Form 5500-SF Short Form Annual Return/Report of Small Employee						OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service				2012					
Department of Labor This form is required to be filed under sections 104 and 4065 of the Employee Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).						8(a) of This Form is Open to Public			
Pension Be	Pension Benefit Guaranty Corporation Inspection Inspection Inspection								
Part I		entification Information				•			
For calenda	ar plan year 2012 or fisca			and ending 1	2/31/	2012			
A This ret	urn/report is for:	a single-employer plan		lan (not multiemployer)		a one-partici	pant plan		
B This ret	urn/report is:		the final return/report						
an amended return/report a short plan year return/report (less than 12 m						,			
C Check b	C Check box if filing under:					DFVC program			
		special extension (enter description	,						
Part II		nation—enter all requested informa	ition		46				
1a Name PICKARD OF	of plan RTHODONTICS 401(K) I	PLAN			dr	Three-digit plan number (PN) ►	001		
					1c	Effective date o	•		
2a Plan sp PICKARD O	oonsor's name and addre	ess; include room or suite number (er	nployer, if for a single	employer plan)	2b	Employer Identi			
					2c	Sponsor's telep	hone number		
1240 SE BIS PULLMAN, V					2d		Business code (see instructions)		
	dministrator's name and			n Sponsor Address	3b	Administrator's			
PICKARD OR	THODONTICS	1240 SE BISHO PULLMAN, WA			3c	Administrator's	telephone number		
	EIN, and the plan numb	lan sponsor has changed since the la er from the last return/report.	ast return/report filed fo	or this plan, enter the		EIN			
		the beginning of the plan year			40 5a	C PN			
5a Total number of participants at the beginning of the plan year							13		
 D Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 					5b		13		
			• •	-	5c		13		
		uring the plan year invested in eligibl					🗙 Yes 🗌 No		
b 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.)									
		er line 6a or line 6b, the plan canno							
		incomplete filing of this return/rep r penalties set forth in the instructions					able a Schedule		
SB or Sche		signed by an enrolled actuary, as we							
SIGN HERE	Filed with authorized/val	lid electronic signature.	07/17/2013	MICHAEL PICKARD					
HEKE	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN HERE	Filed with authorized/va	lid electronic signature.	07/17/2013	MICHAEL PICKARD					
Signature of employer/plan sponsor Date Enter name of individu Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Enter name of individu					lual signing as employer or plan sponsor				
Preparer's	name (including firm nam	ne, it applicable) and address; include	e room or suite numbe	r (ορτιοπαι)	Prep	parer's telephone	number (optional)		
For Dalay		and OMB Control Numbers, see the inst		er.			Form 5500-SF (2012)		

b Total plan labilities	Par	t III Financial Information							
b Total plan assets (subtract line 7b from line 7a)	_			(a) Beginning of Yea	ning of Year		(b) End of Year		
c Net plan assets (subtract line 7b from line 7a)								411610	
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 43729 (2) Participants. 8a(2) 5221 (3) Others including rollowers) 8a(3) 0 b Other income (loss) 8b 45485 C Total income (loss) 8b 45485 C Total income (loss) 8b 45485 C Total income (loss) 8c 0 g Other expenses 8g 0 0 g Other expenses 10 1407 j Transfers for (from) the plan (see instructions): 8j 0 0 g Other expenses 10 1407 1407 j Transfers for (from) the plan (see instructions): 8j	b	Total plan liabilities	7b		0			0	
a Control 43729 (1) Employers 64(1) 43729 (2) Participants 64(2) 65231 (3) Others (including rolewers) 64(3) 0 (4) Others (including rolewers) 64(3) 0 (5) Others (including rolewers) 64(3) 0 (5) Others (including rolewers) 64(3) 0 (7) Environment (including rolewers) 64(3) 0 (6) Others (including rolewers) 64(3) 0 (7) Control 64(1) 0 0 (7) Transfers to (from) the plan (see instructions) 84(1) 0 0 (7) Transfers to (from) the plan (see instructions) 8(1) 0 0 (7) Transfers to (from) the plan (see instructions) 8(1) 0 0 (8) 0 0 0 0 </td <td colspan="3"></td> <td>27083</td> <td colspan="3">270833</td> <td>411610</td>				27083	270833			411610	
(1) Employers 84(1) 43729 (2) Participants 84(2) 52321 (3) Other income (loss) 84 0 (4) Contain concerning (loss) 84 44485 (7) Derivicipants 86 44485 (7) Derivicipants 84 3758 (8) Online deemed and/or concervice distributions (see instructions) 86 0 (7) Antimistrative service provides (satilities, lees, cormissions) 81 0 (9) Other argeness 59 0 1445 (11) Frain deemed and/or concervice distributions (see instructions) 86 0 147 (11) Other argeness 59 0 0 1407 (11) Transfers to (from) the plan (see instructions) 81 1407 (12) X × 30 × 36 × 21 × 26 26 × 21 × 30 × 36 × 21 × 26 46 × 41 × 40 (11) During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 128 × 21 × 30 × 36 × 21 × 26 46 × 40 × 40 × 40 × 40 × 40 × 40 × 40 ×	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
(2) Participants. 8a(2) 52321 (3) Others (including rollovers) 8a(3) 0 (4) Other including rollovers) 8b 46485 (5) Other including direct rollovers and insurance prentums 8c 1445 (5) Other including direct rollovers and insurance prentums 8c 3758 (6) Other expenses 6d 3758 (7) Other expenses 8g 0 (7) Administrative service providers (salaries, fees, commission) 8t 0 (7) Transfers to (from) the plan (see instructions) 8g 0 3778 (7) Transfers to (from) the plan (see instructions) 8g 0 3778 (7) If the plan provides presion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3g 1407 (7) During the plan year: (Compliance Questions 10a X 20 CFR 2510-1027 (See instructions and OLS: Volutary Fiduciary Corrector Program 10a X (7) Was there a raj nonexempt transactions with any participant contributions within the time period described in the instructions: 10a X (8) Uther plan participan to any backer, signature, or other presens by an instructor Program 10a X <td< td=""><td></td><td></td><td>0-(4)</td><td>4070</td><td>0</td><td></td><td></td><td></td></td<>			0-(4)	4070	0				
(3) Others (including rollovers) 64(3) 0 (3) Others (including rollovers) 64(3) 0 (4) Bornet income (0as) 64(3) 64(3) (5) Others (add lines 34(1), 84(2), 84(3), and 8b) 8c 3758 (5) Other encome (0as) 8(3) 3758 0 (6) Cartain deemed and/or corrective distributions (see instructions) 8c 0 0 (7) Other expenses 6(3) 0 8 0 0 (7) Other expenses 6(4) 8(4) 0 0 0 (7) Transfer to (from) the plan (see instructions) 8d 0 0 0 (7) Transfer to (from) the plan (see instructions) 8j 0 0 0 (7) Transfer to (from) the plan (see instructions) 8j 0 0 0 (7) Transfer to (from) the plan (see instructions) 8j 0 0 0 0 (7) Transfer to (from) the plan see: 72 2/1 (X - 3) 39 2/1 (X - 3) 37 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
b Other income (loss) 8b 48485 c Total income (loss) 8c 1445 c Total income (loss) 8c 1445 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8c 0 f Administrative service providers (salaries, less, commissions) 8d 0 g Other expenses. 8g 0 3758 g Other expenses. 8g 0 3769 g Total expenses (loss) (subtract line 8h rom line 8c). 8i 1445 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: g If the plan provides pension 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 2 24: 23: 23: 23: 23: 24: 24: 23: 24: 24: 24: 24: 24: 24: 24: 24: 24: 24						_			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 1445 d Benits paid (including direct rollovers and insurance printums by provide heading). 8d 3758 e Certain deemed and/or corrective distributions (see instructions). 8d 0 0 g Other expenses. 8g 0 0 g Other expenses. 8g 0 37 i Net income (loss) (subtract line 8d) roll line 8d). 8i 37 i Net income (loss) (subtract line 8d) roll line 8d). 8i 1407 j Transfers to (from) the plan (see instructions) 8j 0 1407 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2Z = 2J = 2K < 5D = 30 = 2A = 21 = 2G					-	_			
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Bd 3758 e Certain deemed and/or corrective distributions (see instructions)	-		30			_		144535	
f Administrative service providers (salaries, fees, commission)			8d	375	3758				
g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 37 i Net income (loss) (subtract line 8h from line 8c) 8i 1407 j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 8j 0 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 3D 3B 2A 2T 2G 9a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2Pert V Compliance Questions 10a X 10 During the plan year: Yes No Amount a 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 c Was the plan covered by a idelity bond? 10b X 10c X c Was the plan have a loss, whether or not reinbursed by the plan's fidelity bond, that was caused by frau 10d X X c Were any fees or commissions paid to any brokers, agents, or other persons	е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		0				
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0				
j Transfers to (from) the plan (see instructions) Bj 0 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 24 30 32 A2 T G 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 Yes No Amount 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 2.9 CFR 2510.3-102? (See instructions and DCL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported to n line 10a,) 10c X c Was the plan covered by a fidelity bond? 10c X 10d X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distonesty? 10d X 10d X f Has the plan failed to provide any benefit when due under the plan? 10f	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					3758	
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 2J 2K 3D 3B 2A 2T 2G b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amount 0 During the plan year: Yes No Amount a 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.) 10c X 10b X c Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 10d X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 10g X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X <td>i</td> <td>Net income (loss) (subtract line 8h from line 8c)</td> <td>8i</td> <td></td> <td></td> <td></td> <td></td> <td>140777</td>	i	Net income (loss) (subtract line 8h from line 8c)	8i					140777	
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g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	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			10e		x		
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h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3. 10h 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 Part VI Pension Funding Compliance 10i 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). Ye 11a Enter the amount from Schedule SB line 39. 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Ye (If "Yes," complete line 12a or lines 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, and enter the date of the letter of granting the waiver. Month Day Year_ If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12i 12i	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	l.)	10a		Х		
exceptions to providing the notice applied under 29 CFR 2520.101-3	h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				x			
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	а	If a waiver of the minimum funding standard for a prior year is bein	ng amortized	in this plan year, see instru		, and e		-	
N F C A C C C C C C C C C C	lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	5500), and skip to line 13.					
D Enter the minimum required contribution for this plan year		b Enter the minimum required contribution for this plan year				1	126		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d							
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	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 of the PBGC?						
C 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.)							
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN