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

| Part II Annual Report Identification Information The receivance panel panel protection The receivance panel panel 2011 of Itseep panel panel protection The first tretum/report The first retum/report The firs | F | Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. | | | | | | | |
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| A This return/report is for: The return/report is: In the first eturn/report In | Pa | Part I Annual Report Identification Information | | | | | | | |
| B This return/report is: | For | | | | | | | | |
| C Check box if filing under: Form 5588 automatic extension DFVC program | Α | A This return/report is for: | | | | | | | |
| C Check box if filing under: an amended return/report a short plan year return/report (less than 12 months) DFVC program | | | | | | | | _ | |
| C Check box if filing under: Special extension (enter desorption) Part II Basic Plan Information—enter all requested information 1a Name of plan SHREY 40(K) PROFIT SHARING PLAN 2a Plan sponsor's name and address: include room or suite number (employer, if for a single-employer plan) SHREY HANDYMAN SERVICE LLC: 230 NORTHEAST JUNIPER ST. 250 NORTHEAST JUNIPER ST. 260 NORTHEAST JUNIPER ST. 26 | | | | ☐ an amended return/report ☐ | a short pla | an vear return/report (less than 12 mo | onths) | | |
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| Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | С | | | | | | | | |
| Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (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. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year 407091 375854 b Total plan assets 7a 407091 375854 b Total plan liabilities 7b 0 0 0 C Net plan assets (subtract line 7b from line 7a) 7c 407091 375854 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) 8a(2) Ba(3) 0 Other income (loss) 8b -7074 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -704 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -7074 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d -25359 e Certain deemed and/or corrective distributions (see instructions) 8d -26359 f Administrative service providers (salaries, fees, commissions) 8f -6916 g Other expenses 8g -7014 No Total expenses (add lines 8d, 8e, 8f, and 8g) 8h -7014 1038 | | comp | lete this item) | | | | 5c | | |
| under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | | | | |
| Fi 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 | b | | | | | | | X Yes □ No | |
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| (2) Participants | а | Contri | ibutions received or rece | eivable from: | | 0 | | | |
| (3) Others (including rollovers) | | (1) E | mployers | | . 8a(1) | | | | |
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| to provide benefits) | | | | | 8c | | | 1038 | |
| f Administrative service providers (salaries, fees, commissions) | d | | | | . 8d | 25359 | | | |
| ## Commission of the Commissio | е | Certai | in deemed and/or correc | ctive distributions (see instructions) | 8e | 0 | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | f | Admir | nistrative service provide | ers (salaries, fees, commissions) | 8f | 6916 | | | |
| i Net income (loss) (subtract line 8h from line 8c) | g | Other | expenses | | 8g | | | | |
| Treatment (loss) (subtract in continue co). | h | Total | expenses (add lines 8d, | 8e, 8f, and 8g) | 8h | | | 32275 | |
| j Transfers to (from) the plan (see instructions) | i | Net in | come (loss) (subtract lin | e 8h from line 8c) | 8i | | | -31237 | |
| | _ j | Trans | fers to (from) the plan (s | ee instructions) | 8j | | | | |

| Form 5500-SF 2011 | | |
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| Dar# 11/ | Dian Characteristics | |
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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: 2E 2F 2G 2J 2K 2T 3D 3H

Page 2 - 1

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 | | Amo | unt |
|--|-----------------------|---------|-------------------------------------|----------|-----------------|------------|
| 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 | | 7 | <u> </u> |
| 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 | | | | 350 |
| 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 | | | | 320 |
| 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 | | X | | | |
| VI Pension Funding Compliance | | | | | | |
| Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) | | | | | П | Yes X |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | | | | | | |
| is this a defined contribution plan subject to the minimum runding requirements of section 412 of the Code | or se | ction 3 | 802 of I | ERISA? | | Yes X |
| (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 instructions granting the waiver | ctions, th | and e | nter th | e date d | of the let | ter ruling |
| (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 instruction granting the waiver | ctions, th | and e | nter th | e date d | of the let | ter ruling |
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| (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 instruction granting the waiver | ctions, th of a | and e | nter th Day 12b 12c 12d | e date d | of the let | ter ruling |
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| (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 instruction granting the waiver | ctions, th of a | and e | 12b 12c 12d | e date d | of the let | ter ruling |
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| (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 instruction granting the waiver. Mone 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? Will 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 plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries. | of a | and e | 12b 12c 12d | e date d | the let Year | ter ruling |
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| (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 instruction granting the waiver | of a | and e | 12b 12c 12d | Yes X | of the let Year | ter ruling |

belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 08/01/2012 | DONNA SHIREY |
|------|---|------------|--|
| 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 |