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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	► Complete all entries in a	ccordance wit	h the instructions to the Form 550	0-SF.	,		
Pa	art I Annual Report Identification Information	1					
For	calendar plan year 2011 or fiscal plan year beginning 01/0	1/2011	and ending 1	2/05/2	011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	x the final r	eturn/report				
	an amended return/report	X a short pla	an year return/report (less than 12 mo	onths)			
С	Check box if filing under: Form 5558	automatio	extension	Ī	DFVC progra	m	
_	special extension (enter desc	cription)		L			
D	art II Basic Plan Information—enter all requested in	' /					
		normation		1h	Thurs dist		
	Name of plan S DENTAL 401(K) PLAN				Three-digit plan number		
IXIVL	S DENTAL 401(IX) I LAIN				(PN) ▶	001	
					Effective date of	plan	
					07/01/		
	Plan sponsor's name and address; include room or suite numb SMILE STUDIO, PA	oer (employer, if	for a single-employer plan)		Employer Identif (EIN) 20-29		er
					Sponsor's telept		
4000	LUCLIMAY 64 CLUTE D			20	601-605		
	HIGHWAY 51, SUITE D SON, MS 39110-7648			2d	Business code (see instruction	ns)
					62121		-,
3a	Plan administrator's name and address (if same as plan spons	or, enter "Same	e")	3b	Administrator's E	IN	
THE		GHWAY 51, SU ON, MS 39110-7		0 -	20-29		
		,		3C	Administrator's t		nber
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 from the last return/report.			_			
	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			3
b	Total number of participants at the end of the plan year			5b			(
С	Number of participants with account balances as of the end of complete this item)	. , ,	•	5c			(
6a	Were all of the plan's assets during the plan year invested in	eligible assets?	(See instructions.)			X Yes	No
b	. ,					V v F	1
	under 29 CFR 2520.104-46? (See instructions on waiver eligi	•	•			X Yes	No
Da	If you answered "No" to either 6a or 6b, the plan cannot u	ise Form 5500-	SF and must instead use Form 550	00.			
	art III Financial Information		I				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
а	Total plan assets		37089			С)
b	Total plan liabilities	7b					
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	37089			С)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:	- 40	3462				
	(1) Employers			_			
	(2) Participants	8a(2)	3981	_			
	(3) Others (including rollovers)	8a(3)	0	_			
b	Other income (loss)	8b	-2357				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				5086	i
d	Benefits paid (including direct rollovers and insurance premiur to provide benefits)		40675				
е	Certain deemed and/or corrective distributions (see instruction	ns) 8e	0				
f	Administrative service providers (salaries, fees, commissions)	8f	1500				
g	Other expenses	8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					42175	
i	Net income (loss) (subtract line 8h from line 8c)					-37089)
i	Transfers to (from) the plan (see instructions)		0				
	, , , , , , , , , , , , , , , , , , , ,	····· 8j	_				

Form 5500-SF 2011		
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Part IV	Plan	Characteristics
railiv	Fiaii	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 2F 2G 2J 2T 3D

Page **2** - 1

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	unt	
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					1599
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				
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					274
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						
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)).					. П	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 instructional granting the waiver						ter rulii r	
lf y	ou 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			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				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		lo	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	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	_	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		the co	ntrol		×	Yes	☐ 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.)	he pla	n(s) to			Ш		
1	3c(1) Name of plan(s):		130	c(2) EII	N(s)	1	13c(3)	PN(s)
						\bot		
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.			
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/03/2012	WILLIAM O. RIVES, II
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/03/2012	WILLIAM O. RIVES, II
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form	5500-	SE	201	4

SIGN

HERE

Signature of employer/plan sponsor

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Page	2	Į.

Part IV	Dian	Characteristics
I CILLEY	ган	Characteristics

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

	rt V Compliance Questions						 			
10	During the plan year:				Yes	No				
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	Iciary Correction Dr	aaram)	10a	X	NO		Amoi		
b	Were there any nonexempt transactions with any party-in-interest; on line 10a.)	2 (Do not include to		10a		x				1,5
С			***************************************	10c						
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	fidality hand that				X				
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	er persons by an in	surance carrier,	10d	x	X		· · · ·	<u> </u>	
f	Has the plan failed to provide any benefit when due under the plan	?	************************	10e	^					27
g	Did the plan have any participant loans? (If "Yes," enter amount as			10f		X				
h	If this is an individual account plan, was there a blackout period? (S	See instructions	100 055	10g		X				
	2020.101-0.)			10h	j	x				
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required notice or	one of the				7)-5(1 - 4)-			
Part	VI Pension Funding Compliance	· · · · · · · · · · · · · · · · · · ·	***************************************	10i						8. E.
11	Is this a defined benefit plan subject to minimum funding requirement	nts? (If "Yes," see i	nstructions and com	plete S	chedu	e SB	(Form			
	ls this a defined contribution plan subject to the minimum funding re	·····							es	
	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	equirements of sect	ion 412 of the Code	or sect	ion 30	2 of E	RISA?	∐ Y	es 🛚	Νo
а	If a waiver of the minimum funding standard for a price was applicant	oie.)								
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this p	an year, see instruct	tions, a	nd ent	er the	date of the	ne letter	rulina	;
If y	granting the waiverou complete lines 3, 9, and 10 of Schedule M	MR (Form 5500) -	Monti	h		Day _		Year	•	
b i			ad alda 4 a 15 4 a							_
С	Enter the minimum required contribution for this plan year		na skip to line 13			,				
	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan		nd skip to line 13.	••••••	12	2b				
u ,	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b Enter the	л year	nd skip to line 13.		12	2b 2c			-	
u, r	Enter the amount contributed by the employer to the plan for this plar Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	n yeare result (enter a mi	nus sign to the left o	fa	12	2b 2c 2d				
e v	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount) Will the minimum funding amount reported on line 12d be met by the	n yeare result (enter a mi	nus sign to the left o	fa	12	2b 2c 2d	Yes	No		N/A
e v Part V	Subtract the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount) Will the minimum funding amount reported on line 12d be met by the Plan Terminations and Transfers of Assets	n year e result (enter a mi funding deadline?	nus sign to the left o	fa	12	2b 2c 2d .	Yes	No		
e v Part V 13a +	Subtract the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount) Will the minimum funding amount reported on line 12d be met by the Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	n year e result (enter a mi funding deadline?.	nus sign to the left o	fa	1:	2b 2c 2d	Yes	No		
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Date

8-3-12

William O. Rives, II

Enter name of individual signing as employer or plan sponsor

Attachment to 2011 Form 5500 Form 5500-SF Administrative Penalties - Explanation of Reasonable Cause for Late Filing

Plan Name Rives Dent	al 401(k) Plan	EIN:	20-2957926
Plan Sponsor's Name	The Smile Studio, PA	PN:	001

Explanation:

Late deposits of employee deferrals have been reported in Item 10(a). Form 5330 has been filed to pay the appropriate penalty. Lost earnings have been deposited to the plan to complete the self correction.

The late filing of this Form 5500 was due to a clerical error. All participants have been fully paid out.