |
| | urn/report is for: | a single-employer plan | H | plan (not multiemployer) | | a one-participant plan | | | |
| B This ret | urn/report is: | the first return/report | the final return/report | t | | | | | |
| | | an amended return/report | a short plan year retu | rn/report (less than 12 m | onths) |) | | | |
| C Check box if filing under: Form 5558 automatic extension | | | | | | DFVC program | | | |
| | | special extension (enter descri | ription) | | | | | | |
| Part II | Basic Plan Info | rmation—enter all requested inf | ormation | | | | | | |
| 1a Name | | • | | | 1b | Three-digit | | | |
| DAVID L. LU | KENS, D.O., P.S. 401 | (K) PROFIT SHARING PLAN AND | TRUST | | | plan number | | | |
| | | | | | _ | (PN) 001 | | | |
| | | | | | 10 | Effective date of plan 06/01/1976 | | | |
| 2a Plan a | noncer's name and ad | dress; include room or suite number | or (ampleyer if for a single | o ampleyer plan) | 2h | | | | |
| DAVID L. LU | JKENS, D.O., P.S. | aress, include room or saile nambe | er (employer, ii for a single | e-employer plan) | 2b Employer Identification Number (EIN) 91-0962933 | | | | |
| | | | | | 2c Sponsor's telephone number | | | | |
| | ON AVENUE, SUITE | 200 | | | | 253-572-7101 | | | |
| TACOMA, W | /A 98405 | | | | 2d | Business code (see instructions) 621111 | | | |
| 3a Plan a | dministrator's name ar | nd address XSame as Plan Spons | or Name Same as Pla | an Sponsor Address | 3b | Administrator's EIN | | | |
| | | | | | 2- | | | | |
| | | | | | 3C | Administrator's telephone number | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 If the r | name and/or EIN of the | e plan sponsor has changed since | the last return/report filed | for this plan, enter the | 4b | EIN | | | |
| | | mber from the last return/report. | | | | | | | |
| • | or's name | | | | | PN I | | | |
| | | at the beginning of the plan year | | | 5a | 2 | | | |
| b Total r | number of participants | at the end of the plan year | | | 5b | 0 | | | |
| | | account balances as of the end of | , , | • | 5c | 0 | | | |
| 6a Were | all of the plan's assets | s during the plan year invested in e | ligible assets? (See instru | ctions.) | | X Yes No | | | |
| _ | | f the annual examination and repor | | | | | | | |
| | | ? (See instructions on waiver eligib | | | | - - | | | |
| lf you | answered "No" to e | ither line 6a or line 6b, the plan c | annot use Form 5500-SF | F and must instead use | Form | 5500. | | | |
| | | or incomplete filing of this return | | | | | | | |
| | | her penalties set forth in the instructed actuary, a | | | | | | | |
| | true, correct, and com | | is well as the electronic ve | rision of this return/report | i, and | to the best of my knowledge and | | | |
| | <u> </u> | | 1 | 1 | | | | | |
| SIGN HERE | Filed with authorized/ | valid electronic signature. | 06/28/2013 | DAVID L. LUKENS | | | | | |
| IILKL | Signature of plan a | dministrator | Date | Enter name of individ | ual siç | gning as plan administrator | | | |
| SIGN | | | | | | | | | |
| HERE | Signature of emplo | yer/plan sponsor | Date | Enter name of individ | ual siç | gning as employer or plan sponsor | | | |
| Preparer's | | ame, if applicable) and address; in | clude room or suite numb | er (optional) | Prep | parer's telephone number (optional) | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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| Par | t III Financial Information | | | | | | | | | | |
|------------|--|-------------|---------------------------------|------------|-----------------|---------------|-----------|----------|-------|-----|----|
| | Plan Assets and Liabilities | | | | (b) End of Year | | | | | | _ |
| | | plan assets | | | 0 | | | | 0 | | |
| | Total plan liabilities | 7b | | | | | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 10815 | 55 | 0 | | |) | | | |
| | Income, Expenses, and Transfers for this Plan Year | | | (a) Amount | | | (b) Total | | | | |
| | Contributions received or receivable from: | | (a) Amount | | | | (I) | Total | | | |
| | (1) Employers | 8a(1) | | | | | | | | | |
| | (2) Participants | 8a(2) | | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | | |
| b | Other income (loss) | 8b | 119 | 95 | | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 1195 | 5 | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 10928 | 34 | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 6 | 6 | | | | | | | |
| g | Other expenses | 8g | | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 10935 | 0 | |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | _ | 10815 | 5 | |
| | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| Par | t IV Plan Characteristics | , <u>°,</u> | | | | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D | feature co | des from the List of Plan Char | acteris | tic Cod | es in | the instr | uctions | 3: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | les from the List of Plan Chara | cteristi | c Code | s in t | he instru | ctions: | | | |
| Don | V Campliana Ovations | | | | | | | | | | |
| Part | • | | | | V | NI - | | | | | |
| 10 | During the plan year: | 4: | | | Yes | No | | Am | ount | | |
| a | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 1997). | ıciary Corı | rection Program) | 10a | | X | | | | | |
| | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | X | | | | | |
| C | Was the plan covered by a fidelity bond? | | | 10c | | X | | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | - | | 10d | | X | | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) | of the bene | efits under the plan? (See | 10e | | X | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | | | 10f | | Χ | | | | | |
| | | | | | | | | | | | |
| g h | , , | (See instru | uctions and 29 CFR | 10g | | X | | | | | |
| i | 2520.101-3.) | ne require | d notice or one of the | 10h | | | | | | | |
| | exceptions to providing the notice applied under 29 CFR 2520.10 | 1-3 | | 10i | | | | | | | |
| Part | | | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | [| Yes | ١ | No |
| <u>11a</u> | Enter the amount from Schedule SB line 39 | | | | 1 | 1a | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | ents of section 412 of the Code | or se | ction 30 |)2 of | ERISA? | _ | Yes | χN | No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | | | | | | | | |
| | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | | Mon | | and en | ter th Day | e date c | f the le | | ing | |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | e MB (For | m 5500), and skip to line 13. | | ı | | | | | | |
| b | Enter the minimum required contribution for this plan year | | | | 1 | 2b | | | | | |

| | Form 5500-SF 2012 Page 3 - 1 | _ | | | |
|-------|--|-----------|------------|-------|-----------------|
| | | | _ | | |
| С | Enter 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 a 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 in any plan year? | Х | Yes | No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC? | e control | | X Yes | s No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.) | s) to | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2) ⊟ | IN(s) | 13c(3 | B) PN(s) |
| | | | | | |
| | | | | | |
| Part | VIII Trust Information (optional) | | | • | |
| 14a I | Name of trust | 14b ⊺ | rust's EIN | I | |

900803621

DAVID L. LUKENS, D.O., P.S. 401(K)

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

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

| Part | | | | | | | |
|--|--|--|--|--|---|-------------------------------|-----------------------|
| For cal | endar plan year 2012 or fiscal plan year beginning 0 | 6/01/2 <u>012</u> | and ending | C | 5/31/2013 | 1 | |
| A This | return/report is for: 🗵 a single-employer plan | er) a one-participant plan | | | | | |
| B This | B This return/report is: | | | | | | |
| | an amended return/report | a short plan year retu | ım/report (less than 12 n | nonths) | | | |
| C Che | ck box if filing under: Form 5558 | automatic extension | | П | DFVC program | n | |
| | special extension (enter description | n) | | ш | | | |
| Part | | <u> </u> | | | | | _ |
| 1a Na | me of plan | | | 1b Th | ree-digit | | |
| Da | vid L. Lukens, D.O., P.S. | | | pla | an number | | |
| 40 | 1(k) Profit Sharing Plan and Trust | | | | N) • | 001 | · |
| | | | | | fective date of p | olan | |
| 2a Pla | n sponsor's name and address; include room or suite number (er | mplover, if for a single | -employer plan) | | | alian North | |
| | vid L. Lukens, D.O., P.S. | , , , | , | | nployer Identific IN) 91-0962. | | Der |
| | | | | 2c Sp | onsor's telepho | ne number | r |
| 10 | 02 S. Union Avenue, Suite 200 | | | (2 | 53) 572-7 | 101 | |
| 10 | 02 S. Union Avenue, Suite 200 | | | | siness code (se | e instructio | ons) |
| | coma n administrator's name and address XSame as Plan Sponsor N | | 98405 | | 21111 | | |
| Ja Pia | n administrator's name and address Asame as Pian Sponsor N | ame U Same as Plan | Sponsor Address | 310 Ad | ministrator's Ell | N | |
| | | | | 3c Ad | ministrator's tel | ephone nur | mber |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | l | | | |
| 4 If #I | so name and/or FIN of the plan engager has channed since the | est water water and tiled to | or this plan antar the | 41 | | | |
| 4 If the | ne name and/or EIN of the plan sponsor has changed since the la me, EIN, and the plan number from the last return/report. | ast return/report filed for | or this plan, enter the | 4b EI | N | | |
| na a Spo | me, EIN, and the plan number from the last return/report. onsor's name | | | 4b EII | | | |
| na a Spo | me, EIN, and the plan number from the last return/report. | | | | | - | 2 |
| a Spo | me, EIN, and the plan number from the last return/report. onsor's name | | | 4c PN | | | 2 |
| 7 na a Spot 5a Tot b Tot C Nu | me, E!N, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year all number of participants at the end of the plan year | lan year (defined bene | efit plans do not | 4c PN 5a 5b | | | 0 |
| a Spo 5a Tot b Tot C Nu | me, EIN, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year all number of participants at the end of the plan year Insorting the plan year | an year (defined bene | fit plans do not | 4c PN 5a 5b 5c | 1 | | 0 |
| 5a Tot b Tot c Nu cor 6a W | me, EIN, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year | an year (defined bene | efit plans do not | 4c PN 5a 5b 5c | 1 | X Yes [| 0 |
| 5a Tot b Tot c Nu cor 6a We b Are | me, EIN, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year | an year (defined bene e assets? (See instruc n independent qualific | efit plans do not | 4c PN 5a 5b 5c | N | | 0 |
| fa room fa roo | me, EIN, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year | e assets? (See instruction independent qualifications.) | efit plans do not ctions.)d public accountant (IQI | 4c PN 5a 5b 5c | V | | 0 0 No |
| 5a Tor b Tor c Nu cor 6a Wa b Are und | me, EIN, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year | e assets? (See instruc n independent qualifie nd conditions.) | efit plans do not tions.)d public accountant (IQI and must instead use | 4c PN 5a 5b 5c PA) | N 00. | | 0 0 No |
| 5a Tol C Nu cor 6a W b Are under p Caution | me, E!N, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year | an year (defined benee assets? (See instruct in independent qualifier and conditions.) | efit plans do not tions.) | 4c PN 5a 5b 5c PA) Form 55c ise is est | 00. ablished. | X Yes [| 0 0 No No |
| 5a Tor 5 Nu cor 6a We b Are under p SB or Se | me, E!N, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year | an year (defined benee assets? (See instruct in independent qualifier and conditions.) | efit plans do not tions.) | 4c PN 5a 5b 5c PA) Form 55c ise is est | 00. ablished. | X Yes [| 0 0 No No |
| 5a Tor 5 Nu cor 6a We b Are under p SB or Se | me, E!N, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year | an year (defined benee assets? (See instruct in independent qualifier and conditions.) | efit plans do not tions.) | 4c PN 5a 5b 5c PA) Form 55c ise is est | 00. ablished. | X Yes [| 0 0 No No |
| 5a Tolloon 5 Tolloon 6a Wood 5 Are under p SB or Sebelief, it | me, E!N, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year | e assets? (See instruction independent qualificant conditions.) | efit plans do not tions.) | 4c PN 5a 5b 5c PA) Form 556 ise is est oort, inclu- | 00. ablished. | X Yes [| 0 0 No No |
| 5a Tot 5 Tot C Nu cor 6a We b Are under p SB or Se belief, it | me, E!N, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year | e assets? (See instruction independent qualified and conditions.) | efit plans do not ctions.) | 5a 5b 5c PA) Form 55i ise is est port, inclu- | 00. ablished. ding, if applicab ne best of my kr | Yes [| 0 0 No No |
| 5a Tollor 5 Tollor 6a Wood b Are under p SB or Sebelief, it | me, E!N, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year | lan year (defined bender assets? (See instruct in independent qualified and conditions.) | efit plans do not ed public accountant (IQI and must instead use unless reasonable cau examined this return/report David L. Luken | 5a 5b 5c PA) Form 55c se is est oort, inclu-, and to the | 00. ablished. ding, if applicab ne best of my kr | Yes [| 0 0 No No |
| 5a Tot 5 Tot C Nu cor 6a We b Are under p SB or Se belief, it | me, E!N, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year | e assets? (See instruction independent qualified and conditions.) | efit plans do not ctions.) ed public accountant (IQI and must instead use unless reasonable cau examined this return/report David L. Luken Enter name of individu | 5a 5b 5c PA) Form 55c se is est port, inclu- , and to the | 00. ablished. ding, if applicab ne best of my kr | X Yes [| 0 No No Jule |
| 5a Tot b Tot c Nu cor 6a We b Are under p SB or Se belief, it SIGN HERE | me, EIN, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year | e assets? (See instruction independent qualified and conditions.) | efit plans do not ctions.) | 5a 5b 5c PA) Form 55c se is est port, include, and to the public signing signi | 00. ablished. ding, if applicab ne best of my kr | X Yes [le, a Scheonowiedge a | 0 No No dule and |
| 5a Tot b Tot c Nu cor 6a We b Are under p SB or Se belief, it SIGN HERE | me, E!N, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year | e assets? (See instruction independent qualified and conditions.) | efit plans do not ctions.) | 5a 5b 5c PA) Form 55c se is est port, include, and to the public signing signi | 00. ablished. ding, if applicab ne best of my kr | X Yes [le, a Scheonowiedge a | 0 No No dule and |
| 5a Tot b Tot c Nu cor 6a We b Are under p SB or Se belief, it SIGN HERE | me, E!N, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year | e assets? (See instruction independent qualified and conditions.) | efit plans do not ctions.) | 5a 5b 5c PA) Form 55c se is est port, include, and to the public signing signi | 00. ablished. ding, if applicab ne best of my kr | X Yes [le, a Scheonowiedge a | 0 No No dule and |
| 5a Tot b Tot c Nu cor 6a We b Are under p SB or Se belief, it SIGN HERE | me, E!N, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year | e assets? (See instruction independent qualified and conditions.) | efit plans do not ctions.) | 5a 5b 5c PA) Form 55c se is est port, include, and to the public signing signi | 00. ablished. ding, if applicab ne best of my kr | X Yes [le, a Scheonowiedge a | 0 No No dule and |
| 5a Tot b Tot c Nu cor 6a We b Are under p SB or Sc belief, it SIGN HERE | me, E!N, and the plan number from the last return/report. Insor's name all number of participants at the beginning of the plan year | e assets? (See instruction independent qualified and conditions.) | efit plans do not ctions.) | 5a 5b 5c PA) Form 55c se is est port, include, and to the public signing signi | 00. ablished. ding, if applicab ne best of my kr | X Yes [le, a Scheonowiedge a | 0 No No dule and |

| 1 - 7 | rt III Financial Information | | | | | | | | |
|-----------------------------|--|--|---|--|----------|----------------------------|--------------|----------|-------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | Г | | | (b) End | of Year | |
| a | Total plan assets | 7a | | 3,15 | 5 | | 4.7 | | 0 |
| b | Total plan liabilities | 7b | ÷ | | | | | | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 108 | 3,15 | 5 | | | | 0 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | • | T | | (b) T | otal | |
| a | Contributions received or receivable from: | | (4) / 1114-112 | | | | | | |
| | (1) Employers | 8a(1) | | | - | | | | |
| | (2) Participants | 8a(2) | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | . * | <u> </u> | |
| b | Other income (loss) | 8b | | L,19 | 5 | | | _ | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 1,195 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 109 | 9,28 | 4 | | | | |
| 9 | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 100 | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 6 | 6 | 77 | | | |
| g | Other expenses | 8g | | | 100 | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | _ 10 | 9,350 |
| ī | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | (108 | ,155) |
| J | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D | feature code | s from the List of Plan Char | acteris | tic Co | des in | the instruc | ctions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare f | eature codes | from the List of Plan Charac | cterist | ic Cod | es in t | he instructi | ions: | |
| | | | | | | | | | |
| Par | | . | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) | iciary Correct | tion Program) | 10a | | х | | | |
| | Were there any nonexempt transactions with any party-in-interes on line 10a.) | • | | 10b | | Х | | <u> </u> | |
| C | Was the plan covered by a fidelity bond? | | | | | | | | |
| G | | | | 10c | | х | | | |
| -6 | or dishonesty? | | , that was caused by fraud | 10c | | x | | | |
| | | ner persons l | , that was caused by fraud | | | | | | |
| | Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all | ner persons l | that was caused by fraud by an insurance carrier, s under the plan? (See | | | | | | |
| | Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) | ner persons l of the benefit | that was caused by fraud by an insurance carrier, s under the plan? (See | 10d | | x | | | |
| | Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan | ner persons lof the benefit | y an insurance carrier, s under the plan? (See | 10d 10e | | x x | | | |
| | Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a | ner persons to the benefit ner persons to the benefit ner to the benef | that was caused by fraud by an insurance carrier, s under the plan? (See | 10d | | x | | | |
| | Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) | ner persons in the benefit in? | by an insurance carrier, s under the plan? (See | 10d 10e | | x x | | | 22.10 |
| | Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? | ner persons her persons her persons here. s of year end (See instruction he required require | by an insurance carrier, s under the plan? (See | 10d 10e 10f | | x x x | | | |
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| 9 h 1 Part 11 11 11 12 12 a | Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat instructions. If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is bei | ner persons in the benefit in? Is of year end (See instruct in the required regular in the requirement) I requirement is as applicabing amortized | that was caused by fraud by an insurance carrier, s under the plan? (See 1.) ions and 29 CFR action or one of the s, " see instructions and corr is of section 412 of the Code le.) in this plan year, see instru- | 10d 10e 10f 10g 10h 10i nplete | ection : | X X X X Iule Si 11a 302 of | ERISA? | Yes | X No |
| 9 h | Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat instructions. Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to the was a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) If enter the amount from Schedule SB line 39 | ner persons is of the benefit in? Is of year end (See instruct in 1-3 | that was caused by fraud by an insurance carrier, s under the plan? (See 1.) ions and 29 CFR botice or one of the s, * see instructions and combined in the code le.) in this plan year, see instructions and combined in the code le.) 5500), and skip to line 13. | 10d 10e 10f 10g 10h 10i nplete | ection ; | X X X X Iule Si 11a 302 of | ERISA? | Yes | X No |

| | Form 5500-SF 2012 | Page 3 - | | | | | |
|------|--|---|------|----------|-----------|-----------|-------|
| | Enter the amount contributed by the employer to the plan for this | o alan mar | | 12c | | · · · · · | |
| d | Subtract the amount in line 12c from the amount in line 12b. Entinegative amount) | ter the result (enter a minus sign to the left of | of a | 12d | | | |
| e | Will the minimum funding amount reported on line 12d be met b | | | | Yes | No [| N/A |
| Part | VII Plan Terminations and Transfers of Assets | • | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year | n | | X | res N | 0 | |
| | If "Yes," enter the amount of any plan assets that reverted to the | e employer this year | | 13a | | | 0 |
| b | Were all the plan assets distributed to participants or beneficiario of the PBGC? | | | | | X Yes | No |
| С | If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.) | • | | | | | |
| 1 | 3c(1) Name of plan(s): | | 13 | 3c(2) El | N(s) | 13c(3) | PN(s) |
| | | | | | | | |
| | | | | | | | |
| Part | VIII Trust Information (optional) | | | | _ | • | |
| 14a | Name of trust | | 1 | 14b Ti | ust's EIN | | |
| | | | | | | | |

90-0803621

David L. Lukens, D.O., P.S. 401(k)