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.

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	2011
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	າ)			ш
Pa	art II Basic Plan Information—enter all requested informa	•			
_	Name of plan	111011		1b	Three-digit
	MAS E. WORSTER, DDS, PA 401(K) PLAN				plan number
					(PN) • 001
				1C	Effective date of plan 01/01/2010
2a	Plan sponsor's name and address; include room or suite number (en	nnlover if	for a single-employer plan)	2h	Employer Identification Number
	MAS E. WORSTER, DDS, PA	iipioyoi, ii	Tot a single employer plany	20	(EIN) 59-3651941
				2c	Sponsor's telephone number
1071	0 S. US HWY 41 10710 S. US	HWY 41			352-489-0707
	NELLON, FL 34432 DUNNELLON		2	2d	Business code (see instructions)
					621210
	Plan administrator's name and address (if same as plan sponsor, en MAS E. WORSTER, DDS, PA 10710 S. US H		")	3b	Administrator's EIN 59-3651941
11101	DUNNELLON,		2	3c	Administrator's telephone number
					352-489-0707
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/	report filed for this plan, enter the	4b	EIN
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	PN
5a	•			5a	
b	Total number of participants at the end of the plan year		•	5b	
C	Number of participants with account balances as of the end of the pl			30	
	complete this item)			5c	
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of a				X Yes □ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo				
Pa	irt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	64787		86592
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	64787		86592
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		8061		
	(1) Employers	8a(1)		_	
	(2) Participants	8a(2)	20847	-	
L	(3) Others (including rollovers)	8a(3)	7102	-	
b	Other income (loss)	8b	-7103		21805
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			21003
d	to provide benefits)	8d			
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			
i	Net income (loss) (subtract line 8h from line 8c)	8i			21805
j	Transfers to (from) the plan (see instructions)	8j			

Form	5500	SF	201

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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art \	/ Compliance Questions							
0	During the plan year:		Yes	No		Am	ount	
а	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				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		Χ				
	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				
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)	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.)	10q		Χ				
h	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part \	/I Pension Funding Compliance							
11	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (5500))						Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X No
a (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver							
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12h				
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d				
e '	Nill the minimum funding amount reported on line 12d be met by the funding deadline?			[Yes		No	N/A
art \	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
	f "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur	nder	the co	ntrol			Yes	X N
	f during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to				-"	
13	c(1) Name of plan(s):		130	(2) EII	۷(s)		13c(3)	PN(s
						1		
Cautic	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	Can	se is	establi	shed			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	02/21/2012	ROGER W. HILDEBRAND
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

OMB Nos. 1210-0110 1210-0089

Form 5500-SF

Department of the Treasury Internel Revenue Service

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

2011

_	Department of Labor Employee Benefits Security Administration Pension Benefit Gueranty Corporation	_ the Inte	emal Reven	ue Code (the Code).		This Form	
Г	Part I Annual Report	i P Complete all entries in ac-	cordance w	ith the instructions to the Form 5	500-SF		
LE	or calendar plan year 2011 or fis	cal plan year beginning 01/01/	2011	and anding	40/94	12044	
		error .	<u> </u>			F-3	
_	,	<u></u>	F-7	· -	")	a one-partic	pant pian
•	3 This return/report is:	=	ina fina	í rátumíréport			
		an amended return/report	∐a short p	tien year return/report (less than 12)	months	:)	
(Check box if filling under:	Form 5558	automa	tic extension		DEVC progra	im
	Part II Annual Report Metrification Information For olderating this part plan per page (and properly and plan per page) Proceedings Procedure of the Form Sole-St. For olderating plan peer 2291 or They peer designing 5107201 and ending 12/51/2011 A This refurnishence is lot:						
	Part ii Basic Plan infor						· • • • • • • • • • • • • • • • • • • •
1	a Name of plan		The house of the same		9 15	Thung allula	l
TH	OMAS E. WORSTER, DDS, PA	101(K) PLAN			1 1 1		
						-	001
					1c	Effective date o	f plan
~~~			·				
Z T⊢	<b>a Plan sponsor's name and addr</b> OMAS E WORSTER ODS DA	ess; include room or suite number	(employer,	if for a single-employer plan)	26	Employer identi	cation Number
•	TOTAL TOTAL ENGINEER, DES. 1-A						51941
					20	Sponsor's telep	rone number
						352-489	0-0707
-	1 As A TO TO TO THE TO SHOW THE	DUMNELL	ON, FL 344	32	20	Business code (	see instructions)
3:	9 Disn administrator's some					···	
THO	OMAS E. WORSTER, DDS, PA	acoress (if same as plan sponsor,	enter "Same S HMM 44	<del>e</del> ")	3b	Administrator's E	IN STORAGE
				2	2.0		
energy and					200	Administrator's to 352-489	elephone number -0707
4	This promise both Sourhy semination provides from 10 public inspection for the Ports Sides. St.  Part I Annual Report Identification Information for calending the year 2011 of fixed jobs was beginning. (5/07/2015)  A This return/report is for.  A This return/report is for.  B This return/report is for in the plan year 2011 of fixed jobs was beginning. (5/07/2015)  A this return/report is for.  B This return/report is for.  B This return/report is for in the plan year 2011 of fixed jobs was beginning. (5/07/2015)  B This return/report is for in the plan year 2011 of fixed jobs was beginning. (5/07/2015)  B This return/report is for an annual property plan for multimorphyse of the plan year.  C Check box if filling under.    Special extension (naflex disabilitytics)   Special extension (naflex disabilitytics)   Part II Easie Plan evirormation						
r	4 If the riame 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.  8 Sponsor's page.						
		the back and a second		A CONTRACTOR OF THE CONTRACTOR	D.C.	ьМ	
<u> </u>	Taid munday of manish and a	the beginning of the plan year			58		9
	Total number of participants at	me end or me plan year,,,,	*******	······································	50		9
C	Number of participants with acc	count balances as of the end of the	plan year (d	defined benefit plans do not			
E a	Many all side of the side of t	•	A441141		5c	<u> </u>	9
h	Are wall claiming a section of the	Jring the plan year invested in eligi	ble assats?	(See instructions.)			⊠ Yes 🗌 No
	under 29 CFR 2520.104-467 (S	annual examination and report of lee instructions on valuer attainment	an Indepen	dent qualified public accountant (IQI	PA)		
	ALL DATE MINISTER AND THE PROPERTY.	r 6s or 6b, the plan cannot use F	ana comun arm 5500-	SE sand were the tool on a Corn #5	rzens sinia Neli	**************	Yes ∐ No
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7	Plan Assets and Liabilities		rapanes.	(o) Reginning of Vacu	7	60. 3. 6T	
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b	Total plan liabilities		7.	04707			86092
С	Net plan assets (subtract line 7)	from line 7st	75	RA707			
	Income Expenses and Transfe	to for this Class Van	1 /6		╁		86592
a	Contributions received or receive	able from:	<b>-</b>	(a) Amount	ļ	(b) To	se i
	(1) Employers		diade)	8061			
			Processing the second	20847	-		
				20071	-		
b	Other Income (icas)	***************************************	10010	Provide the second seco	-		
	Total income (add lines &o(1) &	1/2\ 00/2\ and 22\		·/103	ļ		
	Benefits paid (including discrete)	larger and incurence according	86				21805
	to provide benefits)	coveraging algoratica bisturbuts	56.p2				
3	Certain deemed and/or corrective	tilitinity diagram (see instructions)		**************************************	1		
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FACC	Proposition (ICH) (TE DISH (566 ***********************************	instructions) Control Numbers, see the Instructions for F	E)				
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Par	ŧIV	Plan Characteristics		- Interest As	TALL THE			
9a	If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteri	stic Co	des in	the instr	ructions:	
ь		2J 2K 3D e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Coo	les in t	lhe instru	ctions:	
	######################################	WINTER STATE OF THE STATE OF TH	- Control of the Cont		and the same of th	anna de la constanta de la con		
Pari	١V	Compliance Questions		7	,			
10		ring the plan year:		Yes	No		Amou	<u>nt</u>
93		ta there a fallure to transmit to the plan any participant contributions within the time period described in CFR 2518.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)	10x		X			
5		me there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	451		х			
		line 10a.) as the plan covered by a fidelity bond?	10b	100-	X			
c d		as the plan covered by a tigelity bond?	100			<del> </del>		
u	DF C	Viahonesty?	10d		X			A SAMOOTO 1
3		re any fixed or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See						
		ituctions.)	10e		X			
É	Has	s the plan feiled to provide any benefit when due under the plan?	101		X			
3	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х	f.,		
'n		is is an inclividual account plan, was there a blackout period? (See instructions and 29 CFR to 191-3.)	10h		Х			
đ		2h was answered "Yes," check the box if you either provided the required notice or one of the	16701		Land Street Concerns	<del> </del>	THE RESERVE THE PARTY OF THE PA	
	610	eptions to providing the notice applied under 29 CFR 2520.101-3	101	MATERIA SOLOTON	A12-2H/-			210 - Pro - Mikely
Pari	MAY SALESTON	Pension Funding Compliance	ura passana -					, unanan
11		its a defined benefit plan aubject to minimum funding requirements? (If "Yes," see instructions and com					Пу	′es ⊠ No
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						es 🕅 No
	(#° **)	Vac," complete 12s or 12b, 12c, 12d, and 12s below, as applicable.)						
<b>13</b> 1	Hav cen	ereiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- ting the waiver	tions.	and o	nter th	e date of	the letter	ruling
H 3		completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	UT :		Day.	<del></del>	, TOBI	
b	Ente	er the minimum required contribution for this plan year.	•••••	[	126			
		at the smount contributed by the amployer to the plan for this plan year			12c			
d	Subs	graph the structural in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	of a		12d	  -		
æ		the minimum funding amount reported on line 12d he met by the funding deadline?		144.3	I	Yes	No	□ N/A
Part		Flan Terminations and Transfers of Assets	overti diline ta s	Maria Maria	T. 44.231		esemblish only measure	
13a	l kas	a resolution to terminate the pien issen adopted in any pien year?		******	] Y.	es X	No	<del></del>
	**********	es," enter the amount of any plan assats that reverted to the employer this year	- 1					
b	Word of th	e all the plan assets distributed to participants or beneficiarles, transferred to another plan, or brought use PBGC?	nder i	he coi	némal		- Y ₁	es 🛭 No
¢	ii (it)	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th A assets or liabilities were transferred. (See instructions.)						
4:		Name of plan(s):		180	(2) Elf	√(s)	130	(3) PN(s)
			*****	J. 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-lf			
Cauti	an na Ogjaja	pensity for the late or incomplete filing of this return/report will be assessed unless reasonable	Pi EUSA II	io ic o	etable			
Under	rpena	aities of perjury and other penalties set forth in the instructions, I declare that I have examined this retur	m/ren	ort, inc	dedina	if anniic	able, a S	chedule
20 00	Strike	idule MB completed and algned by an enrolled actuary, as well as the electronic version of this returnmentus, correct, and complete.	eport,	and to	the bi	est of my	knowledg	ge and
SIGN		J. V. 10 1 105 ft. President 12/31/201 Thomas 6	<b>5</b> . (	RAMA.	E lea	005	PA	Popular
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sic		الأسيد الأسلام				), <u>),</u> ,,,		لعج بأحمحا
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