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

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 SMILE CENTER OF ORLANDO, PA PROFIT SHARING & 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/1996 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SMILE CENTER OF ORLANDO, PA 59-3739367 (EIN) 2c Sponsor's telephone number 407-678-8848 3710 ALOMA AVENUE WINTER PARK, FL 32792 2d Business code (see instructions) 621210 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 59-3739367 SMILE CENTER OF ORLANDO, PA 3710 ALOMA AVENUE WINTER PARK, FL 32792 3c Administrator's telephone number 407-678-8848 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 **b** Total number of participants at the end of the plan year..... 4 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 914750 162332 Total plan assets..... 7a 11754 7b Total plan liabilities..... 914750 150578 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 8940 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -18156 **b** Other income (loss)..... 8b -9216 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 746228 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 8728 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 754956 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -764172 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

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Part IV	Plan	Characte	ristics

- 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 2R 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						
10	During the plan year:		Yes	No	Δ	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in		X			inount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	^				8940
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				100000
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.)	10g	X				0
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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	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.)						_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver						
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
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		L	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d			
<u>e</u>	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?			X	'es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)			
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.	1	
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.	urn/re _l	oort, ir	ncluding	g, if applicab		

SIGN	Filed with authorized/valid electronic signature.	07/23/2012	JOHN M. ALTOMARE
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

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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

L <u>P</u>	art i Annual Report Iden	tification information				
For	calendar plan year 2011 or fiscal plan		01/01/ -	2011 and ending		12/31/2011
Α	This return/report is for: 💹 a	single-employer plan	a multipl	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	he first return/report	the final	return/report		
	☐ a	n amended return/report	a short p	lan year return/report (less than 12 m	onths))
С	Check box if filing under:	Form 5558	automati	ic extension		DFVC program
	·	pecial extension (enter descript	⊐ tion}			
Pa		tion—enter all requested inforr	. *			·
	Name of plan	and an regarded minor	nation		1b	Three-digit
	ILE CENTER OF ORLANDO	, PA PROFIT SHARIN	G & 401	L(K) PLAN		plan number
						(PN) ▶ 001
						Effective date of plan 01/01/1996
2a	Plan sponsor's name and address;	include room or cuite number (omployo-	if for a gingle applementary		
	ILE CENTER OF ORLANDO		employer,	ir for a single-employer plan)	2.0	Employer Identification Number (EIN) 59-3739367
					20	Sponsor's telephone number
37	10 ALOMA AVENUE					407-678-8848
					2d	Business code (see instructions)
	NTER PARK FI	Ь 32792				621210
3a SM	Plan administrator's name and add ILE CENTER OF ORLANDO	ress (if same as plan sponsor, e	enter "Sam	e")	3b	Administrator's EIN
		, 111			20	59-3739367
	10 ALOMA AVENUE NTER PARK FI	L 32792			36	Administrator's telephone number 407-678-8848
4	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 fr	om the last return/report.				
	Sponsor's name	hantantan (SA)			4c	
	Total number of participants at the				5a	15
b	Total number of participants at the				5b	4
C	Number of participants with account	nt balances as of the end of the	plan year (defined benefit plans do not	5c	4
6a				(See instructions.)		
				ndent qualified public accountant (IQI		103 100
	under 29 CFR 2520.104-46? (See	instructions on waiver eligibility	and condit	ions.)		X Yes No
Do	If you answered "No" to either 6ant III Financial Information		Form 5500	SF and must instead use Form 55	00.	
-		<u>/N</u>	8,0,00	T		
7	Plan Assets and Liabilities		ww.l.	(a) Beginning of Year		(b) End of Year
a b	Total plan assets			91475	U	162332
	Total plan liabilities			01.475		11754
8	Net plan assets (subtract line 7b fro		7с	91475	٧	150578
	Income, Expenses, and Transfers f Contributions received or receivable			(a) Amount	770	(b) Total
•	(1) Employers		8a(1)			
	(2) Participants	***************************************	8a(2)	894	0	
	(3) Others (including rollovers)					
b	Other income (loss)			-1815	6	
С	Total income (add lines 8a(1), 8a(2)), 8a(3), and 8b)	8c			-9216
d	Benefits paid (including direct rollov			B. 600		· 基本 医 图 图 图 2017 1
	to provide benefits)			74622	8	
_	Certain deemed and/or corrective d	,	+		_ **	
Ī	Administrative service providers (sa			872	빔	
g	Other expenses			Victoria de la compansión de la compansi	1000	
h	Total expenses (add lines 8d, 8e, 8	=:			+-	754956
j ,	Net income (loss) (subtract line 8h f				-	-764172
j	Transfers to (from) the plan (see ins	structions)	·· 8j		1	

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- CIFITI	COLIE :	-5-	/13	ŀ

Page	2	_	

	rt IV	Plan Characteristics								
9a	If the	plan provides pension benefits, enter the applicable pension fea 2H 2J 2R 3D	ature codes from the	E List of Plan Char	acteris	stic Co	des in	the instruc	tions:	
b		plan provides welfare benefits, enter the applicable welfare feat	ure codes from the	List of Plan Chara	cterist	ic Cod	es in t	the instructi	ons:	
Par	tV	Compliance Questions								-
10		ng the plan year:	7***			Yes	No		Amount	
		there a failure to transmit to the plan any participant contribution	ns within the time of	eriod described in					Amount	
	29 C	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Progr	ram)	10a	Х				8940
b	Were	e there any nonexempt transactions with any party-in-interest? (I	Do not include trans	sactions reported			х			
С		ne 10a.)s the plan covered by a fidelity bond?			10b	37				L00000
					10c	Х			-	
d	or dis	he plan have a loss, whether or not reimbursed by the plan's fide shonesty?	elity bond, that was	caused by fraud	10d		Х			
е	Were insur	e any fees or commissions paid to any brokers, agents, or other ance service or other organization that provides some or all of th actions.)	persons by an insu ne benefits under th	rance carrier, se plan? (See	10e		х			
f	Has t	the plan failed to provide any benefit when due under the plan?	***************************************	***************************************	10f		х	ř		
g	Did th	he plan have any participant loans? (If "Yes," enter amount as of	f vear end.)		10g	х				0
~		s is an individual account plan, was there a blackout period? (Se			ivg		Х	[m. 2008] 1, park] 1	-, 94, 8, 52	
	2520	.101-3.)	******		10h					
i		n was answered "Yes," check the box if you either provided the r								
Davi	10.11.71	ptions to providing the notice applied under 29 CFR 2520.101-3.	***************************************		10i				Mark (<u> </u>
11		Pension Funding Compliance s a defined benefit plan subject to minimum funding requirement	o2 (If "Vee " eee ins			^_ L				
	5500))))	s? (II "Yes," see ins	structions and com	piete :	scnea	uie St	s (Form	Yes	∏ No
12		s a defined contribution plan subject to the minimum funding req							Yes	X No
if	lf a wa granti you co	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable alver of the minimum funding standard for a prior year is being a sing the waiver. Impleted line 12a, complete lines 3, 9, and 10 of Schedule M	mortized in this pla B (Form 5500), an	Mont d skip to line 13.	th		Day	e date of th		
b		the minimum required contribution for this plan year					12b			
C C		the amount contributed by the employer to the plan for this plan					12c		_	
d	negat	act the amount in line 12c from the amount in line 12b. Enter the ive amount)			• • • • • • • • • • • • • • • • • • • •	∟	12d			
A		ne minimum funding amount reported on line 12d be met by the	funding deadline?		•••••			Yes	No	N/A
Part		Plan Terminations and Transfers of Assets	10.10							
13a		resolution to terminate the plan been adopted in any plan year?					X Y	es No)	
		s," enter the amount of any plan assets that reverted to the emp								. 0
b	Were	all the plan assets distributed to participants or beneficiaries, tra	insferred to another	plan, or brought u	ınder	he co	ntrol		Пусс	—————————————————————————————————————
С	lf duri	PBGC?ing this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)					••••		∐ res	X No
1	3c(1) l	Name of plan(s):				13c	(2) EII	N(s)	13c(3)	PN(s)
	•									
Court	ion. A	manala, Sanda ha ha a imananala Silina Sali a da d							<u> </u>	
		penalty for the late or incomplete filing of this return/report lties of perjury and other penalties set forth in the instructions, I or								
SB o	r Sched	dule MB completed and signed by an enrolled actuary, as well as true, correctly and promplete.	s the electronic vers	sion of this return/r	eport,	and to	the b	g, if applications of my k	nowledge	and
SIGI		Allhun	7.17.12	JOHN M. ALT	OMA:	RE				
HER	11	ignature of plan administrator	Date	Enter name of in			ing as	plan admir	istrator	
816.						21911	<u>9</u>	Profit Garrill		\dashv
SIGI	- 1	gnature of employer/plan sponsor	Date	Enter name of :-	4h.da	ol oler	ine	omele		
(·	<u>, j. 31</u>	Sugrane of embloyenhigh shousof	Date	Enter name of in	ulviau	aı sıgn	ing as	employer o	or pian spi	onsor