## 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 6058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.	1				
		lentification Information								
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010				
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В .	This return/report is for:		_							
		an amended return/report	short plar	year return/report (less than 12 mor	nths)					
C	Check box if filing under:	extension		DFVC program						
		special extension (enter description	on)							
Pa	rt II Basic Plan Inform	nation—enter all requested inform	ation							
1a	Name of plan	·			1b	Three-digit				
I PAT	HOLOGY LLC 401(K) PROFIT	SHARING PLAN & TRUST				plan number 001				
					_	(PN) ▶				
					1c	Effective date of plan 01/01/2010				
2a	Plan enoneor's name and addre	ess (employer, if for single-employer	nlan)		2h	Employer Identification Number				
	HOLOGY, LLC	cas (employer, ii for alligic employer	ριατή		1	(EIN) 05-0610018				
504 V	V DE A CUITDEE CIDEET				2c	Plan sponsor's telephone number 863-510-5971				
	V PEACHTREE STREET ELAND, FL 33815				24					
					Zu	Business code (see instructions) 621111				
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN				
IPAI	HOLOGY, LLC	501 W PEAC LAKELAND,		IREEI	2-	05-0610018				
					3C	Administrator's telephone number 863-510-5971				
<b>4</b> I	the name and/or EIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b EIN					
ı	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c PN					
52	Total number of participants at			7						
			5a	8						
b	·	the end of the plan year			5b	0				
С	•	ith account balances as of the end o		•	5c	3				
6a	Were all of the plan's assets d	luring the plan year invested in eligib	le assets?	(See instructions.)		Yes No				
b				ndent qualified public accountant (IQI		XI v D v.				
	,	• .		ons.)		Yes No				
Pa	rt III Financial Informa		orm 5500-	SF and must instead use Form 55	00.					
				(a) B. winnin a ( ) ( a a		(b) Ford of Voca				
7	Plan Assets and Liabilities Total plan assets		7-	(a) Beginning of Year	)	(b) End of Year 43357				
a b	rotal plan according		. 7a . 7b							
C		7b from line 7a)		(	)	43357				
8			70	(a) Amount						
а	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total				
_			. 8a(1)	C	)					
	(2) Participants		. 8a(2)	38950	)					
	(3) Others (including rollovers)	)	. 8a(3)	C	)					
b	Other income (loss)		. 8b	4407	,					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			43357				
d	. ` `	rollovers and insurance premiums	. 8d							
е		tive distributions (see instructions)	. 8e							
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f							
g	Other expenses		. 8g							
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	. 8h			0				
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i			43357				
j	Transfers to (from) the plan (se	ee instructions)	. 8i							

	F	orm 5500-SF 2010								
Par	t IV	Plan Characteristics								
	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	tic Co	des in	the instru	ıctic	ns:		
		2G 2J 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
art	: <b>V</b>	Compliance Questions								
0		ng the plan year:		Yes	No		Α	mount		
а	Was	there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X					
С	Was	the plan covered by a fidelity bond?	10c	X					20	0000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X					
е	insu	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.)								
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х					
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					•	Yes	, X	No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?.		Yes	, <mark>X</mark>	No
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	<b>a</b> 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									
lf :	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			24,		·			
b	Enter the minimum required contribution for this plan year									
С	Enter the amount contributed by the employer to the plan for this plan year									
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d					
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	$\coprod$	N/A

#### Part VII **Plan Terminations and Transfers of Assets**

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? .....

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes X

Yes X No

#### Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/17/2011	WESLEY MOSCHETTO						
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-\$F

Department of the Treasury Internal Revenue Service

Department of Labor

# 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 6058(a) of the

QMB Nos. 1210-0110 1210-0089

2010

	mployee Benefits Security Administration	Internal F			e Ohen to Linut							
	Pension Senefit Guaranty Corporation	Complete all entries in accord	00-SE	Ins	Inspection							
P		tification Information	401100 1711	The moderate to the Form of								
	calendar plan year 2010 or fiscal pl		0	and ending	12/31/2	2010						
A	This return/report is for:	ingle-employer plan	multiple-	employer plan (not multiemployer)		one-participa	int olan					
		rst return/report	final retu		- Overhannerbank han							
_	<b>=</b>	n amended return/report		•	1\_\							
_	片	- ₩		1 Year return/report (less than 12 m	ontas)	<b></b>						
C		orm 5558		cextension	DFVC program							
		pecial extension (enter descriptio	• •									
P	<u>art II   Basic Plan Informat</u>	ION—enter all requested informa	ation									
	Name of plan				16	Three-digit						
1 11/2	THOLOGYLLC					plan number	001					
401	(K) PROFIT SHARING PLAN & TRL	IST			10	(PN) ▶ Effective date o						
		•			'C	01/01/3						
2a	Plan sponsor's name and address	(employer, if for single-employer	nlan)	***	2h		<del>_</del>					
	thology, LLC	(ample) and all good complete.	piuity			2b Employer Identitication Number (EIN) 05-0610018						
					2c		elephone number					
501	W Peachtree St			•	<u> </u>		10-5971					
Lake	eland	FL 33815			20		see instructions)					
	Plan administrator's name and add	· · · · · · · · · · · · · · · · · · ·	nter "Same	3"}	36	621111 Administrator's I						
SAN	AE	ioso (ii camo do Fian opender, c.		-,	**	rioninistrator 5 i	H11 1					
					3c	Administrator's t	elephone number					
							<del> </del>					
4	If the name and/or EIN of the plan sp name, EIN, and the plan number fro			port filed for this plan, enter the	4b	EIN						
	name, Env. and the plan number no	ш ша маг тегипиароц, фролфо	ı & ligilib		4c	PN						
5a	Total number of participants at the	beginning of the plan year				1	7					
*												
C Total number of participants at the end of the plan year						<del>                                     </del>	8					
٠	complete this item)	occum balances as of the end of	rue bian i	real (delined beliefit blatts do tiot	. 5c	i	3					
6a	Were all of the plan's assets during			/			× Yes No					
	Are you claiming a waiver of the ar				QPA)							
	under 29 CFR 2520.104-46? (See	instructions on walver eligibility a	and condit	ions.)			¥ Yes ∐ No					
	If you answered "No" to either 6		orm 5500-	SF and must Instead use Form 5	500.		······································					
	urt III Financial Informatio	Π	,	<u> </u>	<del></del>							
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End						
	Total plan assets		7a		_		43357					
	Total plan liabilities		7b			<del></del>	00					
C	Net plan assets (subtract line 7b fro	om (ine 7e)	7c				43357					
8	Income, Expenses, and Transfers (			(a) Amount		(d)	otal					
a	Contributions received or receivable		<b>*</b> - (4)		_							
	(1) Employers		8a(1)		0							
	(2) Participants	ı	8a(2)	3895	$\neg$							
	(3) Others (including rollovers)	1	8a(3)	•	0							
b	Other income (loss)		8b	440	7							
C	Total income (add lines 8a(1), 8a(2		8c	<u></u>			43357					
d	Benefits paid (including direct rollow to provide benefits)		8d		٥							
_					0							
Certain deemed and/or corrective distributions (see instructions)      Administrative service providers (salaries, fees, commissions)			8e 8f		·							
f		·	,		<u>-</u>							
<b>9</b>	Other expenses		8g		0							
h	• • • • • • • • • • • • • • • • • • • •	·	8h		$\dashv$		0					
1	Net Income (loss) (subtract line 8h	· '	8i		-		43357					
- 1	Transfers to (from) the plan (see in:	au ucuujiaj	o:	l .	n i							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form \$500-SF.

_	Form 5500-SF 2010		P	age <b>2-</b>							
Pai	t IV Plan Characteristics		<u> </u>							<del></del> -	
	If the plan provides pension benefits, enter the applicable pension fer	ature code:	s from the	List of Plan Char	acteris	tíc Co	des in	the instru	ictions:		
b	2E 2G 2J 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Par	V Compliance Questions			•							
10	During the plan year:					Yes	No		Amour	11	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducians)		10a		×						
þ	Were there any nonexempt transactions with any party-in-interest? (on line 10e.)	actions reported	10Ъ	~~~~	×						
c	Was the plan covered by a fidelity bond?				10¢	×				20	000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	felity bond,	that was	caused by fraud	10d		×				
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	persons by the benefits	y an insur s under th	ance carrier, e plan? (See	10e		×				
f	Has the plan failed to provide any benefit when due under the plan?		••••••		10f		×			.==	
g	Did the plan have any participant loans? (If "Yes," enter amount as o	•			10g		×				
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)				10h		×				
į	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	required no	otice or or	te of the	<b>1</b> 0i			al 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***** * *****		<del></del>
Part	VI Pension Funding Compliance										
11	ts this a defined benefit plan subject to minimum funding requiremen 5500))								Пу	es 🔀	No
12	ts this a defined contribution plan subject to the minimum funding re-									es ×	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 granting the waiver.	*************	•••••	Mont	tions, th	and e	nter th Day	e date of	the letter Year _	ruling	_
	rou completed fine 12a, complete lines 3, 9, and 10 of Schedule N Enter the minimum required contribution for this plan year	-		•		Г	12b				
	Enter the amount contributed by the employer to the plan for this plan					" ⊢	12c		<u></u>		
d	Subtract the amount in line 12e from the amount in line 12b. Enter the negative amount)	e result (er	nter a min	us sign to the left of	of a	"	12d			·	
. 0	Will the minimum funding amount reported on line 12d be met by the					-		Yes	No	l	N/A
Part	VII Plan Terminations and Transfers of Assets										
13a	Has a resolution to terminate the plan been adopted during the plan	year or any	prior yea	r?					Y	es ×	No
	if "Yes," enter the amount of any plan assets that reverted to the emp					******	13a				
	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?	***************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			*******	ntrol		_ Y	es 🛭	No
	which assets or liabilities were transferred. (See instructions.)	ı ınıs pıan u	o anomer	piants), identity to	e pian	(8) (0					
1	3c(1) Name of pian(s):				13c(2) EIN(s) 13c(3				(3) PN	l(s)	
		••						<del></del> -			
	on: A penalty for the late or incomplete filling of this return/repor			<del></del>					-1-1 0		
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.											
SIGI	I told line the	691	11	Wesley Moschetto							
HER		Date	<u> </u>	Enter name of	of individual signing as plan administrator						
SIGI		15 19	i Tii	Wesley Mos	che	tto					
	HERE Signature of employer/plan sponsor Date Enter name of individual signing						as emnl	over or r	olan so	onsor	