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(J) Others (including followers) Output Output <th></th> <th>(2) Participants</th> <th></th> <th>8a(2)</th> <th></th> <th>_</th> <th></th> <th></th>		(2) Participants		8a(2)		_				
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c Four model (used mice ed(1)) ed(2), ed(0), and es) international education (used mice ed(1)) ed(2), ed(0), and es) international education (used mice ed(1)) ed(2), ed(0), and es) international education (used mice ed(1)) ed(2), ed(0), and es) international education (used mice ed(1)) ed(2), ed(0), and es) international education (used mice ed(1)) ed(2), ed(0), and es) international education (used mice ed(1)) ed(2), ed(0), and es) international education (used mice ed(1)) ed(2), ed(0), and es) international education (used mice ed(1)) ed(2), ed(0), and es) international education (used mice education (use	b	· · · ·			39373					
to provide benefits) 8d 3716 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 3716 i Net income (loss) (subtract line 8h from line 8c) 8i 99373				80				103089		
e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 3716 i Net income (loss) (subtract line 8h from line 8c) 8i 99373	d		•	8d	3716					
f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses	е	. ,			0					
g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 3716 i Net income (loss) (subtract line 8h from line 8c) 8i 99373	f				0					
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 3716 i Net income (loss) (subtract line 8h from line 8c) 8i 99373	g	· ·	(, , , , , , , , , , , , , , , , , , ,		0					
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)					3716		
j Transfers to (from) the plan (see instructions)	i							99373		
	j	Transfers to (from) the plan (se	e instructions)	8j	0					

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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: 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:

Part	t V Compliance Questions							
10	During the plan year:		Yes	No	Am	nount		
а	Was there a failure to transmit to the plan any participant contributions within 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr	•		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not i on line 10a.)	-		х				
С	Was the plan covered by a fidelity bond?			Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor or dishonesty?			Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons insurance service or other organization that provides some or all of the bene instructions.)	fits under the plan? (See		x				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	J Did the plan have any participant loans? (If "Yes," enter amount as of year e	nd.) 10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instru 2520.101-3.)			x				
i	If 10h was answered "Yes," check the box if you either provided the required exceptions to providing the notice applied under 29 CFR 2520.101-3							
Part	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "> 5500))					Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding requirement	nts of section 412 of the Code or se	ection 3	802 of E	ERISA?	Yes	X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.	_					
b	Enter the minimum required contribution for this plan year			12b				
С	C Enter the amount contributed by the employer to the plan for this plan year							
d	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	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	No	N/A	
Part	t VII Plan Terminations and Transfers of Assets							
13a	a Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer th	iis year 1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?					Yes	× No	
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)				L	-		
1	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)							
Caut	ition: A penalty for the late or incomplete filing of this return/report will be	e assessed unless reasonable cau	use is	establi	ished.			
Unde	ler penalties of perjury and other penalties set forth in the instructions, I declare	that I have examined this return/re	port, in	cluding	g, if applicable	, a Sche	edule	

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.	08/01/2012	EILEEN ZAGAR
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/01/2012	EILEEN ZAGAR
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Department of the Treasury Internal Revenue Service 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 This Form is Open to 1								
Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of								
Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of This Form is Open to Public								
Papeign Benefit Security Administration Inspection								
Complete all entries in accordance with the instructions to the Form 5500-SF.								
Partili Annual Report Identification Information For the calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011								
A This return/report is for: X a single-employer plan a multiple-employer plan a multiple-employ								
B This return/report is:								
C Check box if filing under: x Form 5558 automatic extension DFVC program								
special extension (enter description)								
Basic Plan Information enter all requested information. 1a Name of plan 1b Three-digit								
plan number								
Mirko's Restaurant, Inc. Profit Sharing Plan (PN) ▶ 001								
1c Effective date of plan 01/01/1994								
2a Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) 2b Employer Identification Num	er							
Mirko's Restaurant, Inc. (EIN) 11-2668445								
2c Plan sponsor's telephone nu	nber							
P.O. Box 217								
Water Mill Square 2d Business code (see instruction 722110	ns)							
US Water Mill NY 11976 3a Plan administrator's name and address (If same as plan sponsor, enter "Same") 3b Administrator's EIN								
Same								
3c Administrator's telephone nu	nber							
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN								
name, EIN, and the plan number from the last return/report.								
a Sponsor's Name 4C PN a Total number of participants at the beginning of the plan year 5a								
b Total number of participants at the end of the plan year								
Number of participants with account balances as of the end of the plan year (defined benefit plans do not								
complete this item) 5c 6 a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
Partille Financial Information								
7 Plan Assets and Liabilities 2 Tatalala generation								
a Total plan assets 7a 1,256,601 1,355, b Total plan liabilities 0	074							
C Net plan assets (subtract line 7b from line 7a) 7c 1,256,601 1,355,								
CNet plan assets (subtract line / b iron line / a)111<								
a Contributions received or receivable from:	2 2 A.							
(1) Employers								
(2) Participants								
(3) Others (including rollovers). 81 0 b Other income (loss) 81 88 39,373								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 100 100 100 100 100 100 100 100 100 10	89							
d Benefits paid (including direct rollovers and insurance premiums								
to provide benefits)								
Certain deemed and/or corrective distributions (see instructions) 8e O								
f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 0 0								
Bh Bh<								
j Transfers to (from) the plan (see instructions)								
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF	(2011) 12611							

Form 5500-SF 2011

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Plan Character	ristics	
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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:

Para	Compliance Questions						
10	During the plan year:		Yes	No	Ап	ount	
a		10a		x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x			
C	Was the plan covered by a fidelity bond?	10c		x			
d	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			
e	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?	10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x			
i	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					
Part	Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple 5500))					Yes X]No
12							
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling							
lf v	granting the waiver	h		Day	Ye	ear	-
b	Enter the minimum required contribution for this plan year		. Г	12b			
c	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	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)	•	۰L	12d			
COLUMN TWO IS NOT THE	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?					Yes X]No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	•	• •	13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control							
of the PBGC?							
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN((s)
5							

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, gorrect, and complete.

SIGN + Filon Free F	× 5.117	Eileen Zagar
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN × 6 0 - Leigi	* 8-1-12	Eileen Zagar
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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