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

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information								
For calenda	For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012								
A This ret	urn/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan								
B This ret	urn/report is: the first return/report X th	ne final return/report							
	an amended return/report a	short plan year retu	rn/report (less than 12 m	onths))				
C Check I	pox if filing under: Form 5558	utomatic extension		DFVC program					
	special extension (enter description))							
Part II	Basic Plan Information—enter all requested informati	ion							
1a Name	·	<u> </u>		1b	Three-digit				
SMILE CENTER OF ORLANDO, PA PROFIT SHARING & 401(K) PLAN					plan number				
					(PN) •	001			
					1c Effective date of plan 01/01/1996				
2a Plan si	consor's name and address; include room or suite number (em	ployer if for a single	-employer plan)	2h	Employer Identif				
	TER OF ORLANDO, PA	ployer, il for a sirigic	citiployer plant	20	(EIN) 59-37				
				2c Sponsor's telephone numbe					
3710 ALOM					407-678				
WINTER PA	RK, FL 32792			2d	Business code (see instructions)			
		——————————————————————————————————————		0.1	62121				
	dministrator's name and address Same as Plan Sponsor Na		n Sponsor Address	3b	Administrator's I 59-37	EIN 39367			
MILE CENTE	ER OF ORLANDO, PA 3710 ALOMA AV WINTER PARK,			3c		elephone number			
				407-678-8848					
1 If the a	and a CIN of the view are not be about a discrete less		(a	41.					
	name and/or EIN of the plan sponsor has changed since the las , EIN, and the plan number from the last return/report.	st return/report filed t	for this plan, enter the	4D	EIN				
	or's name			4c	PN				
5a Total r	number of participants at the beginning of the plan year			5a		4			
b Total number of participants at the end of the plan year				5b		0			
	er of participants with account balances as of the end of the pla	• •	•	_					
	ete this item)			5c		0			
	all of the plan's assets during the plan year invested in eligible	•	,			X Yes No			
	ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility an					X Yes No			
	answered "No" to either line 6a or line 6b, the plan cannot								
Caution: A	penalty for the late or incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	ıse is	established.				
	alties of perjury and other penalties set forth in the instructions,								
	edule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	as the electronic ve	rsion of this return/report	, and	to the best of my	knowledge and			
Bollot, It lo	· · · · · · · · · · · · · · · · · · ·	1	<u> </u>						
SIGN	Filed with authorized/valid electronic signature.	01/11/2013	JOHN M. ALTOMARE	ARE					
HERE	Signature of plan administrator	Date	Enter name of individ	ual si	gning as plan adn	ninistrator			
SIGN									
HERE	Signature of employer/plan sponsor	Date Enter name of indivi			gning as employe	r or plan sponsor			
Preparer's	name (including firm name, if applicable) and address; include		er (optional)	Prep	oarer's telephone	number (optional)			

Form 5500-SF 2012 Page **2**

Dor	t III Financial Information								
<u> </u>	Plan Assets and Liabilities		(a) Beginning of Ves		1		(b) End of Your		
	Total plan assets	. 7a	(a) Beginning of Yea		(b) End of Yea				
	Total plan liabilities	7a 7b	1175		-				
	Net plan assets (subtract line 7b from line 7a)	7c	15057			0			
	Income, Expenses, and Transfers for this Plan Year	70							
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	166	55					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1665		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	15224	3					
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					152243		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-150578		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	ne instructions:		
Part	Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	a 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		? (Do not	include transactions reported	10b		X			
C	Was the plan covered by a fidelity bond?			10c	X		4	100000	
d				100				100000	
	or dishonesty?			10d		X			
е	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a					X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g 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 2520.10	he require	d notice or one of the						
Part	1	1-3		10i					
11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							□ No	
11a	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)						
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver						ng		
lf	If 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			

	Form 5500-SF 2012 Page 3 - 1				
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 of a negative amount)	12d			
е	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	res No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

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 4055 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	outhout Guaranty Gurporation	Complete all entries in acc	ordance with the instr	uctions to the Form 55	00-SF.				
Part I	Annual Report Is dar plan year 2012 or fisc	dentification Information							
		xai pian year beginning X a single-employer plan	01/01/2012	and ending	12/31/2012				
	sturn/report is for.	plan (not multiemployer)	a one-participant plan						
B This re	eturn/report is:	the first return/report	the final return/repor	t	_				
		an amended return/report	a short plan year retu	ırn/report (less than 12 n	nonths)				
C Check	box if filing under;	Form 5558	automatic extension		DFVC program				
		special extension (enter descrip	otion)						
Part II	Basic Plan Infon	mation—enter all requested info							
1a Name	of plan				1b Three-digit				
SMILE	CENTER OF ORLA	plan number							
					(PN) ▶ 001				
					1C Effective date of plan				
2a Plan s	sponsor's name and addr	ess; include room or suite number	formalesses if for a short		01/01/1996				
SMILE	CENTER OF ORLAN	NDO, PA	(employer, ir for a single	i-employer plan)	2b Employer Identification Number				
					(EIN) 59-3739367				
3710 A	LOMA AVENUE				2c Sponsor's telephone number 407-678-8848				
					2d Business code (see instructions)				
WINTER		FL 32792			621210				
3a Plan a	idministrator's name and	address Same as Plan Sponsor	r Name Same as Pla	n Sponsor Address	3b Administrator's EIN				
SMILE	CENTER OF ORLAN	IDO, PA		•	59-3739367				
					3c Administrator's telephone number				
3710 A	LOMA AVENUE				407-678-8848				
					ļ				
WINTER	PARK	FL 32792							
4 If the	name and/or EIN of the p	lan sponsor has changed since the	a last return/report filed for	or this plan enter the	4b EIN				
name	, EIN, and the plan numb	er from the last return/report.		or arms plant, asked and	THE ENT				
	or's name				4c PN				
5a Total	number of participants at	the beginning of the plan year	***************************************	****************************	5a 4				
b Total i	number of participants at	the end of the plan year			5b 0				
C Numb	er of participants with act lete this item)	count balances as of the end of the	plan year (defined bene	efit plans do not					
6a Were	all of the plan's assets d	uring the plan year invested in elig	ible assets? (See instruc	diane 1					
D Are yo	ou claiming a waiver of th	e annual examination and report o	f än independent guslifie	d public accountant (IO)	DA) — —				
under	29 CFK 2520.104-46? (8	see instructions on waiver eligibilih	v and conditions.)		M Yes □ No				
ır you	answered "No" to eith	er line 6a or line 6b, the plan can	inot use Form 5500-SF	and must instead use	Form 5500.				
Caution: A	penalty for the late or	incomplete filing of this return/re	eport will be assessed	uniess reasonable cau	se is established.				
Under pena SB or Sche	alties of perjury and other	penalties set forth in the instruction	ns, I declare that I have	examined this return/rep	oort, including, if applicable, a Schedule				
belief, it is t	rue, correct, and complet	ie.	well as the electronic ven	sion of this return/report,	orr, including, if applicable, a Schedule , and to the best of my knowledge and				
	1 /7/1/2			Υ					
SIGN HERE	Jold M	THE COURSE	1.7.13	JOHN M. ALTOMA	\RE				
1186118	Signature of plan adm	inistrator	Date	Enter name of individu	ıal signing as plan administrator				
SIGN	Jallet 11	m	1.7.13	- Parity and American					
HERE	Signature of employer	/plan sponsor	Date	Enter name of individu	ıal signing as employer or plan sponsor				
Preparer s	name (including firm nam	e, if applicable) and address; inclu	de room or suite numbe	(optional)	Preparer's telephone number (optional)				
				ĺ	· · · · · · · · · · · · · · · · · · ·				
				<u> </u>					
				4					

Pa	tilla Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year			
_a	Total plan assets	7a	1	162332			102	0		
<u></u>	Total plan liabilities	7b	11754			1741		0		
C	Net plan assets (subtract line 7b from line 7a)	7c	1	150578						
8	Income, Expenses, and Transfers for this Pien Year	All Angelon and An	(a) Amount				(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)				٠, ;	Anger Andrews Control of the Control			
	(3) Others (including rollovers)	8a(3)				and the state of t				
<u>b</u>	Other income (loss)	8b		160	55	·	with the contract of			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8¢		1774			.,	1665		
<u>d</u>	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	5224	13	.374.61 				
_e	Certain deemed and/or corrective distributions (see instructions)	Se Se			\neg		August Carte			
f	Administrative service providers (salaries, fees, commissions)	8f	/ - - - - - - - - - - 				Capter 1 2001 All Services 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Other expenses	8g			┪		Planter blad in page 146 P			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	, e e e e e	4		7111_		152243		
ì	Net income (loss) (subtract line 8h from line 8c)	8i	1 10 Mg	17(1 _m)	\neg			-150578		
	Transfers to (from) the plan (see instructions)			<u> </u>	7		01 - RW 1 11 11 11 11 11 11 11 11 11 11 11 11	1		
Par	t IV: Plan Characteristics	<u>, </u>			!	··· · · · · · · · · · · · · · · · · ·				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2R 3D	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instructions	55		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cteris	ic Coc	les in t	he instructions:			
Part	V Compliance Questions						1.114			
10	During the plan year:				Yes	No	Ame	ount		
a	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		х	7 1111			
Ь	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not l	nclude transactions reported	10b		х				
C				10c	х			100000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		· .		
<u>e</u>		er persons of the bene	by an insurance carrier, fits under the plan? (See	10e	1 2011	х				
f	Has the plan failed to provide any benefit when due under the plan	n?	Printerpresentation of the contraction of the contr	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)		N/ N/ a/ k/ k/ k/ k/ ar a a a a a a a a a a a a a a a a a a	10h		x	75			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	re required 1-3	notice or one of the	101				. :		
Part	VI Pension Funding Compliance									
11	ls this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	iule SE	3 (Form	Yes No		
<u>11a</u>	Enter the amount from Schedule SB line 39	*************	***************************************			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	orse	ection	302 of	ERISA?	Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.									
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon	th	, and e	nter ti Day	ne date of the le Yea	-		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
b	Enter the minimum required contribution for this plan year]	12b				

	Form 5500-SF 2012	Page 3 -							
c	Enter the amount contributed by the employer to the plan for this	plan year	,,	120	;]		 ,		
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	r the result (enter a minus sign to the left	of a	12d				*-	
e	Will the minimum funding amount reported on line 12d be met by	the funding deadline?]	☐ Ye	es 🗍	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?			х	Yes	No			_
	If "Yes," enter the amount of any plan assets that reverted to the ϵ	employer this year		13a	T -	_			_
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?							X Yes	Пк	 In
С	If during this plan year, any assets or liabilities were transferred frowhich assets or liabilities were transferred. (See instructions.)	om this plan to another plan(s), identify the	e plan(s) i	io	<u> </u>	·.	<u> </u>	<u> </u>	Ť
40-44 Name of all and		1.	13c(2) EIN(s)			13c(3) PN(s)			
Lagr			,						
Part	VIII≒ Trust Information (optional)				•				_
14a Name of trust				14b	Trust's E	EIN			_

.

i