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.

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information								
For calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	12/31/	2012				
A This ret	This return/report is for:								
B This ret	This return/report is:								
	an amended return/report as	short plan year returr	/report (less than 12 m	onths)				
C Check I	box if filing under: X Form 5558		DFVC progra	ım					
	special extension (enter description)								
Part II	Basic Plan Information—enter all requested information	nn .							
1a Name		OII .		1b	Three-digit				
	GALLACHER, D.D.S., PLLC 401(K) RETIREMENT SAVINGS PL	_AN			plan number				
					(PN) •	001			
				1c	Effective date o	•			
22 Dian o	ponsor's name and address; include room or suite number (emp	alover if for a single	ompleyer plan)	26	01/01				
	GALLACHER, D.D.S., PLLC	bloyer, ir for a sirigle-	employer plan)	20	Employer Identification (EIN) 91-21	79710			
				2c	Sponsor's telep	hone number			
1550 SOUTI	H UNION, SUITE 150				253-76				
TACOMA, W	VA 98405			2d	Business code (see instructions)			
					62121	.0			
3a Plan a	dministrator's name and address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN			
				30	Administrator's	telephone number			
					/ tarriiriiotrator 5	ciopriorio nambor			
	name and/or EIN of the plan sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b	EIN				
	, EIN, and the plan number from the last return/report. or's name			40	PN				
	number of participants at the beginning of the plan year			_		6			
	number of participants at the end of the plan year			5b		7			
	er of participants with account balances as of the end of the pla								
	lete this item)	• •	•	5c		7			
	all of the plan's assets during the plan year invested in eligible					X Yes No			
	ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes No			
	answered "No" to either line 6a or line 6b, the plan cannot					<u> </u>			
	A penalty for the late or incomplete filing of this return/repor								
	alties of perjury and other penalties set forth in the instructions,					able, a Schedule			
SB or Sche	edule MB completed and signed by an enrolled actuary, as well								
belief, it is	true, correct, and complete.								
SIGN	Filed with authorized/valid electronic signature.	10/02/2013	MARSHA GALLACHE	≣R					
HERE	Signature of plan administrator	Date	Enter name of individ	dual si	gning as plan adr	ninistrator			
SIGN									
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	dual si	gning as emplove	er or plan sponsor			
Preparer's	name (including firm name, if applicable) and address; include r			_		number (optional)			

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ar		
a	Total plan assets	. 7a	89815				1094629				
	Total plan liabilities	7b	98	984			0				
	Net plan assets (subtract line 7b from line 7a)	7c		897173			1094629				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) runount				(5)	- Otal			
	(1) Employers	8a(1)	7238	89							
	(2) Participants	8a(2)	5558	30							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	. 8b	7030)4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	98273		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	81	7							
q	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							817	7	
	Net income (loss) (subtract line 8h from line 8c)	8i						1	97450		
	Transfers to (from) the plan (see instructions)	8j						•	07 10		
Par	t IV Plan Characteristics	0)									
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 2T 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions	•		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruct	ions:			
Pari	Part V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а				10a	100	X		AIIIC	unt		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					2000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е		ner person	s by an insurance carrier,		~						
	instructions.)			10e	X						201
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					98	809
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part						1					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	П	No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	, and	enter th Day		the let Yea		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				Г				
b	Enter the minimum required contribution for this plan year					12b					

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	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?		Yes X 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 of the PBGC?	control	Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
	Name of trust	14b ⊤	rust's EIN		

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).

OMB Nos, 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

		▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	D-SF.					
Part I	Annual Report	Identification Information								
For calenda	ar plan year 2012 or fis	scal plan year beginning 01/	01/2012	and ending		12/31/2012	2			
	urn/report is for:		a one-partici	pant plan						
B This ret	urn/report is:		e final return/report							
			short plan year returr	/report (less than 12 mo	onths)	_				
C Check box if filing under: ☐ automatic extension						☐ DFVC progra	am			
		special extension (enter description)								
Part II	Basic Plan Info	rmation—enter all requested information	on							
1a Name	of plan	- 10000			1b	Three-digit				
DANIEL J. GALLACHER, D.D.S., PLLC 401(K) RETI			TIREMENT SAVI	NGS PLAN		plan number	001			
						(PN)				
						1c Effective date of plan 01/01/2003				
2a Plan or	concor's name and ad-	dress; include room or suite number (emp	lover if for a single	amployer plan)			ification Number			
		D.D.S., PLLC	noyer, ir for a sirigle-	employer plan)	20	(EIN) 91-217				
		,			20	2c Sponsor's telephone number				
1550 SC	OUTH UNION, ST	JITE 150				253-761-5				
					2d	Business code	(see instructions)			
TACOMA		WA 98405				621210				
3a Plan ad	dministrator's name ar	d address XSame as Plan Sponsor Nar	ne XSame as Plan	Sponsor Address	3b	Administrator's	EIN			
		4			_					
					3c	Administrator's	telephone number			
4 If the r	name and/or FIN of the	e plan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4h	EIN				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.						C.114				
name,	EIN, and the plan hur	nber from the last return/report.			1					
a Sponse		nber from the last return/report.			4c	PN				
a Sponse	or's name	at the beginning of the plan year			4c 5a	PN	6			
a Sponso	or's name number of participants					PN	6 7			
a Sponso 5a Total r b Total r	or's name number of participants number of participants	at the beginning of the plan year			5a 5b	PN	7			
a Sponse5a Total rb Total rc Number	or's name number of participants number of participants er of participants with	at the beginning of the plan yearat the end of the plan year	n year (defined bene	fit plans do not	5a	PN	7			
a Sponso 5a Total r b Total r c Number compl 6a Were	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan yearat the end of the plan yearaccount balances as of the end of the pla	n year (defined bene assets? (See instruct	fit plans do not	5a 5b 5c		7			
a Sponso 5a Total r b Total r c Numbo compl 6a Were b Are yo	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie	fit plans do not ions.)d public accountant (IQI	5a 5b 5c		7 7 X Yes No			
a Sponso 5a Total r b Total r c Number comple 6a Were b Are younder	or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)	fit plans do not ions.)d public accountant (IQI	5a 5b 5c		7			
a Sponso 5a Total r b Total r c Number compl 6a Were b Are younder If you	number of participants number of participants er of participants with ete this item)	at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF	fit plans do not ions.) d public accountant (IQI	5a 5b 5c PA)	5500.	7 7 X Yes No			
a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF rt will be assessed i	fit plans do not ions.) d public accountant (IQI and must instead use	5a 5b 5c PA)	5500. established.	7 X Yes No X Yes No			
a Sponsor 5a Total r b Total r c Number comple 6a Were b Are younder If you Caution: A	number of participants number of participants er of participants with ete this item)	at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF rt will be assessed to	fit plans do not ions.) d public accountant (IQI and must instead use unless reasonable cau	5a 5b 5c PA) Formuse is	5500. established. ncluding, if applic	7 X Yes No X Yes No			
a Sponsor 5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under penass or Schel	number of participants number of participants er of participants with ete this item)	at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF rt will be assessed to	fit plans do not ions.) d public accountant (IQI and must instead use unless reasonable cau	5a 5b 5c PA) Formuse is	5500. established. ncluding, if applic	7 X Yes No X Yes No			
a Sponsor 5a Total r b Total r c Number complement 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is to	number of participants number of participants er of participants with ete this item)	at the beginning of the plan year	assets? (See instruct independent qualified conditions.)use Form 5500-SF t will be assessed to declare that I have a as the electronic version.	fit plans do not ions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/report	5a 5b 5c PA) Formuse is	5500. established. ncluding, if applic	7 X Yes No X Yes No			
a Sponsor 5a Total r b Total r c Number complements 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is t	number of participants number of participants or of participants with ete this item)	at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF rt will be assessed under the large of as the electronic vers	fit plans do not ions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/report MARSHA GALLACH	5a 5b 5c PA) Formuse is port, in , and the	5500. established. ncluding, if applicate the best of my	7 X Yes No X Yes No x Yes Anowledge and			
a Sponsor 5a Total r b Total r c Number complement 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is to	number of participants number of participants er of participants with ete this item)	at the beginning of the plan year	assets? (See instruct independent qualified conditions.)use Form 5500-SF t will be assessed to declare that I have a as the electronic version.	fit plans do not ions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/repsion of this return/report MARSHA GALLACH Enter name of individu	5a 5b 5c PA) Formuse is boort, in, and it	5500. established. ncluding, if applicate the best of my	7 X Yes No X Yes No x Yes Anowledge and			
a Sponsor 5a Total r b Total r c Number complete 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	number of participants number of participants or of participants with ete this item)	at the beginning of the plan year	assets? (See instructindependent qualified conditions.)use Form 5500-SF of will be assessed to declare that I have as the electronic version of the property of the proper	fit plans do not ions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/report MARSHA GALLACH	5a 5b 5c PA) Formuse is boort, in, and it	5500. established. ncluding, if applicate the best of my	7 X Yes No X Yes No x Yes Anowledge and			
a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)use Form 5500-SF rt will be assessed undeclare that I have do as the electronic vers	fit plans do not ions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/report MARSHA GALLACH Enter name of individu Enter name of individu Enter name of individu	5a 5b 5c PA) Form se is oort, ir, and the	5500. established. cluding, if applicate the best of my	7 X Yes No X Yes No x Yes No cable, a Schedule with knowledge and ministrator er or plan sponsor			
a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)use Form 5500-SF rt will be assessed undeclare that I have do as the electronic vers	fit plans do not ions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/report MARSHA GALLACH Enter name of individu Enter name of individu Enter name of individu	5a 5b 5c PA) Form se is oort, ir, and the	5500. established. cluding, if applicate the best of my	7 X Yes No X Yes No able, a Schedule v knowledge and			
a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)use Form 5500-SF rt will be assessed undeclare that I have do as the electronic vers	fit plans do not ions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/report MARSHA GALLACH Enter name of individu Enter name of individu Enter name of individu	5a 5b 5c PA) Form se is oort, ir, and the	5500. established. cluding, if applicate the best of my	7 X Yes No X Yes No x Yes No cable, a Schedule with knowledge and ministrator er or plan sponsor			
a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)use Form 5500-SF rt will be assessed undeclare that I have do as the electronic vers	fit plans do not ions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/report MARSHA GALLACH Enter name of individu Enter name of individu Enter name of individu	5a 5b 5c PA) Form se is oort, ir, and the	5500. established. cluding, if applicate the best of my	7 X Yes No X Yes No x Yes No cable, a Schedule with knowledge and ministrator er or plan sponsor			
a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)use Form 5500-SF rt will be assessed undeclare that I have do as the electronic vers	fit plans do not ions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/report MARSHA GALLACH Enter name of individu Enter name of individu Enter name of individu	5a 5b 5c PA) Form se is oort, ir, and the	5500. established. cluding, if applicate the best of my	7 X Yes No X Yes No xable, a Schedule with knowledge and ministrator			

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year		
а	Total plan assets	7a	8.9	9815	7	1094629			
b	Total plan liabilities	7b		98	4		0		
C	Net plan assets (subtract line 7b from line 7a)	7c	8.9	9717	3		1094629		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:	90(4)	-	7238	9				
_	(1) Employers	8a(1) 8a(2)		5558	-	V. V			
-	(2) Participants	8a(3)		,,,,	0				
<u> </u>	(3) Others (including rollovers)	8b		7030	4	4			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			П		198273		
$\overline{}$	Benefits paid (including direct rollovers and insurance premiums	- 00				TV I			
	to provide benefits)	8d			0				
e	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f_	Administrative service providers (salaries, fees, commissions)	. 8f		81	_				
g	Other expenses	8g			0		01.7		
_ <u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		-	+		817		
<u></u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					197456		
J	Transfers to (from) the plan (see instructions)	8j					No Breeding of 24, E.		
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare fellows.								
10	During the plan year:				Yes	No	Amount		
a		itions within	the time period described in ection Program)	10a		Х			
k		t? (Do not ir	nclude transactions reported	10b		Х			
c	Was the plan covered by a fidelity bond?			10c	Х		200000		
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
6	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e	Х		201		
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X			
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	Х		9809		
ŀ	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Y	es," see instructions and com	plete	Sched	dule SE	G (Form Yes No		
11	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding	g requireme	nts of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
	a 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 ruling granting the waiver. — Day Year								
	you completed line 12a, complete lines 3, 9, and 10 of Schedul					401			
	Enter the minimum required contribution for this plan year					12b			

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	Enter the amount contributed by the employer to the plan	n for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 1 negative amount).	2b. Enter the result (e	enter a minus sign to the left	of a	12d			
е	Will the minimum funding amount reported on line 12d b					Yes	No	N/A
Part								
	Has a resolution to terminate the plan been adopted in any p				Y	es X	No	
-	If "Yes," enter the amount of any plan assets that reverte				13a			
b	Were all the plan assets distributed to participants or ber of the PBGC?						Y	es 🗓 No
С	If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruct		to another plan(s), identify t	he plan(s)	to			
	13c(1) Name of plan(s):			1	3c(2) ⊟	N(s)	130	c(3) PN(s)
•								
-								
				<u> </u>				
				<u> </u>				
Part	VIII Trust Information (optional)							
14a	Name of trust				14b T	rust's EIN	1	