## 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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number WALT DITTMER & SONS, INC. PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 01/01/1981 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number WALT DITTMER & SONS, INC 59-1021674 (EIN) 2c Sponsor's telephone number 407-699-1755 1006 SHEPARD ROAD WINTER SPRINGS, FL 32708-2018 2d Business code (see instructions) 236200 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 1006 SHEPARD ROAD 59-1021674 WALT DITTMER & SONS, INC. WINTER SPRINGS, FL 32708-2018 Administrator's telephone number 407-699-1755 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year ...... 5a 47 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 3769304 3647945 Total plan assets..... 7a 7b Total plan liabilities..... 3769304 3647945 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers ..... 54021 (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) -156300 **b** Other income (loss)..... 8b -102279 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 19080 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 19080 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -121359 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) .....

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Part IV	Plan	Characteri	ietice
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2H 2J 3D
  - 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						
0	During the plan year:		Yes	No		mount	
	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			
С	Was the plan covered by a fidelity bond?	10c	X				500000
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			
е	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.)	10q	Χ				11114
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					
art	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						
				12b			
	Enter the minimum required contribution for this plan year			12c			
	Enter the amount contributed by the employer to the plan for this plan year	of a		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u>-</u>		Yes	No	N/A
art							
	Has a resolution to terminate the plan been adopted in any plan year?				res X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol			
	of the PBGC?					Yes	X No
С	If 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.)	ne plar	n(s) to				
1	13c(1) Name of plan(s):		13c(2) EIN		N(s)	13c(3	3) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	le cau	se is	establ	lished.		
Jnde	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/	ırn/rep	ort, in	cludin	g, if applicat		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/26/2012	KAREN E CALLAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/26/2012	KAREN E CALLAN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## 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 section 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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

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P	art I Annual Report Identification Information			2000				
For	the calendar plan year 2011 or fiscal plan year beginning	01/0	1/2011	and ending	12	/31/2011		
Α	This return/report is for: x a single-employer plan	a multiple	-employer plar	n (not multiemployer)		a one-participant plan		
В	This return/report is:	the final re	eturn/report					
	an amended return/report	a short pla	an year return/	report (less than 12 mo	nths)			
С	Check box if filing under: Form 5558	automatic	extension			DFVC program		
	special extension (enter description	)			-			
P	art II Basic Plan Information enter all requested infor	mation						
	Name of plan	mation.			1b 1	Three-digit		
14	Walt Dittmer & Sons, Inc. Profit Sharing Plan				ŗ	olan number PN) ► 001		
					1c E	Effective date of plan		
2a	Plan sponsor's name and address; include room or suite number (em	ployer if fo	r single-emplo	ver nlan)				
	Walt Dittmer & Sons, Inc.	pioyer, ir io	r single-emplo	yer plan,		Employer Identification Number EIN) 59-1021674		
					1	Plan sponsor's telephone number		
	1006 SHEPARD ROAD					(407) 699-1755		
US	WINTER SPRINGS FL 32708-2018					Business code (see instructions)		
3a	Plan administrator's name and address (If same as plan sponsor, enter	er "Same")	3. 8		3b A	administrator's EIN		
	Same							
					3c Administrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the last	t return/rep	ort filed for this	s plan, enter the	4b EIN			
	name, EIN, and the plan number from the last return/report.				4c F	77 9 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Sponsor's Name							
5a b	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year				5a 5b	49		
C	Number of participants with account balances as of the end of the plan			and the same of th	35			
	complete this item)				5c	47		
6a	Were all of the plan's assets during the plan year invested in eligible a					Yes No		
b	Are you claiming a waiver of the annual examination and report of an i under 29 CFR 2520.104-46? (See instructions on waiver eligibility and			olic accountant (IQPA)		XYes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF	and must inst	ead use Form 5500.				
Pa	rt III Financial Information		I.					
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End of Year		
а	Total plan assets	7a		3,769,304		3,647,945		
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		3,769,304		3,647,945		
3	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	.53					
	(2) Participants	8a(2)		54,021				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		(156,300)				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				(102,279)		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		19,080				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g			15 E S S S S S S S S S S S S S S S S S S			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				19,080		
i	Net income (loss) (subtract line 8h from line 8c)					(121,359)		
j	Transfers to (from) the plan (see instructions)	8j						

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Part	IV Plan Characteristics									
9a	the plan provides pension benefits, enter the applicable pension fea	ture codes from the L	ist of Plan C	haracteri	stic C	odes	in the	instructions:		
h i	2E 2H 2J 3D the plan provides welfare benefits, enter the applicable welfare feats	tro padas fram the Li	d of Dion Ch		:- 0-		- (L :			
D	the plan provides wehate benefits, enter the applicable wehate reati	ure codes from the Lis	st of Plan Ch	aracterisi	ic Co	aes ir	n the i	nstructions:		
Par	V Compliance Questions									
10	During the plan year:	7				Yes	No	А	mount	
а	Was there a failure to transmit to the plan any participant contribution	ons within the time pe	iod describe				х			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest?				10a		*			
~	on line 10a.)				10b		x			
С	Was the plan covered by a fidelity bond?			[	10c	x	15		50	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fic			-		1000			000000	
	or dishonesty?			VIII.	10d		х			
е	Were any fees or commisions paid to any brokers, agents, or other				İ					
	insurance services or other organization that provides some or all of instructions.)				10e		x			
f	Has the plan failed to provide any benefit when due under the plan?			• • •	10f	- 1	х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of			- F	-	х			1	1,114
9 h	If this is an individual account plan, was there a blackout period? (Se			· ·	iug					1,111
•••	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 2520.101-3				IOi					
Part	VI Pension Funding Compliance					-				
11	ls this a defined benefit plan subject to minimum funding requiremer 5500))								Yes X	 3No
12	Is this a defined contribution plan subject to the minimum funding re-									
-	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	001101	, 002	O. L.			
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this plan	year, see in	struction	s, and	d ente	r the	date of the le	tter ruling	
16	granting the waiver						Day	/ Y	'ear	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M	(- ) (e);				Г	12b			
b	Enter the minimum required contribution for this plan year					·	12c			
d d	Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter the	1.71			• •	·  -	120			
u	negative amount)					. L	12d	d		
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?						Yes [	No 🗌	N/A
Part '	/II Plan Terminations and Transfers of Assets	V. 10.0000000000000000000000000000000000	***************************************							
13a	Has a resolution to terminate the plan been adopted in any prior year	r?							Yes X	.]No
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year					13a			
b	Were all the plan assets distributed to participants or beneficiaries, tr	ansferred to another	olan, or brou	ght unde	r the	contro	ol			٦
С	of the PBGC?	this plan to another r	lan(s) identi	· · · ifv the pla	• in(s) i	· ·	• •		Yes X	JNo
	which assets or liabilities were transferred. (See instructions.)	uno piari to another p	idii(o), ideiiti	ny trie più	11(3)	.0				
1;	c(1) Name of plan(s):					13c	(2) E	N(s)	13c(3) PN	(s)
				100						
								76.7		
Cautio	n: A penalty for the late or incomplete filing of this return/report v	will be accessed unl	000 100000	able cour		ootab	liobo			
	- <del>V - V - V - V - V - V - V - V - V - V</del>								Cabadula	
SB or S	enalties of perjury and other penalties set forth in the instructions, I c chedule MB completed and signed by an enrolled actuary, as well as is true, correct, and fomplate.									
	/ / / / /	3/29/12	Kano	n F	۲ <sub>ع</sub> ٦	lan	т.	rustee		
SIGN		Second Second				and the same			lenia.	
		2 / 20 / 1 2						olan administ	rator	
SIGN		3/29/12						esident		
- ILIXI	Signature of employer/plan sponsor	Date	∟nter name	e ot indivi	dual	sıgnın	g as e	employer or p	olan sponsor	

## 5500-SF Electronic Filing Authorization

Plan Name:

Walt Dittmer & Sons, Inc. Profit Sharing Plan

EIN/PN:

59-1021674/001

Plan Year:

01/01/2011 - 12/31/2011

I hereby authorize JOHN DIMOU to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

sign) Karen E. Callan, Trustee

3/29/12

(date)

Plan Sponsor

(sign) Dana S. Callan, Presiden

3/29/12

(date)