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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

		Complete all entries in actions and actions are actions.	ccordance with the instru	ictions to the Form 550)0-SF.		
Part I		Identification Information	<u> </u>				
For calend	dar plan year 2012 or fi	scal plan year beginning 01/01	/2012	and ending	12/31/2	2012	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-particip	ant plan
B This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	m
		special extension (enter desc	ription)				
Part II	Basic Plan Info	rmation—enter all requested in	formation				
1a Name		·			1b	Three-digit	
	•	ROFIT SHARING PLAN				plan number	
						(PN) ▶	001
					1c	Effective date of 02/14/	•
2a Plan s	sponsor's name and ad	dress; include room or suite numb	er (employer if for a single	e-employer plan)	2h	Employer Identif	
CHARLES	W. HANNUM, D.D.S.	aroos, morado room or oano namb	or (omproyor, in for a oringic	omployor plany		(EIN) 16-133	
					2c	Sponsor's telepl	none number
53 TEMPLE						716-672	
FREDONIA	, NY 14063				2d	Business code (
3a Dlon (administrator's name or	ad addraga Venna as Blan Span	oor Name Come on Die	ın Sponsor Address	3h	62121 Administrator's E	
Ja Plana	administrator's name ar	nd address XSame as Plan Spon	sor NameSame as Pla	in Sponsor Address	30	Administrators	IIN
					3с	Administrator's t	elephone number
4					ļ		
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b	EIN	
	sor's name	noor from the last retain/report.			4c	PN	
5a Total	number of participants	at the beginning of the plan year.			5a		7
b Total	number of participants	at the end of the plan year			5b		5
		account balances as of the end of		•	50		5
	,	s during the plan year invested in e			5c		X Yes No
	•	the annual examination and repo	•	•			M 163 140
		? (See instructions on waiver eligit					X Yes No
If you	u answered "No" to e	ther line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form	5500.	
Caution:	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable ca	use is	established.	
		her penalties set forth in the instru					
	edule MB completed at true, correct, and comp	nd signed by an enrolled actuary, a	as well as the electronic ve	rsion of this return/repor	t, and t	to the best of my	knowledge and
bellet, it is	true, correct, and comp	Diete.					
SIGN	Filed with authorized/	valid electronic signature.	10/09/2013	CHARLES W. HANNI	UM, D.	D.S.	
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ning as plan adm	ninistrator
SIGN							
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	dual sig	ning as employe	r or plan sponsor
Preparer's		ame, if applicable) and address; in					number (optional)
	. •			•		•	,

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Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	d of Y	ear	
	Total plan assets	7a	118567				(b) End of Year 1322981			1
	Total plan liabilities	7b	0							
С	Net plan assets (subtract line 7b from line 7a)	7c	1185676			1322981			1	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	30.0			(b) Total			-
	Contributions received or receivable from:		(a) runount				(10)	Total		
	(1) Employers	8a(1)	4876	8						
	(2) Participants	8a(2)	2536	80						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	13182	26						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	205954	1
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6504	4						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	360	5						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6864	9
	Net income (loss) (subtract line 8h from line 8c)	8i							13730	5
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	, oj								
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions):	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:		
Don	V Commission of Occasions									
Part	•				V	NI -				
10	During the plan year:	C = 20-1	andra Caramania di danamina di Sa	ı	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)	ıciary Corı	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X				
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	100		X				
f	instructions.)			10e		X				
	Has the plan failed to provide any benefit when due under the plan	n?		10f						
g	Did the plan have any participant loans? (If "Yes," enter amount a	•	<u> </u>	10g		X				
h	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	VI Pension Funding Compliance									
11										
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?									
	(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 beir granting the waiver.		Mon		, and 6	enter th Day	ne date d	f the le Yea		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
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):	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).

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

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information					
For calenda	r plan year 2012 or fi	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	012	
A This retu	um/report is for:	X a single-employer plan	a multiple-employer pla	n (not multiemployer)	[a one-partici	pant plan
B This retu	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return/	report (less than 12 mo	onths)		
C Check h	ox if filing under:	X Form 5558	automatic extension		ſ	DFVC progra	am
• 0.100K 2	ox ii iiii ig jarraoii	special extension (enter descri	L.J		L	- ·	
Part II	Basic Plan Info	prmation—enter all requested info					
1a Name		That on the an requested into	Sittidioti		1b	Three-digit	
	•	PROFIT SHARING PLAN				plan number	004
•	,					(PN) •	001
					1c	Effective date of 02/14/	
	oonsor's name and ac V. HANNUM, D.D.S.	ldress; include room or suite numbe	er (employer, if for a single-e	mployer plan)	l	Employer Identi (EIN) 16-133	ification Number 34106
					2c	Sponsor's telep (716) 67	
53 TEMPLE					2d	Business code 62121	(see instructions)
FREDONIA, 3a Plan ac		nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
							,
		e plan sponsor has changed since t	the last return/report filed fo	r this plan, enter the	4b	EIN	
		imber from the last return/report.			4c	DNI	
a Sponso		s at the beginning of the plan year			5a	TIV	7
	•	s at the end of the plan year					5
	·				5b		
		account balances as of the end of the			5c		5
		ts during the plan year invested in e				***************************************	X Yes No
b Are vo	ou claiming a waiver o	of the annual examination and repor	t of an independent qualifie	d public accountant (IQ	PA)		— — — □ v _{ee} □ Ne
under	29 CFR 2520.104-46	6? (See instructions on waiver eligib	ility and conditions.)			EENN	X Yes No
		either line 6a or line 6b, the plan c					
Caution: A	penalty for the late	or incomplete filing of this return	riceport will be assessed t	Inless reasonable cau	use is	established.	ashla a Sahadula
Under pena SB or Sche	alties of perjury and o edule MB completed a	ther penalties set forth in the instructed and signed by an enrolled actuary, a	ctions, i declare that i have the section of the control of the co	sion of this return/report	port, in t, and t	to the best of m	y knowledge and
	rue, correct, and com		,	·		·	,
	x Mah	14 10015	X10/7/2013	Charles W. Hannum,	D.D.S.		
SIGN HERE	1	Market Contraction of the Contra	77				
	Signature of plan	administrator	Dáte/	Enter name of individ	iuai sig	ning as pian ad	Ministrator
SIGN							
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ			er or plan sponsor e number (optional)
Preparer's	name (including firm	name, if applicable) and address; in	iciade room of suite number	(ομιστιαι)	Fieh	aici s telepiloti	a mamber (optional)
				•			
							<u></u>

Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
a	Total plan assets	. 7a	118567	1185676			1322981		
b	Total plan liabilities	7b		0					
c	Net plan assets (subtract line 7b from line 7a)	7c	118567	6		1322981			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from: (1) Employers	. 8a(1)	4876	8					
F	(2) Participants	8a(2)	2536	0					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	13182	6					
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					205954		
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	. 8d	6504	4	+				
******	Certain deemed and/or corrective distributions (see instructions)	8e			-				
	Administrative service providers (salaries, fees, commissions)	. 8f	360	5					
-	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			4-		68649		
	Net income (loss) (subtract line 8h from line 8c)	. 8i					137305		
	Transfers to (from) the plan (see instructions)	- 8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
-	2E 2G 2J 3B 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	he instructions:		
Part	V Compliance Questions	***************************************							
10					Yes	No	A		
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	itione within	n the time period described in		162	140	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corr	ection Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		•	10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х		25000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all	her person	s by an insurance carrier,						
	instructions.)			10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х			
ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i					
Part				L	L	<u> </u>			
11									
11a	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul								
b	Enter the minimum required contribution for this plan year				T	12b			

	Form 5500-SF 2012 Pa	ge 3 - 1			
	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 negative amount)		12d		
e	Will the minimum funding amount reported on line 12d be met by the funding dea	dline?		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?		🔲 Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this ye	аг	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?	control		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), identify the plan(s)) to		-
	3c(1) Name of plan(s):		13c(2) E	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				4
	Name of trust		14b T	rust's EIN	
			1		