Form 5500-SF Short Form Annual Return/Report of Small Employ						OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ						2012		
	epartment of Labor enefits Security Administration	ctions 6057(b) and 6058 Code).						
	enefit Guaranty Corporation	Inspection						
Part I	Annual Report Id	ctions to the Form 5500						
For calend	ar plan year 2012 or fisca		2/31/2					
	turn/report is for:	lan (not multiemployer)		a one-participant plan				
<b>B</b> This ret	turn/report is:	n/report (less than 12 mo						
•								
C Check box if filing under:						DFVC program		
Part II	Basia Blan Inform	special extension (enter descript	,					
1a Name		nation—enter all requested inform	nation		1b	Three-digit		
	NC 401K PLAN					plan number (PN) ▶ 001		
					1c	Effective date of plan 01/01/2007		
	ponsor's name and addre	ess; include room or suite number (	employer, if for a single-	-employer plan)	2b	Employer Identification Number (EIN) 91-1956494		
PO BOX 14 <sup>-</sup>	1389				2c	Sponsor's telephone number 509-924-9211		
	ALLEY, WA 99214-138	9			2d	Business code (see instructions) 524210		
	dministrator's name and DENENNY CO INC	address Same as Plan Sponsor PO BOX 1413		n Sponsor Address	3b	Administrator's EIN 91-1956494		
			ALLEY, WA 99214-1389	)	3с	Administrator's telephone number 509-924-9211		
4 If the r	name and/or EIN of the p	lan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN		
	, EIN, and the plan numb or's name	per from the last return/report.			<b>4c</b> PN			
		the beginning of the plan year				3		
•		the end of the plan year			5b	3		
		count balances as of the end of the		-				
		luring the plan year invested in eligi				X Yes No		
under	29 CFR 2520.104-46? (	ne annual examination and report o See instructions on waiver eligibility	and conditions.)		,			
		er line 6a or line 6b, the plan can						
		incomplete filing of this return/re r penalties set forth in the instructio						
SB or Sche		signed by an enrolled actuary, as w						
SIGN								
HERE         Signature of plan administrator         Date         Enter name of indivi						ning as plan administrator		
SIGN								
HERE						ning as employer or plan sponsor		
Preparers	name (including firm nan	ne, ir applicable) and address; inclu	de room of suite numbe	r (optional)	Prep	arer's telephone number (optional)		
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see the in	structions for Form 5500-	·SF.		Form 5500-SF (2012)		

b       Total plan liabilities       To       To         C       Nut plan assets (subtract line 7b from line 7a)       Tc       356077       4293         B       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions receivable from:       Ba(1)       4550         (1)       Employees       Ba(3)       0         b       Other income (loss)       Ba       46151         C       Total income (loss)       Ba       0       4550         d       Benefits paid (including direct rollovers) and insurance premiums to provide benefits)       Be       0       6         c       Total income (loss)       Ba       0       0       6       723         d       Benefits paid (including direct rollovers and insurance premiums to provides features (salaries, feas, commissions)       Bf       0       0       6         g       Other expenses (atal lines 8d, 6, 8, 8, and 6g)       8h       0       723       717         g       Into leng nervices provides rollower (loss)       Bi       723       723       717         g       Into leng nervices provides rollower (loss)       8g       0       723       724       724       725       72       7	Part	III Financial Information				-					
b       Total plan lisbilities       7b       356972       4233         c       Net plan assets (subtract line 7b from line 7a)       7c       356972       4233         B       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       (a) Amount       (b) Total         (c)       Participants       8a(2)       22500         (d)       Others functional producers)       8a(3)       0         b       Other income floss)       8b       45181       723         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       0       6         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       0       6         c       Total accentific divers and insurance premiums       8d       0       6         g       Other expenses       8g       0       6       723         g       Other expenses (add lines 8d, 8e, 8f, and 8g)       8g       0       723         g       Intermediation scriptic script	<b>7</b> F	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year			
C       Net plan assets (subtract line 7b from line 7a)	<b>a</b> 1	a Total plan assets						429303			
8       Income, Expanses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       4650         (2)       Participants.       8a(2)       22500         (3)       Others (including rollovers).       8a(3)       0       0         b       Other income (loss)       8a(3)       0       0         c       Total income (loss)       8a(3)       0       723         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits).       8e       0       723         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits).       8e       0       0         g       Other expenses       8g       0       0       723         f       Administrative service providers (salaries, fees, commissions)	b T	Total plan liabilities									
a Contributions received or receivable from:       Ba(1)       4650         (1) Employers       Ba(2)       22500         (2) Participants.       Ba(2)       22500         (3) Others (including relevers).       Ba(3)       0         b Other income (loss).       Ba(3)       0         c Total income (add lines 8d,1), 8a(2), 8a(3), and 8b).       8c       723         d Benefits paid (including direct rollovers and insurance premiums to provide benefits).       8d       0         g Other expenses.       8g       0       723         G Denefits paid (including direct rollovers and insurance premiums to provide benefits).       8d       0       723         g Other expenses.       8g       0       723         G Total expenses.       8g       0       723         T ransfers to (from) the Bin orbit ine 8h, form line 80	<b>C</b> 1	Net plan assets (subtract line 7b from line 7a)	35697	2		429303					
(1)         Employers         Ba(1)         4650           (2)         Participants         Ba(2)         22500           (3)         Other income (loss)         Ba(3)         0         1           (1)         Other income (loss)         Ba(3)         0         723           (2)         Other income (loss)         Ba(3)         0         723           (2)         Denefits point (including drollowers)         Ba         6         723           (3)         Other income (loss)         Ba(3)         0         723           (4)         Benefits point (including drollowers)         Be         0         723           (4)         Benefits point (including drollowers)         Be         0         723           (5)         Other expenses         Bg         0         773           (5)         Other expenses         Bg         0         773           (2)         Other expenses         Bg         0         773           (3)         Other expenses         Bg         0         723           (4)         V         Plan Characteristics         Bg         1         724           (3)         If the plan provides pension benefits, enter the applicable veliar	<b>8</b> I	ncome, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
(2) Participants			<b>a</b> (1)	405	•						
(3) Others (including rollovers)       (3) (0)         (3) Others (including rollovers)       (3) (3) (3) (3) (3) (3) (3) (3) (3) (3)						-					
b       Other income (loss)       8b       45181         c       Total income (loss)(				2250							
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				1510	-						
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)				4518	31	_					
to provide benefits)	-		80			_		72331			
f       Administrative service providers (salaries, fees, commissions)       8f       0         g       Other expenses       8g       0         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       723         i       Net income (loss) (subtract line 8h from line 8c)       8i       723         j       Transfers to (from) the plan (see instructions)       8i       723         Part IV       Plan Characteristics       8j       723         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2A 22 F 2J C 3J C 3Z O 2R         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       10a       X         10       During the plan year:       Yes       No       Amount         a       Was there a fallure to transmit to the plan any participant contributions within the time period described in 10a       X       10a       X         c       Was the plan covered by a fidelity bond?       10b       X       10a       X         c       Was the plan newering transactions with any party-in-interest? (Do not include transactions reported on line 10a, 10a       X       10a			8d		0						
g Other expenses.       Bg       0         h Total expenses (add lines 8d, 8e, 8f, and 8g)			8e		0						
h       Total expenses (add lines 8d, 8e, 8f, and 8g)	f ∤	Administrative service providers (salaries, fees, commissions)	8f		0						
h       Total expenses (add lines 8d, 8e, 8f, and 8g)					0						
i       Net income (loss) (subtract line 8h from line 8c)								0			
j       Transfers to (from) the plan (see instructions)       Bj         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: 2A 2E 2F 2J 2K 3D 2G 2R         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         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       ×         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       10b       ×         c       Was there a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       ×         d       Did the plan have a loss, whether or not reimbursed by the plan? fidelity under the plan? (See instructions.)       10d       ×         f       Has the plan failed to provide any benefit when due under the plan?       10f       ×         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       ×			8i					72331			
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: 2A 2E 2F 2J 2K 3D 2G 2R         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         10       During the plan year:       Yes         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)	j T	Fransfers to (from) the plan (see instructions)	8i								
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2A       2E       2F       2J       2K       3D       2G       2R         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         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       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       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?       10e       X       10e       X         f       Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR 250.010-3.)       10d       X       2520.101-3.)       10g       X	Part	IV Plan Characteristics	9								
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         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       X         c       Was the plan covered by a fidelity bond?       10c       X       10c       X       X         d       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 </th <th>b</th> <th>2A 2E 2F 2J 2K 3D 2G 2R If the plan provides welfare benefits, enter the applicable welfare fe</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	b	2A 2E 2F 2J 2K 3D 2G 2R If the plan provides welfare benefits, enter the applicable welfare fe									
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.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10c       X         d       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       X         e       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.)       10d       X       X         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X         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       10h       X       X         I       If the sub a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a belo						Vac	No	A			
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.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       Image: Covered by a fidelity bond?         d       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       Image: Covered by a fidelity bond?         e       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.)       10d       X         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10d       X         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       10d       X         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       Image: Covere 20			tions within t	he time period described in		res	NO	Amount			
on line 10a.)		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Correc	tion Program)	10a		Х				
d       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         e       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         f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         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       X         Part VI       Pension Funding Compliance       10i       Ye         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form       Ye         11a       Enter the amount from Schedule SB line 39.       11a	b		•	•	10b		x				
or dishonesty?       10d       ×         e       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 ×       10e ×         f       Has the plan failed to provide any benefit when due under the plan?       10f ×         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	С	Was the plan covered by a fidelity bond?			10c	Х		1000			
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         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       X         Part VI       Pension Funding Compliance       10i       Ye         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	d		,	, , , , , , , , , , , , , , , , , , ,	10d		x				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       10h       X         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	е	insurance service or other organization that provides some or all o	of the benefit	s under the plan? (See	10e		x				
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         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       X         Part VI       Pension Funding Compliance       10i       Ye         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	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       10h       X         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	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	d.)	100		Х				
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	_	If this is an individual account plan, was there a blackout period?	(See instruct	ions and 29 CFR	Ŭ		x				
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)	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the										
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	Part				•	•	•				
11a Enter the amount from Schedule SB line 39 11a		Is this a defined benefit plan subject to minimum funding requirem									
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	12	Is this a defined contribution plan subject to the minimum fundina	requirement	s of section 412 of the Code	e or se			ERISA? Yes X M			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		· · · · ·									
<ul> <li>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 granting the waiver.</li> </ul>											
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	5500), and skip to line 13.							
b Enter the minimum required contribution for this plan year	b	Enter the minimum required contribution for this plan year					12b				

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
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		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No			
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	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

	Τ									
Form 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089					
Department of Labor	This form is required to be Retirement Income Security Ac	filed under sections 104	and 4065 of the Emplo	yee	2012					
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	the Inte	emal Revenue Code (the	e Code).		This Form is Open to Public					
	Complete all entries in acc	cordance with the insti	ructions to the Form 5	500-SF.	Inspection					
Part I Annual Report Id	lentification Information									
For calendar plan year 2012 or fisca	¬	01/01/2012	and ending		12/31/2012					
A This return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemploye	r)	a one-participant plan					
B This return/report is:	the first retum/report	the final return/repo								
	an amended return/report	a short plan year ret	urn/report (less than 12	months)						
C Check box if filing under:	Form 5558	automatic extension		,	DFVC program					
Ē										
Part II Basic Plan Inform	special extension (enter descripnation—enter all requested info									
1a Name of plan	enter all requested line			16	Three-digit					
DENENNY INC 401K PLAN	1				plan number					
					(PN) ▶ 001					
				1c	Effective date of plan					
2a Plan sponsor's name and addre					01/01/2007					
<b>2a</b> Plan sponsor's name and addre RICHARD H DENENNY CO	iss; include room or suite number INC	(employer, if for a single	e-employer plan)		Employer Identification Number (EIN) 91-1956494					
PO BOX 141389					Sponsor's telephone number 509-924-9211					
SPOKANE VALLEY	WA 99214-1389			2d	Business code (see instructions)					
3a Plan administrator's name and a	address Same as Plan Sponsor	Name Same as Pla	In Sponsor Address		524210 Administrator's EIN					
RICHARD H DENENNY CO			an oponsol Address		91-1956494					
PO BOX 141389				1	Administrator's telephone number 509-924-9211					
SPOKANE VALLEY	WA 99214-1389									
name, EIN, and the plan numbe	an sponsor has changed since the r from the last return/report.	e last return/report filed f	or this plan, enter the	<b>4b</b> E	EIN					
a Sponsor's name				4c F	PN					
5a Total number of participants at the				5a	3					
	he end of the plan year			5b	3					
C Number of participants with according to the complete this item)	ount balances as of the end of the	plan year (defined bene	efit plans do not	5c	3					
6a Were all of the plan's assets due	ring the plan year invested in eligi	ble assets? (See instruc	tions.)	<u></u>						
under 29 CFR 2520.104-46? (Se	annual examination and report of ee instructions on waiver eligibility r line 6a or line 6b, the plan can	f an independent qualifie and conditions.)	ed public accountant (IQ	PA)						
Caution: A penalty for the late or in	complete filing of this return/re	port will be assessed	Inless researching	- orm 3:	tabliahad					
Under penalties of perjury and other p SB or Schedule MB completed and si belief, it is true, correct and complete	penalties set forth in the instruction aned by an enrolled actuary as w	as I declare that I have	avamined this return /no	and in al						
SIGN HERE	hat	10-8-13	Richard Denenr	ıy						
Signature of plan admir	Hstrator	Date	Enter name of individu	dividual signing as plan administrator						
SIGN HERE	Shop	10-8-13	Richard Denenr							
Signature of employer/g	olan sponsor	Date	Enter name of individu	al signir	ng as employer or plan sponsor					
Preparer's name (including firm name,	, if applicable) and address; includ	de room or suite number	(optional)	Prepare	er's telephone number (optional)					
For Papapuork Poducition 4 - 4 - 4										
For Paperwork Reduction Act Notice and	OMB Control Numbers, see the Ins	tructions for Form 5500 C	F							

Form 5500-SF 2012

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Page **2** 

ат bт	'lan Assets and Liabilities	and the second		-			<u></u>		
bт	otal plan assets		(a) Beginning of Y				(b) End	d of Yea	
	otal plan liabilities	7a		3569	72				4293
C N	et plan assets (subtract line 7b from line 7a)	and the second se		2560					
							····		4293
	ontributions received or receivable from:		(a) Amount				(b)	Total	
(1	) Employers	8a(1)		46	50				
	) Participants	8a(2)		225	00			31,85	Page and
	) Others (including rollovers)	8a(3)			0	There		Salta	121
	ther income (loss)	8b		451	81			90) S.E.	
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							723
to	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d			0				
	ertain deemed and/or corrective distributions (see instructions)	8e			0	· · · · · · · · · · · · · · · · · · ·		•	
	Iministrative service providers (salaries, fees, commissions)	8f			0				12-5.5
	her expenses	8g			0	le contra		528 ( R	Ast 12
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h							
	et income (loss) (subtract line 8h from line 8c)	81							723
Partl	Ansfers to (from) the plan (see instructions)	8j							
art V			·····						
	uring the plan year:			Ī	Yes	No		Amount	
4	Vas there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ons within the	time period described in						
DN	/ere there any nonexempt transactions with any party-in-interest?	any concello	n Program)	10a		x			
0	n line 10a.)	(Do not inclue	n Program)	1 1		x x			
0	n ine Tua.)	(Do not inclue	n Program) de transactions reported	10a 10b	x				· · · · · · · · · · · · · · · · · · ·
<b>c</b> V <b>d</b> D	Vas the plan covered by a fidelity bond? id the plan have a loss, whether or not reimbursed by the plan's fi	(Do not inclue	n Program) de transactions reported	10a 10b 10c	x		·····		10000
c V d D or e W	Vas the plan covered by a fidelity bond? Vas the plan have a loss, whether or not reimbursed by the plan's fi dishonesty?	(Do not inclue delity bond, th	n Program) de transactions reported 	10a 10b	X	x		······	· · · · · · · · · · · · · · · · · · ·
c V d D or e W in	Vas the plan covered by a fidelity bond? Vas the plan have a loss, whether or not reimbursed by the plan's fi dishonesty? fere any fees or commissions paid to any brokers, agents, or othe surance service or other organization that provides some or all of	(Do not includ delity bond, th r persons by a the benefits u	en Program) de transactions reported  nat was caused by fraud an insurance carrier, inder the plan2 (See	10a 10b 10c	X	x			· · · · · · · · · · · · · · · · · · ·
c V d D or e W in in	Vas the plan covered by a fidelity bond? Vas the plan have a loss, whether or not reimbursed by the plan's fi dishonesty? /ere any fees or commissions paid to any brokers, agents, or othe surance service or other organization that provides some or all of structions.)	(Do not includ delity bond, th r persons by a the benefits u	an Program) de transactions reported mat was caused by fraud an insurance carrier, ander the plan? (See	10a 10b 10c	x	x			· · · · · · · · · · · · · · · · · · ·
c V d D or e W in in.	Vas the plan covered by a fidelity bond? id the plan have a loss, whether or not reimbursed by the plan's fir dishonesty?	(Do not included) delity bond, the r persons by a the benefits u	an Program) de transactions reported mat was caused by fraud an insurance carrier, inder the plan? (See	10a 10b 10c 10d	X	x			· · · · · · · · · · · · · · · · · · ·
c         V           d         D           or         or           e         W           in         in           f         H:           g         Di	Vas the plan covered by a fidelity bond? Vas the plan have a loss, whether or not reimbursed by the plan's fi dishonesty? /ere any fees or commissions paid to any brokers, agents, or othe surance service or other organization that provides some or all of structions.) as the plan failed to provide any benefit when due under the plan? d the plan have any participant loans? (If "Yes," enter amount as	(Do not included) delity bond, the r persons by a the benefits u	an Program) de transactions reported mat was caused by fraud an insurance carrier, ander the plan? (See	10a 10b 10c 10d	x	x x x			
c         V           d         D           or         W           in         in           f         H:           g         Di           h         If f           25         C	Vas the plan covered by a fidelity bond? Vas the plan have a loss, whether or not reimbursed by the plan's fi dishonesty? fere any fees or commissions paid to any brokers, agents, or othe surance service or other organization that provides some or all of structions.) as the plan failed to provide any benefit when due under the plan? d the plan have any participant loans? (If "Yes," enter amount as this is an individual account plan, was there a blackout period? (S 20.101-3.)	(Do not includ delity bond, th r persons by a the benefits u of year end.) ee instructions	an Program) de transactions reported 	10a 10b 10c 10d 10e 10f	x	x x x x x			· · · · · · · · · · · · · · · · · · ·
c         V           d         D           or         or           e         W           in         in           f         Ha           g         Dif           h         If           255         i         If	Vas the plan covered by a fidelity bond? Vas the plan have a loss, whether or not reimbursed by the plan's fi dishonesty? /ere any fees or commissions paid to any brokers, agents, or othe surance service or other organization that provides some or all of structions.) as the plan failed to provide any benefit when due under the plan? d the plan have any participant loans? (If "Yes," enter amount as this is an individual account plan, was there a blackout period? (S	(Do not included) delity bond, the r persons by a the benefits u of year end.) ee instructions	an Program) de transactions reported 	10a 10b 10c 10d 10d 10f 10g	x	x x x x x x x			· · · · · · · · · · · · · · · · · · ·
c         V           d         D           or         or           e         W           in         in           f         Ha           g         Dif           h         If           255         i         If	Vas the plan covered by a fidelity bond? Vas the plan have a loss, whether or not reimbursed by the plan's fi dishonesty? fere any fees or commissions paid to any brokers, agents, or othe surance service or other organization that provides some or all of structions.) as the plan failed to provide any benefit when due under the plan? d the plan have any participant loans? (If "Yes," enter amount as this is an individual account plan, was there a blackout period? (S 20.101-3.)	(Do not included) delity bond, the r persons by a the benefits u of year end.) ee instructions	an Program) de transactions reported 	10a 10b 10c 10d 10d 10e 10f 10g 10h	X	x x x x x x x			
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c V d D or e W in in f Ha g Di f Ha 25 i If ex ex t VI 1 Is 1 555 Ia En	Vas the plan covered by a fidelity bond? Vas the plan covered by a fidelity bond? id the plan have a loss, whether or not reimbursed by the plan's fi dishonesty? fere any fees or commissions paid to any brokers, agents, or othe surance service or other organization that provides some or all of structions.) as the plan failed to provide any benefit when due under the plan? d the plan have any participant loans? (If "Yes," enter amount as this is an individual account plan, was there a blackout period? (S 20.101-3.) 10h was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.101-3 Pension Funding Compliance this a defined benefit plan subject to minimum funding requirement 20) and line 11a below) ter the amount from Schedule SB line 39	(Do not includ delity bond, th r persons by a the benefits u of year end.) ee instructions required notic 3	an Program) de transactions reported  nat was caused by fraud an insurance carrier, inder the plan? (See  s and 29 CFR  ce or one of the see instructions and comp	10a 10b 10c 10d 10d 10f 10g 10h 10l	chedu	X X X X X X Ile SB (Fe		Yes	1000c
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c V d D or e W in in. f H: g Di h Iff 25 i If st v t VI I Ist 550 a En 2 Is (If a If a gra	Vas the plan covered by a fidelity bond? Vas the plan covered by a fidelity bond? id the plan have a loss, whether or not reimbursed by the plan's fi dishonesty? fere any fees or commissions paid to any brokers, agents, or othe surance service or other organization that provides some or all of structions.) as the plan failed to provide any benefit when due under the plan? d the plan have any participant loans? (If "Yes," enter amount as this is an individual account plan, was there a blackout period? (S 20.101-3.) 10h was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.101-3 Pension Funding Compliance this a defined benefit plan subject to minimum funding requirement 20) and line 11a below) ter the amount from Schedule SB line 39	(Do not includ delity bond, th r persons by a the benefits u of year end.) ee instructions required notic 3	an Program) de transactions reported mat was caused by fraud an insurance carrier, inder the plan? (See s and 29 CFR see or one of the see instructions and comp section 412 of the Code his plan year, see instruct	10a 10b 10c 10d 10d 10f 10f 10g 10h 10l		X X X X X X I I I I I I I I I I I I I I	SA?	Yes	10000

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C	Enter the amount contributed by the employer to the plan for this plan year	120		******			
d							
<u> </u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Π		Δ
Part							. <u> </u>
_13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	Т				
b						Yes X N	
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					<u> </u>
1	3c(1) Name of plan(s):	3c(2) [	=INI/	(e)		13c(3) PN(s)	
		00(2)	_11 4(	3)		130(3) PN(S)	
	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			