Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

P	ension Benefit Guaranty Corporation Complete all entries in accord	dance witl	n the instructions to the Form 5500	D-SF.	Inspection
P	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/20	011
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	Γ	a one-participant plan
В	This return/report is:	the final r	eturn/report	_	_
		a short pla	in year return/report (less than 12 mo	onths)	
C	Check box if filing under:		extension	Γ	DFVC program
C	special extension (enter description		- CALCHOIGH	L	_ Di vo program
D	<u> </u>	,			
	Name of plan	ation		1h -	Three-digit
	E RESPIRATORY THERAPY PROFIT-SHARING PLAN				plan number
				((PN) ▶ 002
				1c	Effective date of plan
0-					01/01/1988
∠a HOM	Plan sponsor's name and address; include room or suite number (en IE RESPIRATORY THERAPY AND EQUIPMENT, INC.	mployer, if	for a single-employer plan)		Employer Identification Number FIN) 11-2654314
4000	MAROUG AVE			20 (Sponsor's telephone number 516-326-7859
	MARCUS AVE. E M-9			2d E	Business code (see instructions)
LAKE	E SUCCESS, NY 11042				621610
	Plan administrator's name and address (if same as plan sponsor, er		")	3b /	Administrator's EIN
HOM INC.	E RESPIRATORY THERAPY AND EQUIPMENT, 1999 MARCU SUITE M-9	IS AVE.		2-	11-2654314
	LAKE SUCCE	ESS, NY 1	1042	3C /	Administrator's telephone number 516-326-7859
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report.		·		
	Sponsor's name			4c	
	Total number of participants at the beginning of the plan year			5a	5
b	Total number of participants at the end of the plan year			5b	5
С	Number of participants with account balances as of the end of the p complete this item)	• (·	5c	5
6a	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
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information	orm 5500-	SF and must instead use Form 550	JU.	
7	Plan Assets and Liabilities		(a) Basinning of Year		(h) Fund of Voor
′ 2		70	(a) Beginning of Year 2225920		(b) End of Year 2384830
a b	Total plan assets Total plan liabilities	7a 7b	0		0
C	Net plan assets (subtract line 7b from line 7a)	7c	2225920		2384830
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount		(b) Total
а	Contributions received or receivable from:		, ,		(2) 1000
	(1) Employers	8a(1)	177508		
	(2) Participants	8a(2)	0		
	(3) Others (including rollovers)	8a(3)	0		
b	Other income (loss)	8b	19185		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			196693
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	37783		
е	Certain deemed and/or corrective distributions (see instructions)	8e	0		
f	Administrative service providers (salaries, fees, commissions)	8f	0		
g	Other expenses		0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			37783
i	Net income (loss) (subtract line 8h from line 8c)	8i			158910
j	Transfers to (from) the plan (see instructions)	8j	0		

Form		

Part IV	Plan	Characte	aristics
ralliv	- FIAII	Guaraci	ยเอแรอ

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

During the plan year:		Yes	No		Δm	ount	
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		Aii	Journ	
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				-
Was the plan covered by a fidelity bond?	10c	X					250
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					156
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con		<u> </u>					
15 this a defined contribution plan subject to the minimum funding requirements? (If Tes, See instructions and contribution plan subject to the minimum funding requirements of section 412 of the Code	······			······		Yes Yes	\pm
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	302 of enter th	ERISA?	of the le	Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor	e or se	ction 3	302 of enter th	ERISA?	of the le	Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se	ction 3	302 of enter th	ERISA?	of the le	Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	e or se	ction 3	302 of enter th Day	ERISA?	of the le	Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	e or se	and e	302 of enter th Day	ERISA?	of the le	Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	e or se	and e	302 of enter the Day 12b 12c	ERISA?	of the lo	Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se	and e	302 of enter the Day 12b 12c	ERISA?	of the lo	Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se	and e	12b 12c 12d	ERISA?	of the lo	Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets	e or se	and e	12b 12c 12d	ERISA?	of the lo	Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor vou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets 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 this year.	e or se	and e	12b 12c 12d	ERISA?	of the lo	Yes etter ruar	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? WII Plan Terminations and Transfers of Assets 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 this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	e or se	and e	12b 12c 12d	ERISA?	of the lo	Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets 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 this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e or se	and e	12b 12c 12d	ERISA? ie date d Yes Yes	of the lo	Yes etter ruar	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? WII Plan Terminations and Transfers of Assets 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 this year	e or se	and e	12b 12c 12d	ERISA? ie date d Yes Yes	of the lo	Yes etter ruar	X

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.	07/18/2012	RICHARD MARKX
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/18/2012	RICHARD MARKX
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

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).

2011

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

		rdance wi	th the instructions to the Form 550	0-SF.	IIIs	spection
	art I Annual Report Identification Information					
_Fo		01/01/2 -	2011 and ending		12/31/201	11
Α	This return/report is for:	a multipl	e-employer plan (not multiemployer)		a one-partici	pant plan
В	This return/report is:	the final	return/report			
	an amended return/report	a short pl	an year return/report (less than 12 m	onths)		
C	Check box if filing under: Form 5558] automati	c extension		DFVC progra	ım
	special extension (enter descripti	on)				
P	art II Basic Plan Information—enter all requested inform	nation				200000000000000000000000000000000000000
1a	Name of plan			1b	Three-digit	
	HOME RESPIRATORY THERAPY PROFIT-SHARING	PLAN			plan number	
				40	(PN) •	002
				10	Effective date o 01/01/1988	
2a	Plan sponsor's name and address; include room or suite number (e	emplover, i	f for a single-employer plan)	2h	Employer Identi	40.21
	HOME RESPIRATORY THERAPY AND		and a support of the		(EIN) 11-265	
	EQUIPMENT, INC.			2c	Sponsor's telep	hone number
	1999 MARCUS AVE				(516) 326-	-7859
	SUITE M9			2d		see instructions)
20	LAKE SUCCESS		NY 11042	O.L.	621610	
Ja	Plan administrator's name and address (if same as plan sponsor, e ${\tt SAME}$	nter Same	Đ")	SD	Administrator's I	ΞIN
				3c	Administrator's t	elephone number
4						
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a	T	5
b	Total number of participants at the end of the plan year			5b	İ	5.
С	Number of participants with account balances as of the end of the			35	1	
	complete this item)			5c		5
	Were all of the plan's assets during the plan year invested in eligib					X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ndent qualified public accountant (IQF	PA)		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use F					△ les ☐ lu
Pa	rt III Financial Information	01111 0000	or and must mistead use i offir 550	,		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	. 7a	2,225,92	0	(2) =	2,384,830
b	Total plan liabilities				*****	· - · · · · · · · · · · · · · · · · · ·
С	Net plan assets (subtract line 7b from line 7a)	. 7c	2,225,92	0		2,384,830
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	
а	Contributions received or receivable from:					
	(1) Employers	8a(1)	177,50	8		
	(2) Participants	8a(2)	11	0		
L	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)		19,18	5		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				196,693
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	37,78	3		
е	Certain deemed and/or corrective distributions (see instructions)	8e	,			
f	Administrative service providers (salaries, fees, commissions)					
g	Other expenses					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				37,783
i	Net income (loss) (subtract line 8h from line 8c)					158,910
j	Transfers to (from) the plan (see instructions)					

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Form	5500-	CE.	201	

Page	2	_
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D		01 1 1 11
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: 2A 2E 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

D	17	0								
Pari		Compliance Questions								***
10		ing the plan year:				Yes	No		Amount	t
a	29	s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Program	m)	10a		Х			
b	Wer	re there any nonexempt transactions with any party-in-interest? (Do ine 10a.)	not include transa	ctions reported	10b		Х			
С	Wa	s the plan covered by a fidelity bond?	***************************************		10c	Х			-	250,000
d	Did	the plan have a loss, whether or not reimbursed by the plan's fidelit ishonesty?	ty bond, that was ca	aused by fraud	10d		Х			200,000
е	Wer insu	re any fees or commissions paid to any brokers, agents, or other per rance service or other organization that provides some or all of the ructions.)	ersons by an insural	nce carrier,	10e		X			
f		the plan failed to provide any benefit when due under the plan?			10f		Х			
g		the plan have any participant loans? (If "Yes," enter amount as of yo				37			4	F.C. 0.40
h	If thi	is is an individual account plan, was there a blackout period? (See i 0.101-3.)	instructions and 29	CFR	10g	X				.56,942
i	If 10	th was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3	uired notice or one	of the	10h 10i					
Part	VI	Pension Funding Compliance	200							
11	Is thi 5500	s a defined benefit plan subject to minimum funding requirements?	(If "Yes," see instr	uctions and comp	plete S	Sched	ule Si	3 (Form	☐ Ye	s 🛭 No
12	Is th	is a defined contribution plan subject to the minimum funding requir	rements of section	412 of the Code	or se	ction 3	02 of	ERISA?	Ye	s X No
а	(If "Y If a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amount of the waiver.) ortized in this plan	vear. see instruc	tions	and e	nter ti	he date of	the letter r	uling
If y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	skip to line 13.	3,500					
b	Ente	r the minimum required contribution for this plan year					12b			
C	Ente	r the amount contributed by the employer to the plan for this plan ye	ear				12c			American
d	Subti nega	ract the amount in line 12c from the amount in line 12b. Enter the re tive amount)	esult (enter a minus	sign to the left o	of a	.,	12d			
е	Will t	he minimum funding amount reported on line 12d be met by the fur	nding deadline?	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<u></u>		Yes	☐ No	□ N/A
art	VII	Plan Terminations and Transfers of Assets								
13a	Has a	a resolution to terminate the plan been adopted in any plan year?						Yes X N	10	
		es," enter the amount of any plan assets that reverted to the employ								
b	Were of the	all the plan assets distributed to participants or beneficiaries, trans	sferred to another p	lan, or brought u	nder t	he cor	ntrol		☐ Yes	s X No
С	If dur which	ing this plan year, any assets or liabilities were transferred from this assets or liabilities were transferred. (See instructions.)	s plan to another pl	an(s), identify the	e plan	(s) to				
1:	Bc(1)	Name of plan(s):				13c	(2) EI	N(s)	13c(3	3) PN(s)
	A	manually family 1-4- miles (1)			-	-				
		penalty for the late or incomplete filing of this return/report wi								
ob or	Sche	lties of perjury and other penalties set forth in the instructions, I deadule MB completed and signed by an enrolled actuary, as well as the correct, and complete.	ciare that I have ex he electronic versio	amined this return/re	n/report,	ort, inc and to	the b	g, if applica sest of my	able, a Scl knowledge	nedule e and
SIGN	1	X Maril X	11212	ICHARD MAR						
HERE	· ·	ignature of plan administrator Da	1. 1			al olar	ine -		imin4=-+	
01011	1	1) 11. 1 1	1 - -	Inter name of inc		ai sign	ing as	pian admi	mistrator	
SIGN HERE		ignature of employer/plan sponsor	1111	ICHARD MAR	76.	ıl eier	ina -			