Bertre it is issues         Description of the issues in the analysis of the Endown in the AUDS of		Form 5500-SF		eturn/Report of Small Employee Benefit Plan			OMB Nos. 1210-0110 1210-0089				
Desemption       Desemption <thdesemption< th="">       Desemption       Desempti</thdesemption<>					nder sections 104 and 4065 of the Employee 74 (ERISA), and sections 6057(b) and 6058(a) of			2011			
Part I       Annual Report Identification Information       Image: series of the seris of the series of the seris of the series of the seri	Department of Labor Retirement Income Security Act of			1974 (ERI				This Form is Open to Public			
Total and and the part wate 2011 of filted plan wate beginning     0.01/0011     and ending     10212011       A This returniveport is for:     In a single-employer plan     and uncipte omployer plan (one multipendry) with a single-employer (one multipendry) with a single-emp	P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	Ins	pection			
A     This return/report is ior:     a single-employer plan     b multiple-employer plan (not multiemployer)     a non-examingant plan       B     This return/report is:     b the first sturn/report     b the first sturn/report     b the first sturn/report       C     Check box if filing under:     prom 5558     automatic extension     DFVC program       Part II     Basic Plan Informationenter al neguested information     1     The return/report     1       13     Name of plan     Special extension (enter description)     001     Check box if filing under:     001       23     Filen special filence in induction on or suite number (employer, if for a single-employer plan)     1     Three-digit plan informatic     001       24     Enclove data terms and address: include noon or suite number (employer, if for a single-employer plan)     2     Enclove data terms and address: include noon or suite number (employer, if for a single-employer plan)     2     Enclove data terms and address: include noon or suite number (employer, if for a single-employer plan)       28     File in submittators name and address: include noon or suite number (employer, if for a single-employer plan)     2     Enclove data terms and submittators number (employer, if for a single-employer plan)       28     File in submittators number and address: include noon or suite number (employer, if nor a single-employer plan) <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>											
B     This return/report     In the first return/report	For			1	and ending 1	2/31/2	2011				
C     Check box if fling under     an amended return/report     a bitot plan year return/report (less than 12 months)     DFVC program       Part III     Basic Plan Information—enter all requested information     Intervention     DFVC program       Part IIII     Basic Plan Information—enter all requested information     Intervention     Intervention       14 Nume of plan     DARRELL HUNINK PHYSICAL 401 (6) PROFIT SHARING PLAN & TRUST     Intervention     Intervention       24 Plan sponsof's name and address: include room or sulte number (employer, If for a single-employer plan)     20 Employer identification Number (EMP 000 PRE RD	Α -	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	oant plan			
C Check box if faing under:     Form 5568     automatic extension     DFVC program       Part II     Basic Plan Information—enter all requested information     Ib     Three-digit plan number (plan DARRELL HUNNK PHYSICAL 401 (k) PROFIT SHARING PLAN & TRUST     Ib     Three-digit plan number (plan DARRELL HUNNK PHYSICAL 401 (k) PROFIT SHARING PLAN & TRUST     Ib     Three-digit plan number (plan DARRELL HUNNK PHYSICAL THERAPY PC     001     101/2007       Za Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan)     Zb     Employer Indentication number (employer, if for a single-employer plan)       PARK MANCE HYNESCAL THERAPY PC     800 HODER RD     800 HODER RD     800 HODER RD       Start EL HUNNK PHYSICAL THERAPY PC     800 HODER RD     800 HODER RD     800 HODER RD       Start EL HUNNK PHYSICAL THERAPY PC     800 HODER RD     800 HODER RD     800 HODER RD       Start EL HUNNK PHYSICAL THERAPY PC     800 HODER RD     800 HODER RD     30 Administrator's telephone number (control the start sta	<b>B</b> -	This return/report is:	the first return/report	the final r	eturn/report						
Image: Second extension (enter description)     Image: Second extension (enter description)       Part III     Basic Plan Information—enter all requested information     Ib     Three-digit plan number (entropy extension)       DARRELL HUNNK PHYSICAL 401 (K) PROFIT SHARING PLAN & TRUST     Ib     Three-digit plan number (entropy extension)       2a     Plan sponsor's name and address; include room or sule number (employer, if for a single-employer plan)     Zb     Employer identification Number (entropy extension)       2a     Plan administrator's name and address; foldude room or sule number (employer, if for a single-employer plan)     Zb     Employer identification Number (employer, if for a single-employer plan)       DARRELL HUNNK PHYSICAL THERAPY PC     South 2005     South 2005     Rein sponsor is an extension instructions;       Suppose the sponsor is a sponsor is a sponsor, enter Same')     South 2005     South 2005     South 2005       DARRELL HUNNK PHYSICAL THERAPY PC     South 2005     South 2005     South 2005       Sa     Plan andministrator's name and address (if same as plan sponsor, enter Same')     South 2005     South 2005       DARRELL HUNNK PHYSICAL THERAPY PC     South 2005     South 2005     South 2005       Sa     Total number of participants at the beginning of the plan year.     Sa     Sa     Sa       Sa			an amended return/report	a short pla	n year return/report (less than 12 m	onths)	)				
Part II     Basic Plan Information—enter al requested information       1a Name of plan     DARRELL HUNNK PHYSICAL 401 (K) PROFIT SHARING PLAN & TRUST     1b     Three-dig plan number (my) b     001       2a Plan sponsor's name and address, include room or suite number (employer, II for a single employer plan)     2b     Endertification Number (2001)       2a Plan sponsor's name and address, include room or suite number (employer, II for a single employer plan)     2b     Endertification Number (2001)       3a Plan administrator's name and address (I starse spin sponsor, root spin spin spin spin spin spin spin spin	C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m			
1a Name of plan     DARRELL HUNINK PHYSICAL 101 (K) PROFIT SHARING PLAN & TRUST     1b Tree-digit plan immeter (PN) imme			special extension (enter description	on)							
DARRELL HUNINK PHYSICAL 401 (K) PROFIT SHARING PLAN & TRUST   plan number     23   Plan sponsor's name and address; indude noon or suite number (employer, if for a single-employer plan)   2b   Employer Identification Number     24   Plan sponsor's name and address; indude noon or suite number (employer, if for a single-employer plan)   2b   Employer Identification Number     200 HOOPER RD   SUITE 530   SUITE 530   2d   Suite score     30   PAR diministrator's name and address (if same as plan sponsor, noter' Same')   2d   Businescore (see instructions)     31   PAR administrator's name and address (if same as plan sponsor, noter' Same')   3d   2d   Administrator's RIN     32   PAR administrator's name and address (if same as plan sponsor, noter' Same')   3d   2d   Administrator's RIN     32   PAR administrator's name and address (if same as plan sponsor, noter' Same')   3d   3d   Administrator's RIN     34   PAR administrator's name and address (if same as plan sponsor, noter' Same')   3d   3d   3d   Administrator's RIN     35   Same   S	Pa	rt II Basic Plan Inform	nation—enter all requested inform	ation							
(PN) ▶   001     23 Fibre sponsor's name and address; include noon or suite number (employer, if for a single-employer plan)   2b Employer identification Number (EMPLOY)     24 Fibre sponsor's name and address; include noon or suite number (employer, if for a single-employer plan)   2c Sponsor's telephone number (EMPLOY)     25 Fibre sponsor's name and address (if same as plan sponsor, metri "Same")   2d Business code (see instructions)     33 Fibre administrator's name and address (if same as plan sponsor, metri "Same")   3b Administrator's EIN     30 Fibre administrator's name and address (if same as plan sponsor, metri "Same")   3c Administrator's EIN     31 Fibre administrator's name and address (if same as plan sponsor, metri "Same")   3c Administrator's EIN     31 Fibre administrator's name and address (if same as plan sponsor, metri "Same")   3c Administrator's EIN     32 Fibre administrator's name and address (if same as plan sponsor, metri "Same")   3c Administrator's telephone number     32 Total number of participants at the end of the plan year   4c PN     5a Total number of participants at the end of the plan year   5a     5a Vere all of the plan's sastest during the plan year invested in eligible sastes? (See instructions).   0     16a Were all of the plan's sastest during the plan year invested in eligible sastes? (See instructions).   0     17 Ven Assets and Liabilities   7a   6.33     7 Plan Assets and Liabilities   7a   0.33     7 Plan Ass		•				1b					
2a     Plan sponsor's name and address: include noon or sulte number (employer, if for a single-employer plan)     2b     Engloyer Identification Number (EIN) 2014/2007       2b     Single Sing	DARF	RELL HUNINK PHYSICAL 401 (	(K) PROFIT SHARING PLAN & TRU	ST			•	001			
2a. Plan sponsor's name and address: include room or suite number (employer, if for a single-employer plan)       0101/2007         2b Employer identification Number (Employer, if for a single-employer plan)       2b Employer identification Number (Employer, if for a single-employer plan)         PARK MANOR PHYSICAL THERAPY       20       Son HOOPER RD       20       20.4490401         SUTE 330       SUTE 330       SUTE 330       20.748-7880       20.748-7880         3a Plan administrator's talephone number (Employer, enter 'Same')       3b Administrator's talephone number (20.748-7880       20.748-7880         3c Talan administrator's talephone number (Employer, enter 'Same')       3c Administrator's talephone number (20.748-7880       20.748-7880         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsor is an the end of the plan year       5a       3c         5a Total number of participants at the edginning of the plan year (defined benefit plans do not complete this item).       Stop 1       Stop 1         6a Were all the plan's assets during the plan query invested in eligible assets? (See instructions.).       Stop 1       Stop 1         7       Plan Assets and Liabilities       7a       33a       117         7       Plan Assets and Liabilities       7a       33a       117         7       Plan						10	( )				
DARRELL HUNINK PHYSICAL THERAPY PC   THERAPY PC     BARK MANOR PHYSICAL THERAPY   BOD HOOPER RD     SUITE 30   SUITE 30     SUITE 30   SUITE 30     BAR MANOR PHYSICAL THERAPY   SUITE 30     BAR MANOR PHYSICAL THERAPY   SUITE 30     BAR MANOR PHYSICAL THERAPY   SUITE 30     BAR MANOR PHYSICAL THERAPY PC   SUITE 30     BAR MINISTRUCT STREAM   SUITE 30     BAR MANOR PHYSICAL THERAPY PC   SUITE 30 <t< th=""><th></th><th></th><th></th><th></th><th></th><th>10</th><th></th><th>•</th></t<>						10		•			
PARK MANOR PHYSICAL THERAPY     Image: Constraint of the con	2a DAR	Plan sponsor's name and addre	ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b					
B00 H000FER RD     B00 H000FER RD       SUPE EDWELL, NY 13760     2d Business code (see instructions) EXNWELL, NY 13760       BA Plan administrator's name and address (if same as plan sponsor, enter "same") DARRELL HUNINK PHYSICAL THERAPY PC     300 H000FER RD SUPE 300 ENDWELL, NY 13760     3b Administrator's EIN 20:4450401       4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.     4b EIN       5a Total number of participants at the end of the plan year     5a     2       5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).     5c     1       6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).     M Yes     No       7 Plan Assets and Liabilities     7a     388     117       7 Total plan assets.     7a     388     117       8 Total plan assets (subtract line 7a).     7c     388     117       9 Other income (cost), accounter (cold lines 8a(1), 8a(2), 8a(3), and 8b).     6a(2)     0       7 Didi plan assets (subtract line 7b from line 7a).     7c     338     117       8 Income, Expenses, and Transfers for this Plan Year     6a(2)     0     0       9 Other income (cost						2c	Sponsor's telep	hone number			
ENDWELL, NY 13760   ENDWELL, NY 13760   62130     3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') DARRELL HUNNK PHYSICAL THERAFY PC   3b Administrator's EIN 204400401   3c Administrator's EIN 204400401     4   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EN, and the plan number from the last return/report filed for this plan, enter the name, EN, and the plan number for the the name and/or EIN of the plan year   5a     5a Total number of participants at the edi of the plan year   5a   5a     6 Were all of the plan sestes during the plan year invested in eligible assets? (See instructions).   Sec   1     6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).   Yes   No     7 Pain Assets and Liabilities   (a) Beginning of Year   (b) End of Year     7 Total plan assets (subtact line 7b from line 7a).   Tc   338   117     8 Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     9 Contributors received or receivable from:   6a(1)   0     (1) Control for RS00   8a(2)   0     (2) Participants   8a(2)   0     8   (a) Amount   (b) Total     9   6c   -25     9   6d (income (das)), and 8b)   6c     9   6c   -25 <				R RD							
DARRELL HUNINK PHYSICAL THERAPY PC       800 HOOPER RD SITE 330 ENDWELL, NY 13760       220-4490401         4       If the name and/or EIN of the plan sponsor has changed since the last return/report.       4       If the name, EIN, and the plan number from the last return/report.       4       EIN         35a       Total number of participants at the end of the plan year.       5a       2         5b       1       C       Sa       2         5b       1       Sa       2         5c       1       Sa       2         5b       1       Sa       2         5b       1       Sc       1         5c       1       Sc       1         5a       22.01404-062       Sc       1         5c       1       Sc       1         5d       Sc       1       Sc       1         6d       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         6d       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         7       Plan Assets and Liabilities       7a       338       117 <th>END\</th> <th>VELL, NY 13760</th> <th>ENDWELL, I</th> <th></th> <th></th> <th></th> <th>62134</th> <th>0</th>	END\	VELL, NY 13760	ENDWELL, I				62134	0			
ENDWELL, NY 13760   St. Administrators steephole number from the space of the plan space hanged since the last return/report filed for this plan, enter the name, ENA, and the plan number from the last return/report.   St. Note that the plan space of the plan space of the plan year.   St. Plan Addition of the plan space of the plan year.   St. Plan Addition of the plan space of the plan year.   St. Plan Addition of the plan space of the plan year.   St. Plan Addition of the plan sate the end of the plan year.   St. Plan Addition of the plan sate st. Plan Addition of the plan year (defined benefit plans do not complete this item).   Yes [] No   No     Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).   [] Yes [] No   [] Yes [] No     Mark you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   [] Yes [] No     If you answered "No" to either 6 or 76, bit, the plan cannot use Form S500.   [] Yes [] No     Part III [] Financial Information   7a   338   117     Total plan isabilities   7a   338   117     B income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     C Administrator receivable from:   (a) Amount   (b) Total     (1) Employers   (a) Amount   (b) Total     C the plan is asset; subtract line 7b (rest fibre of the fibre of the Plan Year   (a) Amount   (b) Total     6 Income, fincluding rollovers)   (a) (3) Others (including					:")						
amme, EIN, and the plan number from the last return/report.   4c   PN     5a   Total number of participants at the beginning of the plan year.   5a   5a     b   Total number of participants at the end of the plan year.   5b   1     c   Number of participants at the end of the plan year.   5c   1     c   Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).   Image: Complete this item)   Image: Complete this item)     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Image: Complete this item)   Image: Complete this item)     b   Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA)   Image: Complete this item)   Image: Complete this item)     under 20 CFR 252:01.04:467 (See instructions on waiver eligibility and conditions.)   Image: Complete this item)   Image: Complete this item)   Image: Complete this item)     7   Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year   No     7   Plan Assets and Liabilities   7a   338   117     7   Total plan liabilities   7b   0   0     8   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     8   Contributions received or				IY 13760		3c					
a Sponsor's name   4c PN     5a Total number of participants at the beginning of the plan year   5a   2     b Total number of participants at the end of the plan year   5b   1     C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)   5c   1     6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   50   1     b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA)   7 Yes   No     b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA)   7 Yes   No     Part III   Financial Information   7a   338   117     7   Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year     7 Total plan iabilities   7a   338   117     8   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     (2) Participants   8a(2)   0   0     (3) Others (including rollovers)   8a(3)   0   -25     b Total plan liabilities   8a(2)   0   -25     (3) Others (including rollovers)   8a(3)   0   -25     (4) Deter income (loss)   8b   -25     (5)	4			ast return/	report filed for this plan, enter the	4b	EIN				
5a     Total number of participants at the beginning of the plan year     5a     2       b     Total number of participants at the end of the plan year     5b     1       c     Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).     5c     1       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Step (See Complete this item).     Yes     No       b     Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes     No       under 29 CFR 252:0.104-46? (See instructions on waiver eligiblity and conditions).     Yes     No       Part III     Financial Information     7a     338     117       7     Plan Assets and Liabilities     7a     338     117       b     Total plan issets (subtract line 7b from line 7a).     7c     338     117       8     Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total     (b) Total       8     Contributions received or receivable from:     8a(2)     0     0     0     0       (2)     Participants     8a(2)     0     0     0     25	2		er from the last return/report.			40					
b     Total number of participants at the end of the plan year     5b     1       c     Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).     5c     1       6     Wore all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Mere (DPA)     Yes     No       b     Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes     No       moder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)     Yes     No       rt you answerd "No' to either 6 are 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Part III     Financial Information     (a) Beginning of Year     (b) End of Year       7     Plan Assets and Liabilities     7a     338     117       8     Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total     0     0       6     Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)     8a(2)     0     0     25       9     Other income (add lines 8d, 8e, 8f, and 8g)     8d     190     25     25       10 <td< th=""><th></th><th>1</th><th>the beginning of the plan year</th><th></th><th></th><th></th><th>PN</th><th>2</th></td<>		1	the beginning of the plan year				PN	2			
C     Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).     1       Ga     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Yes     No       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes     No       May our claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes     No       Part III     Financial Information     Yes     No       7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       a Total plan isabilities     7a     338     117       b Total plan liabilities     7b     0     0       c Net plan assets (subtract line 7b from line 7a)											
complete this item)   5c   1     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Image: Complexity of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Image: Complexity of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Image: Complexity of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Image: Complexity of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Image: Complexity of the plan's assets and liabilities in the plan's assets and Liabilities   Image: Complexity of the plan's assets asset and Liabilities   Image: Complexity of the plan's asset and liabilities   Image: Com						50		1			
b     Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     □     □     □     Ves     □     No       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     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     (a) Beginning of Year     (b) End of Year     0     0       7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year     0     0       6     Net plan assets (subtract line 7b from line 7a)     7c     338     117       8     Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       8     Income, Expenses, and Transfers for this Plan Year     8a(1)     0     0       (2)     Part (including rollovers)     8a(2)     0     0     0       (3)     Others (including rollovers)     8a(3)     0     0     0     0       (2)     Part III     Sa(3), and 8b)     8c     -25     0     0     0     0     0     0     0     0     0     0	C					5c		1			
Mo       Mo <th colspa<="" th=""><th>6a</th><th>Were all of the plan's assets d</th><th>uring the plan year invested in eligib</th><th>le assets?</th><th>(See instructions.)</th><th></th><th></th><th>X Yes No</th></th>	<th>6a</th> <th>Were all of the plan's assets d</th> <th>uring the plan year invested in eligib</th> <th>le assets?</th> <th>(See instructions.)</th> <th></th> <th></th> <th>X Yes No</th>	6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)			X Yes No		
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Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a338117bTotal plan liabilities7b00cNet plan assets (subtract line 7b from line 7a)7c3381178Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from: (1) Employers8a(1)0(2)Participants8a(2)0(3)Others (including rollovers)8a(3)0bOther income (loss)8b-25cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c-25dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d190fAdministrative service providers (salaries, fees, commissions)8f0gOther expenses8g-25fAdministrative service providers (salaries, fees, commissions)8f0gOther expenses8g-215jTransfers to (from the 8d, 8e, 8f, and 8g)8h190iNet income (loss) (subtract line 8d, 6e, 8f, and 8g)8h190iNet income (loss) (subtract line 8h from line 8c)8i-215jTransfers to (from) the plan (see instructions)8i-215			• •								
7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       a     Total plan assets     7a     338     117       b     Total plan liabilities     7b     0     0       c     Net plan assets (subtract line 7b from line 7a)     7c     338     117       8     Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       a     Contributions received or receivable from:     8a(1)     0       (1)     Employers     8a(2)     0       (2)     Participants     8a(2)     0       (3)     Other income (loss)     8a(3)     0       b     Other income (loss)     8b     -25       c     Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)     8c     -25       c     Total expenses     8d     190       e     Certain deemed and/or corrective distributions (see instructions)     8e     -25       d     Benefits paid (including direct rollovers and insurance premiums to provide benefits)     8f     0       g     Other expenses     8g     -25     -25       d     Benefits paid (including direct rollovers (s	Pa			01111 3300-							
aTotal plan assets7a338117bTotal plan liabilities7b00cNet plan assets (subtract line 7b from line 7a)7c3381178Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from: (1) Employers08a(1)0(2) Participants8a(2)08a(3)0(3) Others (including rollovers)8a(3)08b-225cTotal income (loss)8b-225-25cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c-25dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d190eCertain deemed and/or corrective distributions (see instructions)8e-25fAdministrative service providers (salaries, fees, commissions)8f0gOther expenses8g-190iNet income (loss) (subtract line 8h from line 8c)8i-215jTransfers to (from) the plan (see instructions)8i-215					(a) Beginning of Year		(b) End	of Year			
C Net plan assets (subtract line 7b from line 7a)	а			. 7a							
Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       a Contributions received or receivable from:     0     8a(1)     0       (1) Employers     8a(2)     0     0       (3) Others (including rollovers)     8a(3)     0     0       (b) Other income (loss)     8a(2)     0     0       (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)     8c     -25       c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)     8c     -25       d Benefits paid (including direct rollovers and insurance premiums to provide benefits)     8d     190       e) Certain deemed and/or corrective distributions (see instructions)     8e     0       g) Other expenses.     8g     0     190       i     Net income (loss) (subtract line 8h from line 8c)     8h     -215	b	•			0			0			
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(1) Employers     8a(1)     0       (2) Participants     8a(2)     0       (3) Others (including rollovers)     8a(3)     0       b Other income (loss)     8b     -25       c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)     8c     -25       d Benefits paid (including direct rollovers and insurance premiums to provide benefits)     8d     190       e Certain deemed and/or corrective distributions (see instructions)     8e     -25       f Administrative service providers (salaries, fees, commissions)     8f     0       g Other expenses     8g     -       h Total expenses (add lines 8d, 8e, 8f, and 8g)     8h     -       i Net income (loss) (subtract line 8h from line 8c)     8i     -215       j Transfers to (from) the plan (see instructions)     8j     -	8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) 1	otal			
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CControl income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c-25dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d190eCertain deemed and/or corrective distributions (see instructions)8e6fAdministrative service providers (salaries, fees, commissions)8f0gOther expenses8g190hTotal expenses (add lines 8d, 8e, 8f, and 8g)8h190iNet income (loss) (subtract line 8h from line 8c)8i-215jTransfers to (from) the plan (see instructions)8j190						_					
d     Benefits paid (including direct rollovers and insurance premiums to provide benefits)	_	· · · ·			-25	_		25			
to provide benefits)     8d     190       e     Certain deemed and/or corrective distributions (see instructions)     8e       f     Administrative service providers (salaries, fees, commissions)     8f     0       g     Other expenses     8g     190       h     Total expenses (add lines 8d, 8e, 8f, and 8g)     8h     190       i     Net income (loss) (subtract line 8h from line 8c)     8i     -215       j     Transfers to (from) the plan (see instructions)     8j     190				80				-23			
e     Certain deemed and/or corrective distributions (see instructions)     8e     0       f     Administrative service providers (salaries, fees, commissions)     8f     0       g     Other expenses     8g     190       h     Total expenses (add lines 8d, 8e, 8f, and 8g)     8h     190       i     Net income (loss) (subtract line 8h from line 8c)     8i     -215       j     Transfers to (from) the plan (see instructions)     8j     1	u			8d	190						
g Other expenses	е										
h     Total expenses (add lines 8d, 8e, 8f, and 8g)     8h     190       i     Net income (loss) (subtract line 8h from line 8c)     8i     -215       j     Transfers to (from) the plan (see instructions)     8j     6i	f	Administrative service provider	s (salaries, fees, commissions)	8f	0						
i     Net income (loss) (subtract line 8h from line 8c)	g	Other expenses		8g							
j Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h				190			
	i	Net income (loss) (subtract line	e 8h from line 8c)	8i				-215			
	j	( ) ( )	,	8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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## Part IV Plan Characteristics

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

## 2G 3D 2E 2J 2T

**b** 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	Du	uring the plan year:	_	Yes	No		An	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)			х					
b		Nere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			х					
С	W	/as the plan covered by a fidelity bond?	10c	Х					2000	)0
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		х					
e	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		х					
f	Ha	as the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR i20.101-3.)	10h		Х					
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI	Pension Funding Compliance								
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00))						Yes	; <mark>X</mark> N	١o
lf b c	lf a gra <b>you</b> En En	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction anting the waiver	th	 [						
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)										
е	Wi	II the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	s	No	N//	4
Part	VII	Plan Terminations and Transfers of Assets								
13a	Ha	as a resolution to terminate the plan been adopted in any plan year?			X	Yes	No			
	lf '	Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						0
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?						Yes	5 X N	١o
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th nich assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1					
1	3c(	1) Name of plan(s):		13	c(2) El	IN(s)		13c(3	<b>8)</b> PN(s	)
Caut	ion	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.				
1 lode		politica at partury and other popolitica act forth in the instructions. I dealars that I have averticed this ret	irn/ro-	oort in	~ bud	a it co	nlionhla	0 0 1	- lubor	

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.	06/12/2012	DARRELL HUNINK
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