## 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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	► Complete all entries in accord	dance with	n the instructions to the Form 5	00-SF.	
Pa	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2012	2	and ending	05/31/2	012
Α	This return/report is for:	a multiple	-employer plan (not multiemploye	·) [	a one-participant plan
		the final r	eturn/report	-	_
_			in year return/report (less than 12	months)	
_	H_	•	extension	олало,	DFVC program
C			, exterision	L	_ Dr ve program
	special extension (enter descriptio	,			
	art II Basic Plan Information—enter all requested information	ation			
	Name of plan				Three-digit plan number
THOI	MAS E. WORSTER, DDS, PA 401(K) PLAN				(PN) ▶ 001
					Effective date of plan
					01/01/2010
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number
THO	MAS E. WORSTER, DDS, PA				(EIN) 59-3651941
				2c	Sponsor's telephone number
1071	0 S. US HWY 41 10710 S. US	HWY 41			352-489-0707
DUN	NELLON, FL 34432 DUNNELLON	N, FL 3443	2	2d	Business code (see instructions)
					621210
	Plan administrator's name and address (if same as plan sponsor, en		")	3b	Administrator's EIN 59-3651941
IHUI	MAS E. WORSTER, DDS, PA 10710 S. US I DUNNELLON		2	30	Administrator's telephone number
				30	352-489-0707
4	If the name and/or EIN of the plan sponsor has changed since the la	ast 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			·- 5а	
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 p				
	complete this item)				
	Were all of the plan's assets during the plan year invested in eligible		•		X Yes No
D	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes □ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		· ·		
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	86592		0
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	86592		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
	Contributions received or receivable from:		, ,		(4)
	(1) Employers	8a(1)	0		
	(2) Participants	8a(2)	0		
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	-246		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-246
d	Benefits paid (including direct rollovers and insurance premiums		86346		
	to provide benefits)	8d	00340		
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			86346
į	Net income (loss) (subtract line 8h from line 8c)	8i			-86592
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:

^	V 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		X				
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ				
	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				
	If 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						
art \	/I Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (5500))					Г	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
а	(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.  Month							
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b				
	Enter the minimum required contribution for this plan year		··· ⊢					
	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				
е	Will 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							
3a	Has a resolution to terminate the plan been adopted in any plan year?			XY	es	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 ur of the PBGC?			ntrol		X	Yes	No
	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.)	e plar	n(s) to					
13	c(1) Name of plan(s):		130	(2) Ell	۱(s)		13c(3)	PN(s)
autic	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cau	se is	establi	shed.			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	12/06/2012	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

## Form 5500-SF

Department of the Treasury Internal 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 Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 121C-0110

1210-0089

Department of Labor Employee Benefits Security Administration This Form is Open to Public Inspection Pension Benefit Guaranty Corporation ▶ 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 01/01/2012 and ending 05/31/2012 X a single-emp over plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report the final return/report B This return/report is: X a short plan year return/report (less than 12 months) an amended return/report DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number THOMAS E. WORSTER, DDS. PA 401(K) PLAN (PN) • 001 1c Effective date of plan 01/01/2010 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number THOMAS E. WORSTER, DDS, PA 59-3651941 2c Sponsor's telephone number 352-489-0707 10710 S. US HWY 41 10710 S. US HWY 41 **DUNNELLON, FL 34432 DUNNELLON, FL 34432** 2d Business code (see instructions) 621210 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 59-3651941 10710 S. US HWY 41 DUNNELLON, FL 34432 THOMAS E. WORSTER, DDS, PA Administrator's telephone number 352-489-0707 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 a Sponsor's name 9 5a Total number of participants at the beginning of the plan year..... 5a 0 b Total number of participants at the end of the plan year. 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not Ó 5c 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 No 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. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year o 86592 a Total plan assets 7a Total plan liabilities..... 7b 0 86592 C Net plan assets (subtract line 7b from line 7a)..... (b) Total Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: Ç (1) Employers ...... 3 (2) Participants ..... (3) Others (including rollovers)..... -246 Other income (loss)..... 8b -246 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ...... 8c Benefits paid (including direct rollovers and insurance premiums 86346 to provide benefits)..... Certain deemed and/or corrective distributions (see instructions)... Administrative service providers (salaries, fees, commissions)...... 8f Other expenses 8g 86346 8h Total expenses (add lines 8d, 8e, 8f, and 8g) ..... -86592 Net income (loss) (subtract line 8h from line 8c)...... 8i Transfers to (from) the plan (see instructions) ......

Thomas E. Wonsten

Enter name of individual signing as employer or plan sponsor

SIGN A MILE Signature of employer/plan sponsor

	Form 5500-SF 2011	Pa	ge <b>2</b> -	. [1								
			3									
Part	IV Plan Characteristics  f the plan provides pension benefits, enter the applicable pension	sion feature codes fr	om the	List of Plan Char	acteris	tic Co	des in	the instructi	one.			
	PE 2J 2K 3D	sion leature codes it	0111 1114	ESTOTT IST OTHER	aciciik		W C 3 1  1	tite instructi	0113.			
b I	f the plan provides welfare benefits, enter the applicable welfa	are feature codes fro	m the	List of Plan Chara	cterist	ic Cod	es in t	he instructio	ns:			
Part '	Compliance Questions											
10	During the plan year: Yes No Amount											
a	Was there a failure to transmit to the plan any participant cont 29 CFR 2510.3-102? (See instructions and DOL's Voluntary				10a		Х					
	Were there any nonexempt transactions with any party-in-inte on line 10a.)			-	<b>10</b> b		Х					
С	Was the plan covered by a fidelity bond?		••••		10c		Х					
	Did the plan have a loss, whether or not reimbursed by the plant of dishonesty?	•		•	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, o insurance service or other organization that provides some or instructions.)	r other persons by a all of the benefits u	n insu der th	rance carrier, e plan? (See	10e		Х			44.		
f	Has the plan failed to provide any benefit when due under the	plan?	•••••		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amou	nt as of year end.)			10g		X					
	If this is an individual account plan, was there a blackout perio				10h		Х					
	If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520				10i							
Part \	/I Pension Funding Compliance											
	s this a cefined benefit plan subject to minimum funding requi								Yes	X No		
12	Is this a defined contribution plan subject to the minimum fund	ding requirements of	sectio	n 412 of the Code	or se	ction 3	02 of I	ERISA?	Yes	X No		
a I	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as ap f a waiver of the minimum funding standard for a prior year is granting the waiver.	being amortized in t										
	ou completed line 12a, complete lines 3, 9, and 10 of Sche											
b I	Enter the minimum required contribution for this plan year	***************************************	· · · · · · · · · · · · · · · · · · ·	****(***)*************		[_	12b					
	Enter the amount contributed by the employer to the plan for the	•					12c					
	Subtract the amount in line 12c from the amount in line 12b. E negative amount)	•		-			12d					
e \	Will the minimum funding amount reported on line 12d be met	by the funding dead	ine?					Yes	No	N/A		
Part V	Il Plan Terminations and Transfers of Asset	ts					-					
	las a resolution to terminate the plan been adopted in any plan ye				_		X Y	es No		,		
	f "Yes," enter the amount of any plan assets that reverted to the					3a				C		
	Were all the plan assets distributed to participants or beneficia of the PBGC?	· · · · · · · · · · · · · · · · · · ·	•				ntrol 		X Yes	No		
	f during this plan year, any assets or liabilities were transferre which assets or liabilities were transferred. (See instructions.)	d from this plan to a	other	plan(s), identify th	e piar				<del>, </del>			
13	13c(1) Name of plan(s):					13c	(2) EII	V(s)	13c(3)	PN(s)		
										÷		
Cautio	n: A penalty for the late or incomplete filing of this return	report will be asse	ssed	uniess reasonabl	e cau	se is e	stabli	shed.				
SB or !	penalties of perjury and other penalties set forth in the instruct Schedule MB completed and signed by an enrolled actuary, as t is true, correct, and complete.	tions, I declare that I s well as the electron	have ic vers	examined this retu sion of this return/r	rn/rep eport,	ort, inc	uding the b	i, if applicablest of my kn	e, a Scho owledge	edule and		
SIGN												
HERE	Signature of plan administrator	Date		Enter name of in	dividu	al sign	ing as	plan admini	strator			