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.

0040

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	rt I		t Identification Informat	tion						
For	calenda	ar plan year 2013 or	fiscal plan year beginning 0	1/01/2013		and ending	12/31/2	2013		
A 1	his ret	urn/report is for:	X a single-employer plan	а	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan	
ВТ	his ret	urn/report is:	the first return/report	th	e final return/report					
			an amended return/repor	rt 🗌 a s	short plan year returr	n/report (less than 12 m	onths)		
C	C Check box if filing under: Form 5558 automatic extension								am	
			special extension (enter	description)				_		
Pa	rt II	Basic Plan Info	ormation—enter all requeste	ed information	on					
1a	Name	of plan					1b	Three-digit		
CHAR	LES W	. HANNUM, D.D.S.	401(K) PROFIT SHARING PLA	AN				plan number (PN) ▶	001	
							10	Effective date or		
							. •	02/14/		
		oonsor's name and a V. HANNUM, D.D.S.	ddress; include room or suite n	umber (emp	oloyer, if for a single-	employer plan)	2b	Employer Identii (EIN) 16-13	fication Number 34106	
							2c	Sponsor's telep	hone number	
		STREET						716-672	2-5191	
FRED	ONIA,	NY 14063					2d	Business code (
20	Diam as	duninintantantan nama	and address Vicens as Dian C	Namaan Nam	- Dome - Diam	Cuanan Addusas	2h	62121 Administrator's I		
Ja	Pian ac	immstrator s name a	and address XSame as Plan S	орон ѕ ог ічан	ieSaine as Plan	Sponsor Address				
							36	Administrators	telephone number	
4			ne plan sponsor has changed si umber from the last return/repor		return/report filed fo	r this plan, enter the	4b EIN			
а		or's name	umber from the last return/repor	ιι.			4c PN			
5a	Total n	number of participant	s at the beginning of the plan ye	ear			5a		5	
b	Total n	number of participant	s at the end of the plan year				5b		7	
С	Numbe	er of participants with	account balances as of the en	nd of the plai	n year (defined bene	fit plans do not				
		,					5c		7	
6a		•	ts during the plan year invested	•	•	•			X Yes No	
b	-	•	of the annual examination and r 6? (See instructions on waiver e	•		. ,	,		X Yes No	
			either line 6a or line 6b, the p							
С	If the p	olan is a defined bene	efit plan, is it covered under the	PBGC insu	rance program (see	ERISA section 4021)?	[Yes No	Not determined	
Cau	tion: A	penalty for the late	or incomplete filing of this re	eturn/repor	t will be assessed i	unless reasonable car	use is	established.		
			other penalties set forth in the in						able, a Schedule	
		dule MB completed a rue, correct, and con	and signed by an enrolled actuan nplete.	ary, as well a	as the electronic vers	sion of this return/repor	t, and	to the best of my	knowledge and	
SIGI		Filed with authorized	d/valid electronic signature.		07/08/2014	CHARLES W. HANNU	JM, D.	.D.S.		
ПЕК	_	Signature of plan	administrator		Date	Enter name of individ	ual sig	gning as plan adn	ninistrator	
SIGI										
HER			oyer/plan sponsor		Date	Enter name of individ				
Prep	arer's i	name (including firm	name, if applicable) and address	ss; include r	oom or suite numbe	r (optional)	Prep	parer's telephone	number (optional)	

Form 5500-SF 2013 Page **2**

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır.			(b) End of Year				
	Total plan assets						(b) Ella		31 31071		
<u>a</u>	Total plan liabilities	7a 7b	132298	0			0				
	Net plan assets (subtract line 7b from line 7a)	76 7c	132298					156	1071		
	Income, Expenses, and Transfers for this Plan Year	70		•			(b) T				
	Contributions received or receivable from:		(a) Amount				(b) To	Jiai			
	(1) Employers	8a(1)	5435	7							
	(2) Participants	8a(2)	2664	5							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	r income (loss)									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						24	0483		
d	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	239	3							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2393		
i	Net income (loss) (subtract line 8h from line 8c)	8i						23	88090		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	c Coc	les in t	he instruction	ons:			
Part	V Compliance Questions										
10	During the plan year:						Amount				
а						X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Χ					70000	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X	70000				
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			Tou							
C	insurance service, or other organization that provides some or all				X						
	instructions.)			10e	^					6406	
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 as	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					
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											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					•	П	Yes	X No	
112	Enter the unpaid minimum required contribution for current year from					11a					
12					•		EDIGAS	П	Yes	X No	
14	Is this a defined contribution plan subject to the minimum funding			or se	CUUII	JUZ Of	LRISA!	Ш	103	/ INU	
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th		ne lett Year	er ruli	ng	
If	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule			u		⊔ay		ıcaı			
	Enter the minimum required contribution for this plan year	•				12b					
					- 1						

Page	3 -		1
------	-----	--	---

С	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es 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 coof the PBGC?	ontrol		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):	c(2) Ell	V(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)							
14a	Name of trust	14b Trust's EIN						

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2013

This Form is Open to Public inspection

OMB Nos. 1210-0110 1210-0089

	enelon Benefit Guaranty Corporation	-	mai nevenue cone (ma r	•		in	spection			
	1961500	Complete all entries in accomplete all entries in accomplete.	ordance with the instru	ctions to the Form 55	00-8F.					
		Identification Information scal plan year beginning 01/01/2	2013	and ending	12/31/2	2013	·			
A 1	calendar plan year 2013 or fi This return/report is for:	🛛 a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partic	pant plan			
B 1	This return/report is:	the first return/report an amended return/report	H	n/report (less than 12 n	nonths)					
C	Check box if filing under:	Form 5558 special extension (enter descrip	automatic extension ption)			DFVC progr	am			
gger (d) District	Basic Plan Info	rmation—enter all requested info	rmation							
1a Name of plan CHARLES W. HANNUM, D.D.S. 401(K) PROFIT SHARING PLAN							001			
					16	Effective date of 02/14/				
2a CHAF	Plan sponsor's name and ac RLES W. HANNUM, D.D.S.	ldress; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Ident (EIN) 16-133	ification Number 34106			
sa TE	MPLE STREET				2c	Sponsor's tele (716) 67				
-	OONIA, NY 14063					62121				
3a	Plan administrator's name a	nd address Same as Plan Sponso	r Name Same as Plar	Sponsor Address		3b Administrator's EIN 3c Administrator's telephone numbe				
							,			
4		e plan sponsor has changed since the	ne last return/report filed fo	or this plan, enter the	4b	EIN				
8	Sponsor's name				4c	PN				
Бa	Total number of participants	at the beginning of the plan year			- 5a		5			
b	Total number of participants	at the end of the plan year			5b		. 7			
C		account balances as of the end of the	, ,	•	. 5c		7			
		s during the plan year invested in ali If the annual examination and report				inm	X Yes No			
	under 29 CFR 2520.104-46	? (See instructions on waiver eligibili ither line 6a or line 6b, the plan ca	ity and conditions.)		,		Yes No			
		fit plan, is it covered under the PBGC					Not determined			
Und SB c	er penalties of periury and of	or incomplete filing of this return/ ther penalties set forth in the instruct nd signed by an enrolled actuary, as plete.	ions: I declare that I have	examined this return/re	port, in	cluding, if applic	able, a Schedule knowledge and			
¥.554	Chil	K-4115	7/7/2/4	Charles W. Hannum,	D.D.S.					
M. H	Signature of plan	idministrator	Date /	Enter name of Individ	dual sig	ning as plan ad	ministrator			
plike og p Janeary	ann	1-00	7/7/14	Charles W.	Ha.	nnum s	≥. <i>S</i> . 5			
Prep	Signature of emplo arer's name (including firm i	oyer/plan sponsor name, if applicable) and address; inc	Date/ lude room or suite numbe	Enter name of individent of the second of th			er or plan sponsor number (optional)			
				·						

A S	Financial Information	· · · · · · · · · · · · · · · · · · ·							
7	Plan Assets and Liabilities		(a) Beginning of Yea	<u>r</u>			(b) End of Year		
a	Total plan assets	7a	132298	1		1581071			
	Total plan liabilities	7b	***************************************	0			. 0		
C	Net plan assets (subtract line 75 from line 7a)	7c	132298	1			1561071		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		2016/1917	ann da met Genera	(b) Total		
	Contributions received or raceivable from: (1) Employers	Ba(1)	5435	7					
	(2) Participants	8a(2)	2664	5	AH.	情報			
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	15948						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	位表示如果实验的 ,一次是	1,44			240483		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0		d i			
6	Certain deemed and/or corrective distributions (see instructions)	. 8e)	NI S				
f	Administrative service providers (salaries, fees, commissions)	8f	239	3	77				
g	Other expenses	. 8g) Zamkikin					
<u>_h</u>	Total expenses (add lines 6d, 8e, 8f, and 8g)	8h					2393		
	Net income (loss) (subtract line 8h from line 8c)	81		in it is		new treatme	238090		
j	Transfers to (from) the plan (see instructions)	8)				1			
	Plan Characteristics		444						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D		ш.						
Ь	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
Amand Least	Z Compliance Questions	. .	Manage of the second of the se	i	(UB)E		an		
A C	Compliance Questions				Yes	No	Amount		
10	During the plan year: Was there a failure to transmit to the plan any participant contribu-	itions withi	n the time period described in						
	29 CFR 2510:3-102? (See instructions and DOL's Voluntary Fide	uciary Con	rection Program)	10a		×			
lb	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		х			
C	Was the plan covered by a fidelity bond?			10c	X		70000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х			
e	Were any fees or commissions paid to any brokers, agents, or oil insurance service, or other organization that provides some or all	her person of the ber	s by an insurance carrier, nefits under the plan? (See						
	(nstructions.)			109	×		6406		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		X			
H	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions 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	he require	d notice or one of the	101					
umiganti Californi	Pension Funding Compliance		1600						
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 1(a below)					tule SI	B (Form Yes X No		
111	Enter the unpaid minimum required contribution for current year f					11a			
12	is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	e or s	ection	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 being amortized in this plan year, see instructions, and enter the date of the latter ruling granting the waiver						he date of the latter ruling Year		
	you completed line 12a, complete lines 3, 9, and 10 of Schedu					461	1		
k	Enter the minimum required contribution for this plan year					12b			

	Form 5500-SF 2013 Page 3 - 1					
					.,	
c	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			<u></u>	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	.,	Ш.	Yes	Ц	No
vajent. Jihoosis	Plan Terminations and Transfers of Assets					
	Has a resolution to terminate the plan been adopted in any plan year?		/es	<u> X</u> N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				

of the PBGC?

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.)

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

13c(1) Name of plan(s):

13c(2) EIN(s)

13c(3) PN(s)

Trust Information (optional)

14a Name of trust

14b Trust's EIN

Yes X No