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

		dance with	n the instructions to the Form 55	00-5F.				
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	and ending	12/31/2	011				
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)	r) a one-participant plan				
В	This return/report is: the first return/report	the final re	eturn/report					
	an amended return/report	a short pla	an year return/report (less than 12 r	nonths)				
C	Check box if filing under: Form 5558	extension		DFVC program				
	special extension (enter descriptio		-	_				
Pa	irt II Basic Plan Information—enter all requested information	ation						
	Name of plan			1b	Three-digit			
	O MUCENSKI HOOPER VAN HOUSE & CO CERTIFIED PUBLIC A	CCOUNTA	ANTS PC 401(K) PROFIT		plan number			
SHAF	RING PLAN				(PN) ▶ 001			
				1c	Effective date of plan			
- 20	Plane and the second		(Ol-	01/01/1984			
	Plan sponsor's name and address; include room or suite number (er O MUCENSKI HOOPER VAN HOUSE & CO CERTIFIED PUBLIC A				Employer Identification Number (EIN) 16-1207215			
					Sponsor's telephone number			
42 M	ARKET STREET				315-265-6080			
	SDAM, NY 13676-0000			2d	Business code (see instructions)			
					541211			
	Plan administrator's name and address (if same as plan sponsor, er		?")	3b	Administrator's EIN			
	O MUCENSKI HOOPER VAN HOUSE & CO 42 MARKET S TIFIED PUBLIC ACCOUNTANTS PC POTSDAM, N		0000	20	16-1207215			
	,			36	Administrator's telephone number 315-265-6080			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report.							
	Sponsor's name			4c	1			
5a	Total number of participants at the beginning of the plan year			- Ou	33			
b	Total number of participants at the end of the plan year			. 5b	32			
С	Number of participants with account balances as of the end of the p complete this item)		•	. 5c	3.			
62	Were all of the plan's assets during the plan year invested in eligible				X Yes No			
b	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	orm 5500-	SF and must instead use Form 5	500.				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	2762775		2922043			
b	Total plan liabilities	7b						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	2762775		2922043			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	68360					
		8a(2)	166032					
	(2) Participants	8a(3)						
b	Other income (loss)	8b	-2205					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		2200		232187			
c d	Benefits paid (including direct rollovers and insurance premiums	8c			202101			
u	to provide benefits)	8d	54169					
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	18750					
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			72919			
i	Net income (loss) (subtract line 8h from line 8c)	8i			159268			
j	Transfers to (from) the plan (see instructions)	8j						

Form	5500.	SF.	201

Page 2 -	1
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Da = 4 1\/	Diam	Charas	4:-4:
Part IV	ı Plan	Charac	teristics

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

` -	Compliance Questions	- 1					
	ing the plan year:		Yes	No		Amo	unt
	s 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			
	re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X			
: Wa	s the plan covered by a fidelity bond?	10c	Χ				30000
	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X			
insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X			
Has	the plan failed to provide any benefit when due under the plan?	10f		Χ			
j Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х			
	Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
t VI	Pension Funding Compliance	l l					
ls th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))	plete	Sched	lule SB	(Form		
							Yes IXI N
						一百	Yes X N
ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					一百	
ls t (If "`	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	or se	ction 3	302 of E	ERISA?.	[Yes X Noter ruling
Is t (If "` If a grar	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	or se	ction 3	302 of E	ERISA?.	[Yes X Noter ruling
ls t (If "` I If a gran	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.	e or se ctions, th	and e	302 of E	ERISA?.	[Yes X Noter ruling
Is to (If "' If a gran f you o	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Mon completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se	and e	302 of Eenter th	ERISA?.	[Yes X Noter ruling
Is the (If "' If a grant	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Mone completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year.	e or se	and e	302 of Enter th Day	ERISA?.	[Yes X Noter ruling
Is to (If "" I If a grant f you of Enter Subgraph Subgra	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Mone completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year. For the amount contributed by the employer to the plan for this plan year. Ear the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left)	e or se	and e	12b 12c	ERISA?.	f the let	Yes Noter ruling
Is to (If "") If a gran f you co Enter Substitute the substitut	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Mone completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year. For the amount contributed by the employer to the plan for this plan year. Set the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left attive amount)	e or se	and e	12b 12c	ERISA?.	f the let	Yes X N
Is to (If "') If a gran of you of yo	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Mone completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year. For the amount contributed by the employer to the plan for this plan year. Stract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left attive amount). The minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	12b 12c 12d	ERISA?.	f the let Year	Yes Noter ruling
Is to (If "') If a gran f you of D Enter S Enter S Subneg Will T VII A Has	Assets Plan Terminations and Transfers of Assets Assets Assets Assets Assets Assets Assets Assets Plan Terminations and Transfers of Assets	or se	and e	12b 12c 12d	e date o	f the let Year	Yes Noter ruling
Is to (If "") I If a grant you on the control of t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Mone completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year. For the amount contributed by the employer to the plan for this plan year. For the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount) The minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan year?	or se	and e	12b 12c 12d Y	e date o	f the let Year	Yes Noter ruling
Is to (If "") If a gran f you of the property	And the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan assets that reverted to the employer this pean, a application, and application of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Mon completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The plan is the minimum required contribution for this plan year. Part the amount contributed by the employer to the plan for this plan year. Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan year? Pes," enter the amount of any plan assets that reverted to the employer this year. PBGC?	of a	and e	12b 12c 12d Y	e date o	f the let Year	Yes Noter ruling
Is to (If "") I If a grant from Co Enter Subneg Will t VII A Has If "Y Wer of the If do	Are the amount contributed by the employer to the plan for this plan year. The amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount) The minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan year? The page of the minimum of this plan year of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC? Turing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan to the plan to another plan(s), identify the plan the plan to another plan(s), identify the plan the pl	of a	and e	12b 12c 12d Y	e date o	f the let Year	Yes Noter ruling
Is to (If "") If a gran f you co of the content of	ris a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (res," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Mone completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year. For the amount contributed by the employer to the plan for this plan year. For the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left active amount). The minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan year? Yes," enter the amount of any plan assets that reverted to the employer this year The ealthe plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC? Figuring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d Y	e date o	f the let Year	Yes X I
Is to (If "") a If a gran f you co on Enter Co Enter Co Sub neg e Will co of the control of the	Are the amount contributed by the employer to the plan for this plan year. The amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount) The minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan year? The page of the minimum of this plan year of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC? Turing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan to the plan to another plan(s), identify the plan the plan to another plan(s), identify the plan the pl	of a	and e	12b 12c 12d Y	e date o	f the let Year	Yes X N ter ruling lo N/A Yes X N
Is to (If "") If a gran f you co Dente Enter Sub neg Will T VII A Has If "Y Wer of the whice whice	ris a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (res," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Mone completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year. For the amount contributed by the employer to the plan for this plan year. For the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left active amount). The minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan year? Yes," enter the amount of any plan assets that reverted to the employer this year The ealthe plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC? Figuring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d Y	e date o	f the let Year	Yes Noter ruling

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/19/2012	PENSION FILERS
HERE	nature of plan administrator Date Enter n		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

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 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

2011

This Form is Open to Public Inspection

P	art I Annual Repor	rt Identification Information	n						
For	the calendar plan year 2011 o			/2011	and ending	12	/31/2011		
Α	This return/report is for:	x a single-employer plan	a multiple-	employer plan (not multiemployer)	Γ	a one-participa	nt plan	
В	This return/report is:	the first return/report	☐ the final re	turn/report		٠]		
_	······································	an amended return/report		•	port (less than 12 mor	tha)			
_		H .	H .	•	port (less than 12 mor	iuis) [1 55.40		
C	Check box if filing under:	☐ Form 5558	automatic	extension		Ŀ	DFVC program		
		special extension (enter descrip							
		formation enter all requested	information.						
1a	Name of plan						Three-digit blan number		
	PINTO MUCENSKI HOOF	PER VAN HOUSE & CO CERTIF	IED PUBLIC	ACCOUNTANT	S PC 401(K)		PN) ►	001	
							ffective date of p	lan	
_							1/01/1984		
2a	Plan sponsor's name and ad	dress; include room or suite number ((employer, if for :	single-employer ACCOUNTANT	plan)		mployer Identific		
	11110 11002110111 11002	THE VIEW HOODE & CO CENTER.	IDD TODDIO	ACCOUNTANT	5 20		EIN) 16-1207		
							Plan sponsor's tele	•	
	42 MARKET STREET						(315) 265-60		
US	POTSDAM	NY 13676-0000					Business code (se 5 41211	e instructions)	
		nd address (If same as plan sponsor,	enter "Same")				Administrator's EII	N	
	SAME		, came			""	tarrimotrator 5 En		
						30 /	Administrator's tel	onhono numbor	
						30 /	diffillistrator 5 ten	eprione number	
_						4.			
4		e plan sponsor has changed since the mber from the last return/report.	last return/repor	rt filed for this pl	an, enter the	4b EIN			
а	Sponsor's Name					4c PN			
5a	Total number of participants	at the beginning of the plan year .				5a		33	
b		at the end of the plan year				5b		32	
С		account balances as of the end of the				5c		21	
 6a		during the plan year invested in eligib			· · · · · · ·	JC	<u> </u>	31 No	
b		the annual examination and report of	•	•	accountant (IQPA)			<u> </u>	
		? (See instructions on waiver eligibility	,					X Yes No	
		ther 6a or 6b, the plan cannot use F	orm 5500-SF a	nd must instea	d use Form 5500.				
	art III Financial Info	rmation							
7	Plan Assets and Liabilities			(a) Be	ginning of Year		(b) End of	Year	
а	Total plan assets		7a		2,762,775			2,922,043	
b	Total plan liabilities .		7b						
C	Net plan assets (subtract line		7c		2,762,775			2,922,043	
8 a	Income, Expenses, and Tran Contributions received or rec			(a) Amount		(b) To	tal	
a	(1) Employers		8a(1)		68,360				
	(2) Participants		8a(2)		166,032				
	(3) Others (including rollove	rs)	8a(3)						
b	Other income (loss)	· · · · · · · · · · · · ·	8b		(2,205)				
С	Total income (add lines 8a(1)), 8a(2), 8a(3), and 8b)	8c					232,187	
d	, ,	et rollovers and insurance premiums			F4 160				
_	to provide benefits)		8d		54,169	-			
e		ective distributions (see instructions)			40.853	+			
f		lers (salaries, fees, commissions) .			18,750	+			
g	Other expenses		8g			-			
h :	·	I, 8e, 8f, and 8g)				-		72,919	
!	, , ,	ne 8h from line 8c)						159,268	
1	Transfers to (from) the plan (see instructions)	8i						

Part	IV Plan Characteristics								
9a ı	f the plan provides pension benefits, enter the applicable pension featur 2E 2G 2J 2K 2R 3D	re codes from the List	of Plan Characteris	tic Co	des in	the in	structions:		
b i	the plan provides welfare benefits, enter the applicable welfare feature	e codes from the List o	of Plan Characteristi	c Cod	les in t	he ins	ructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	А	mount	_
а	Was there a failure to transmit to the plan any participant contributions	s within the time period	d described in			х			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	• ,		10a					
b	Were there any nonexempt transactions with any party-in-interest? (Don line 10a.)	o not include transact	ions reported	10b		х	-		
С	Was the plan covered by a fidelity bond?			10c	х			300,00	0
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel		ised by fraud						_
	or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other pe insurance services or other organization that provides some or all of the instructions.)	ne benefits under the	plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?		:	10f		х			
	Did the plan have any participant loans? (If "Yes," enter amount as of					х			_
g h	If this is an individual account plan, was there a blackout period? (See	•		10g					
••	2520.101-3.)		• • • • • •	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500))		ctions and complete			•		Yes X No	
12	Is this a defined contribution plan subject to the minimum funding requ	irements of section 4	12 of the Code or se	ection	302 of	ERIS.	A?	Yes X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
а	If a waiver of the minimum funding standard for a prior year is being at							•	
lf v	granting the waiver			uı		Day	<u> </u>	rear	
b	Enter the minimum required contribution for this plan year		-		. Г	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	•	sign to the left of a		Γ	12d			
	negative amount)			• •	٠ ـ		Yes	□No □N/A	_
<u>e</u> Part	Will the minimum funding amount reported on line 12d be met by the fi	unding deadline? .	• • • • •	•	• •	• •	res		
	Than Terminations and Transcore Criticotte							Yes X No	_
13a	Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer.						• • • •	Lies VINO	
h			on or brought undo			13a			_
b	Were all the plan assets distributed to participants or beneficiaries, train of the PBGC?	nsierred to another pi	an, or brought unde	r the c	ontroi			Yes X No	
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	his plan to another pla	ın(s), identify the pla	an(s) t	0				
1	3c(1) Name of plan(s):				13	c(2) E	N(s)	13c(3) PN(s)	
Cautio	n: A penalty for the late or incomplete filing of this return/report w	vill be assessed unle	ss reasonable cau	se is	establ	ished			
SB or	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as t it is true, correct, and complete.						•		
	121	5/31/12	EDWARD	<u> </u>	muc	المرتع	(Ki		
SIG HEF		Date	Enter name of indi					rator	
SIG	To 1 1 mines	5/3/12			UCE				
HEF		Date	Enter name of indi			, , , ,	·/	olan enoneor	_

Page **2-**[

Form 5500-SF 2011